

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HOLY REDEEMER HEALTH SYSTEM

To operate THE LAFAYETTE-REDEEMER

Located at 8580 VERREE ROAD, 2ND&3RD FLRS, PHILADELPHIA, PA 19111

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

The total number of persons which may be cared for at one time may not exceed 150  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 15, 2011 until July 15, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 101920

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

AUG 03 2011

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Mr. Michael B. Laign, President/CEO  
Holy Redeemer Health System  
667 Welsh Road  
Huntingdon, Pennsylvania 19006

RE: The Lafayette Redeemer  
8580 Verree Road, 2<sup>nd</sup> & 3<sup>rd</sup> Floors  
Philadelphia, Pennsylvania 19111

Dear Mr. Laign:

As a result of the Department of Public Welfare's licensing inspection on May 16, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to be 'R Melusky'.

Ronald Melusky  
Acting Director

Enclosures  
License  
Violation Report

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME THE LAFAYETTE REDEEMER, 3580 VERRÉE ROAD PHILADELPHIA, PA 19111		CURRENT LICENSE NUMBER 101920	
INSPECTION DATES (Include all dates of the inspection) 05/16/2011		REGIONAL REPRESENTATIVE Sandra Wooters, Roslyn Brewer	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Robin Farber</i>	DATE 6/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 6/7/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).	- There was an allegation of abuse to resident #1 by staff person A. The home did not submit an incident report to the Department.	5/26/11	The incident report was submitted to DPW on 5/26/2011 regarding the allegation of abuse to Resident #1 by Staff Person #A. (Please see Attachment A)	
	- Resident #2 did not receive prescribed medication Benicar 40mg from 3/5/11 thru 3/18/11. The home did not submit an incident report to the Department.	5/17/2011	The incident report was submitted to DPW on 5/17/2011 regarding Resident #2, who did not receive the prescribed medication of Benicar from 3/5/2011 through 3/18/2011. (Please see Attachment B)	
	- Resident #3 fell on 4/29/11 at 12:30AM and was sent to the hospital on 4/29/11 at 12:45PM, due to pain from the fall. The home did not submit an incident report to the Department.	5/17/2011	The incident report was submitted to DPW on 5/17/2011 regarding Resident #3 being sent to the hospital on 4/29/2011 due to pain after a fall. (Please see Attachment C)	
		6/30/2011 and ongoing	In order to ensure that this violation does not reoccur, the following is being implemented: 1. All staff will be re-educated about all reportable incidents/conditions (abuse allegations, medication errors, falls, etc.) by the Administrator. 2. Staff will be re-educated on completing and submitting reportable incidents/conditions to DPW by the Administrator. 3. Administrator or designee will review all incidents/conditions on a daily basis to ensure that all reportable incidents/conditions are reported to DPW.	

Steps have been taken to correct violation; full compliance is not verifiable  
 Date: 6/16/11 Initials (DPW): *[Signature]*

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME THE LAFAYETTE REDEEMER, 8580 VERREE ROAD PHILADELPHIA, PA 19111		CURRENT LICENSE NUMBER 101920	
INSPECTION DATES (include all dates of the inspection) 05/16/2011		REGIONAL REPRESENTATIVE Sandra Wooters, Roslyn Brewer	
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SIGNATURE OF LEGAL ENTITY <i>Robin Farber</i>	DATE 6/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherone Mitchell</i>	DATE 7/7/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
15a The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.	An allegation of abuse against resident #1 was reported to the home. It was alleged that staff person A placed a hand over the mouth of resident #1 to prevent the resident from screaming during a verbal altercation between the resident and staff. The home did not report the allegation of abuse to the local area agency on aging or the State Department of Aging.	5/26/11  6/30/11 and ongoing	An oral report was provided to Adult Protective Services on 5/26/2011 referring to an allegation of abuse against Resident #1. (See Attachment D) Subsequently, on 5/26/2011, the ACT 13 Reporting Form was submitted to Adult Protective Services. (See Attachment E). Administrator informed by Adult Protective Services that allegation voiced to the Administrator did not meet criteria for intervention by their agency.  To ensure that the violation does not reoccur the following is being implemented: 1. Administrator attended seminar that focused on abuse reporting on May 24, 2011. (See Attachment F) 2. Staff will be re-educated about abuse awareness (types, prevention and reporting) by the Administrator. 3. Staff will be re-educated on completing and submitting of any allegation of abuse to the local area agency on aging and other agencies as appropriate by the Administrator. 4. The Administrator or designee will monitor that compliance is maintained.	

Steps have been taken to correct violation; full compliance is not verifiable  
 7/11  
 Date Initials (DPW)

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME THE LAFAYETTE REDEEMER, 8580 VERREE ROAD PHILADELPHIA, PA 19111		CURRENT LICENSE NUMBER 101920	
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SIGNATURE OF LEGAL ENTITY <i>Robin Farber</i>	DATE 6/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 7/7/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
15b If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.	An allegation of abuse was made against staff person A regarding resident #1. It was alleged that staff person A placed a hand over the mouth of resident #1 to prevent the resident from screaming during a verbal altercation between the resident and staff. The home did not implement a plan of supervision until 5/16/11.	5/16/11  6/30/11 and ongoing	When DPW informed the Administrator on the date of the survey (5/16/2011) of the allegation of abuse made against Staff Person A regarding Resident #1, the employee was no longer provide care to the resident. Resident #1 was discharged to a SNF facility to receive a higher level of care on 5/18/2011.  To ensure that the violation does not reoccur the following is being implemented: 1. Staff will be re-educated on Abuse Awareness (Types, Prevention, and Reporting) by the Administrator. 2. Any employee suspected of abuse will be suspended immediately pending the result of the investigation. 3. Administrator or designee will be responsible for monitoring compliance with this regulation.	

Steps have been taken to correct violation; full compliance is not verifiable  
*[Signature]*  
 Date Initials (DPW)

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME THE LAFAYETTE REDEEMER, 8580 VERREE ROAD PHILADELPHIA, PA 19111		CURRENT LICENSE NUMBER 101920	
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SIGNATURE OF LEGAL ENTITY <i>Robin Farber</i>	DATE 6/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherona Mitchell</i>	DATE 7/7/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contract for resident #4, admitted 12/11/10, was not signed by the payer.	6/16/11  6/10/11 6/10/11 and ongoing  6/10/11 and ongoing	Resident #4 signed revised contract on 6/16/2011 indicating that going forward [redacted] is responsible for maintaining payment of monthly rent. (See Attachment G) To ensure that the violation does not reoccur the following is being implemented:  1. The Administrator reviewed with the sales representatives the areas that need to be signed in the Resident Contract upon admission.  2. The Director of Sales will review all Contracts to ensure that all appropriate areas are signed.  3. The Administrator or designee will monitor Contracts for compliance with regulation.	7/7/11 <i>CRM</i>

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Robin Farber</i>	DATE 6/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherion Mitchell</i>	DATE 7/7/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
28f2 Refunds shall be made within 30 days of the resident's discharge.	Resident #5 was discharged on 2/21/11. The home did not issue a refund until 4/1/11.	5/16/11  5/16/11 and ongoing	The business office was notified via email on 5/16/11 that the refund was not issued within 30 days of Resident #5's discharge. (See Attachment H)  To ensure that the violation does not reoccur, the following is being implemented: 1. The Administrator reviewed the regulation with the billing office staff regarding refunds after a resident has been discharged. 2. The Administrator will monitor this refund process for compliance with regulation.	7/7/11 <i>Cherion Mitchell</i>

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME THE LAFAYETTE REDEEMER, 8580 VERREE ROAD PHILADELPHIA, PA 19111		CURRENT LICENSE NUMBER 101920	
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SIGNATURE OF LEGAL ENTITY <i>Robin Parker</i>	DATE 6/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherise Mitchell</i>	DATE 7/7/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
<p>66b</p> <p>The staff training plan shall include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan shall include the following:</p> <p>(1) The name, position and duties of each direct care staff person.</p> <p>(2) The required training courses for each staff person.</p> <p>(3) The dates, times and locations of the scheduled training for each staff person for the upcoming</p>	<p>The home's 2011 staff training plan does not include dates and times of the projected trainings.</p>	<p>5/16/11</p> <p>5/16/11 and ongoing</p>	<p>Dates and times of projected training sessions for the remainder of the 2011 Fiscal Year Education Calendar for staff have been changed to meet the regulation. (Please see Attachment I)</p> <p>To ensure that the violation does not recur, the following is being implemented:</p> <ol style="list-style-type: none"> <li>1. Personal care staff responsible for the Education Calendar has been re-educated regarding this regulation.</li> <li>2. The Administrator will oversee the process of developing the education calendar in future years.</li> <li>3. The VP of Personal Care Services will monitor this process for compliance with the regulation.</li> </ol>	<p>7/7/11 <i>CRV</i></p>

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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year.			Continuation of Page 6 of 23	

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME THE LAFAYETTE REDEEMER, 8580 VERREE ROAD PHILADELPHIA, PA 19111		CURRENT LICENSE NUMBER I01920	
INSPECTION DATES (Include all dates of the inspection) 05/16/2011		REGIONAL REPRESENTATIVE Sandra Wooters, Roslyn Brewer	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Robert Fisher</i>	DATE 6/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 7/7/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	On 5/16/2011 at 2:00PM, the water temperature in resident room #325 measured 123.9 degrees Fahrenheit and in resident room # 367 the hot water measured 126.8 degrees Fahrenheit.	5/16/11  5/17/11 and ongoing	The Maintenance Staff adjusted the boiler temperatures on 5/16/2011 in order to bring down the hot water temperatures in personal care areas. The boiler temperatures were lowered to 122 Degrees Fahrenheit. (Please see Attachment J)  To ensure that the violation does not reoccur, the following is being implemented:  1. Administrator reviewed the regulation with all Maintenance Staff. 2. Beginning on 5/17/2011, Maintenance staff began checking the water temperature at random personal care areas and is documenting the findings on a log. (Please see Attachment K). 3. The Administrator or designee will randomly check the logs to ensure compliance with the regulation.	7/7/11 <i>CEM</i>

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

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NAME AND ADDRESS OF PERSONAL CARE HOME THE LAFAYETTE REDEEMER, 8580 VERRIE ROAD PHILADELPHIA, PA 19111		CURRENT LICENSE NUMBER 101920	
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132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	The home failed to evacuate all of the residents during the following unannounced fire drills:  -09/09/10 at 2:05PM, 42 residents were in the home at the time of the drill and 32 were evacuated.  -10/19/10 at 6:07AM, 45 residents were in the home at the time of the drill and 35 were evacuated.	5/17/11  6/30/11 and ongoing	The Administrator spoke with the Fire Safety Expert regarding this violation on 5/17/11.  To ensure that the violation does not reoccur, the following is being implemented: 1. The staff will be re-educated on the Fire Drill Procedure ensuring evacuation of all residents present at the time to fire safe areas by the Administrator. 2. The Fire Safety Expert will ensure evacuation of all residents present during fire drills and document this on the Fire Drill records. 3. The Administrator or designee will monitor the documentation for compliance with the regulation.	

Steps have been taken to correct violation; full compliance is not yet to be achieved.  
 Date *7/7/11* Initials (DPW) *MS*

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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Page 12 of 23

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	<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th style="width: 5%;">Mont</th> <th style="width: 15%;">Date</th> <th style="width: 15%;">Time</th> <th style="width: 15%;">Evac. Time</th> <th style="width: 10%;">FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/20/2011</td><td>06:40 AM</td><td>9 min 42 sec</td><td>No</td></tr> <tr><td>Feb</td><td>02/09/2011</td><td>04:25 PM</td><td>6 min 35 sec</td><td>No</td></tr> <tr><td>Mar</td><td>03/11/2001</td><td>10:44 AM</td><td>8 min 33 sec</td><td>No</td></tr> <tr><td>Apr</td><td>04/21/2011</td><td>11:14 PM</td><td>8 min 3 sec</td><td>No</td></tr> <tr><td>May</td><td>05/09/2011</td><td>06:12 PM</td><td>7 min 3 sec</td><td>No</td></tr> <tr><td>Jun</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jul</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Aug</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Sep</td><td>09/09/2010</td><td>02:05 PM</td><td>6 min 22 sec</td><td>Yes</td></tr> <tr><td>Oct</td><td>10/19/2010</td><td>06:07 AM</td><td>9 min 50 sec</td><td>No</td></tr> <tr><td>Nov</td><td>11/10/2010</td><td>07:33 PM</td><td>9 min 30 sec</td><td>No</td></tr> <tr><td>Dec</td><td>12/07/2010</td><td>02:17 PM</td><td>7 min 24 sec</td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/20/2011	06:40 AM	9 min 42 sec	No	Feb	02/09/2011	04:25 PM	6 min 35 sec	No	Mar	03/11/2001	10:44 AM	8 min 33 sec	No	Apr	04/21/2011	11:14 PM	8 min 3 sec	No	May	05/09/2011	06:12 PM	7 min 3 sec	No	Jun				No	Jul				No	Aug				No	Sep	09/09/2010	02:05 PM	6 min 22 sec	Yes	Oct	10/19/2010	06:07 AM	9 min 50 sec	No	Nov	11/10/2010	07:33 PM	9 min 30 sec	No	Dec	12/07/2010	02:17 PM	7 min 24 sec	No		Continuation of Page 6 of 23.	
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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171b5 If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96.	The homes 27 passenger bus first aid kit did not include the required eye covers, thermometer, scissors and tweezers.	5/18/11  6/30/11 and ongoing	Required eye covers, thermometers, scissors, and tweezers were placed in the 27 passenger bus first aid kit on 5/18/11. (Please see Attachment N - Photo).  To ensure that the violation does not reoccur, the following is being implemented: 1. Regulations will be reviewed with the personnel that operate the bus. 2. A staff member operating the bus will check First Aid Kit monthly. 3. The Administrator or designee will monitor this process for compliance with the regulation.	7/7/11 <i>CMON</i>

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Robin Farber</i>	DATE 6/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	<del>The preadmission screening form for resident #2, admitted 1/20/11, was not dated upon completion and it could not be determined if the form was completed prior to admission to the home.</del>  <i>Withdrawn OCM 7/7/11</i>	<b>5/16/11</b>  <b>5/16/11</b> <b>and ongoing</b>	<p>The date was completed by the on 5/16/11 by the Administrator. (Please see Attachment O)</p> <p>To ensure that the violation does not reoccur, the following is being implemented:</p> <ol style="list-style-type: none"> <li>1. Regulation was reviewed with the staff that completes the Pre-Admission Screening Form.</li> <li>2. The Administrator or designee will randomly check completeness of the Pre-Admission Screening Forms to ensure compliance with the regulation.</li> </ol>	

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

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NAME AND ADDRESS OF PERSONAL CARE HOME THE LAFAYETTE REDEEMER, 8580 VERREE ROAD PHILADELPHIA, PA 19111		CURRENT LICENSE NUMBER 101920	
INSPECTION DATES (Include all dates of the inspection) 05/16/2011		REGIONAL REPRESENTATIVE Sandra Wooters, Roslyn Brewer	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Robin Farker</i>	DATE <i>6/16/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE <i>7/7/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	Resident # 1 fell on 3/8/11, 4/8/11, 4/13/11, 4/17/11 and 5/7/11. The falls the resident experienced were not reassessed on the 5/5/10 assessment nor was a new assessment developed.	5/16/11  6/30/11 and ongoing	A new Assessment was completed on 5/16/11. (Please see Attachment P)  The resident was discharged to the skilled nursing unit of Lafayette-Redeemer on 5/18/11. (Please see Attachment Q)  To ensure that the violation does not reoccur the following is being implemented: 1. Staff is in the process of being re-educated about this regulation. 2. Personal Care Assessments of all residents will be reviewed and updated as appropriate. 3. The Nurse Manager or designee will be responsible for maintaining compliance with this regulation.	Steps have been taken to correct violation; full compliance is not verifiable _____ Initials (DPW) _____ Date

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME THE LAFAYETTE REDEEMER, 8580 VERREE ROAD PHILADELPHIA, PA 19111		CURRENT LICENSE NUMBER 101920	
INSPECTION DATES (Include all dates of the inspection) 05/16/2011		REGIONAL REPRESENTATIVE Sandra Wooters, Roslyn Brewer	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Robin Parker</i>	DATE 6/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherwon Mitchell</i>	DATE 7/7/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY	
227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	- Resident 6's medical evaluation dated 10/12/10, indicated that the resident has allergies to medications Vioxx, Lisinopril, Aspirin, Aggrenox and Lidocaine. The resident's support plan dated 10/13/10 does not address how the home will assist the resident in meeting these needs.	5/16/11	The allergies to medications Vioxx, Lisinopril, Aspirin, Aggrenox and Lidocaine were added to Resident #6's Support Plan dated 10/13/10 on 5/16/11. (Please see Attachment R)		
	-Resident #7's medical evaluation dated 3/11/11, indicated that the resident has allergies to the medication Dimetapp. On 4/20/11 the physicians note indicated that the resident needs physical therapy for gait dysfunction and the physicians note dated 5/12/11 indicated that the resident needs assistance with knee hi teds in the AM and PM. The resident's support plan dated 4/26/11, does not address how the home will assist the resident in meeting these needs.	5/16/11		Allergy to medication, Dimetapp, and Physical Therapy consult for gait dysfunction, along with assistance needed in applying knee hi TED stockings were added to Resident #7's Support Plan dated 4/26/11 on 5/16/11. (Please see Attachment S)	
	- Resident #8's medical evaluation dated 3/16/11, indicates that the resident is allergic to Aricept. The resident's support plan dated 5/4/11, does not address how the home will meet this need.	5/16/11		Allergy to Aricept was added to Resident #8's Support Plan dated 4/5/11 on 5/16/11. (Please see Attachment T)	
	- Resident #9's medical evaluation dated 3/15/11, indicates that the resident is allergic to medications colchicine, Levaquin, Penicillin and	5/16/11		Allergies to medications Colchicine, Levaquin, Penicillin and Pneumovax were added to Resident #9's Support Plan dated 4/26/11 on 5/16/2011. (Please see Attachment U)	

Steps have been taken to correct violation; full compliance is not verifiable

Date Initials (DPW)

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME THE LAFAYETTE REDEEMER, 8580 VERREE ROAD PHILADELPHIA, PA 19111		CURRENT LICENSE NUMBER 101920	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
	<p>Pneumovax. The resident's support plan dated 4/26/11, does not address how the home will meet this need.</p> <p>- Resident #10's medical evaluation dated 1/6/11 and assessment dated 11/12/10, both indicate that the resident is unable to move from one location to another without physical assistance from others. The support plan dated 11/12/10 does not address how the home will meet the residents mobility needs to evacuate the home.</p>	<p><b>5/16/11</b></p> <p><b>6/30/11</b> <b>and ongoing</b></p>	<p>Resident #10's Support Plan dated 11/12/10 was updated on 5/16/11 indicating that [redacted] needs physical assistance in moving from one location to another. (Please see Attachment V)</p> <p>To ensure that the violation does not recur, the following is being implemented:</p> <ol style="list-style-type: none"> <li>1. Staff is in the process of being re-educated about Support Plans (completion, updating, etc.)</li> <li>2. Support Plans for current residents will be reviewed and updated as appropriate.</li> <li>3. The Nurse Manager or designee will monitor Support Plans for completeness of information.</li> </ol>	

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME THE LAFAYETTE REDEEMER, 8580 VERREE ROAD PHILADELPHIA, PA 19111		CURRENT LICENSE NUMBER 101920	
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SIGNATURE OF LEGAL ENTITY <i>Robin Farber</i>	DATE 6/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Channon Mitchell</i>	DATE 7/7/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (4) Language or means of communication spoken or used by the resident. (5) The name,	- Resident #5's record did not include the location or reason for the discharge from the home.  - Resident #11's record did not include a copy of the death certificate.	5/20/11          6/30/11 and ongoing	The location and reason for discharge for Resident #5 was documented in the resident's medical record on 5/20/11. (Please see Attachment W)  Resident #11 did not expire in the personal care home. [REDACTED] died in the hospital, therefore there was no death certificate in the medical record. (Please see attachment X)  To ensure that the violation does not reoccur, the following is being implemented: 1. The regulation is in the process of being reviewed with the staff. 2. Unit Clerk/Social Services Coordinator are responsible for documenting on the face sheet the final disposition of the resident. 3. The Administrator or designee will monitor that this process is compliant with the regulation.	7/7/11 <i>CBW</i>

VIOLATION REPORT  
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NAME AND ADDRESS OF PERSONAL CARE HOME THE LAFAYETTE REDEEMER, 8580 VERREE ROAD PHILADELPHIA, PA 19111		CURRENT LICENSE NUMBER 101920	
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SIGNATURE OF LEGAL ENTITY <i>Robin Barber</i>	DATE 6/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherwon M. Bell</i>	DATE 7/7/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary				


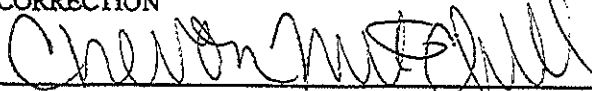
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NAME AND ADDRESS OF PERSONAL CARE HOME THE LAFAYETTE REDEEMER, 8580 VERREE ROAD PHILADELPHIA, PA 19111		CURRENT LICENSE NUMBER 101920	
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.			Continuation of Page <sup>16</sup> <del>18</del> of <sup>21</sup> <del>23</del> .	


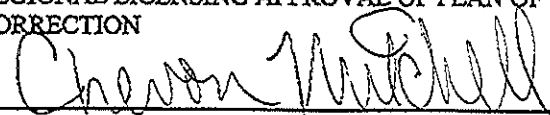
VIOLATION REPORT  
 PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME THE LAFAYETTE REDEEMER, 8580 VERREE ROAD PHILADELPHIA, PA 19111		CURRENT LICENSE NUMBER 101920	
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(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents				16 21 Continuation of Page 18 of 23.

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NAME AND ADDRESS OF PERSONAL CARE HOME THE LAFAYETTE REDEEMER, 8580 VERREE ROAD PHILADELPHIA, PA 19111		CURRENT LICENSE NUMBER 101920	
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receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified			Continuation of Page 18 of 23.	16 21

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NAME AND ADDRESS OF PERSONAL CARE HOME THE LAFAYETTE REDEEMER, 8580 VERREE ROAD PHILADELPHIA, PA 19111		CURRENT LICENSE NUMBER 101920	
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any				

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