



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
Norristown State Hospital
1001 Sterigere Street
Bldg 2 Rm. 161
Norristown, Pennsylvania 19401

ADULT RESIDENTIAL LICENSING

1-866-711-4115
610-270-1137

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
Mailing Date: November 30, 2011

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

RE: The Lafayette Redeemer
8580 Verree Road
Philadelphia, Pennsylvania 19111

Dear Mr. Laign:

As a result of the Department of Public Welfare's licensing inspection on September 1, 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.

Sincerely,

Chevon Miller
Regional Licensing Administrator

Enclosure(s)
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE LAFAYETTE REDEEMER, 8580 VERREE ROAD 2ND&3RD FLRS PHILADELPHIA, PA 19111		CURRENT LICENSE NUMBER 101920	
INSPECTION DATES (Include all dates of the inspection) 09/01/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Lori Knockstead	
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>Cecile D. Shocket</i>	DATE 11/3/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Miller</i>	DATE 11/2/11

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>5a1 The administrator or designee shall provide, upon request, immediate access to the home, the residents and records to agents of the Department.</p> <p>16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.</p>	<p>On 9/1/11, agents of the Department requested access to the home's investigation records. Staff person A and B refused to provide access until 9/2/11.</p> <p>Direct care staff member C did not implement the home's policy on reportable incidents. On 6/19/11, direct care staff person D followed the home's policy by reporting to the designee that they had observed a gun in Resident #1's drawer. Direct care staff member C did not report this information to anyone until the following day.</p>	<p>9/2/2011 & 11/2/2011</p> <p>11/18/2011</p> <p>11/18/2011 & ongoing</p> <p>9/5/2011</p> <p>9/15/2011</p> <p>9/15/2011 & ongoing</p>	<p>The regulation was reviewed with staff person A & B and both expressed understanding of the importance of complying with this regulation.</p> <p><u>To assure this violation does not recur:</u></p> <ol style="list-style-type: none"> 1. The Administrator will inservice the staff about Regulation 2600.5a1 2. The Administrator or designee will monitor compliance. <p>The Administrator reviewed with staff member C the home's policy on reportable incident as well as Regulation 2600.16b.</p> <p><u>To assure this violation does not recur:</u></p> <ol style="list-style-type: none"> 1. Staff were inserviced by the Administrator on "Handling Safety, Reportable and Unusual Events and Conditions" (Please see Attachment A). 2. The Administrator or designee will monitor compliance and report to the Monthly Quality Management Meetings. 	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verified Date _____ Initials (DPV) _____</p>

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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.	The most recent assessment for resident #1 was completed on 9/30/10. On 7/22/11 there was an incident involving resident #1 at the home. The resident has a history of anxiety and depression and is being treated for these diagnoses. As a result of this incident it was determined that the resident needs to have further assessments and treatment. The home's assessment dated 9/30/10 under anxiety and depression states the resident has no problem and under Mental Health Services and Behavioral Care Services it states no needs at this time, therefore it did not accurately portray the residents needs prior to the incident and was not updated after the incident. Resident #1's assessment also did not include the resident's need for oxygen and the resident was observed with oxygen in the resident's room.	10/4/2011 11/18/2011 11/18/2011 & ongoing	The assessment for resident #1 was updated. [redacted] anxiety and depression as well as the use of oxygen were addressed (Please see Attachment B). <u>To assure this violation does not recur:</u> 1. Staff responsible in completing resident assessments will be re-educated so that the needs of the residents are accurately portrayed and updated as needed. 2. The Nurse Manager or designee will randomly check resident assessments for compliance and report findings at the Monthly Quality Management Meetings.	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation, full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date <i>11/2/11</i> Initials (DPW) <i>CM</i></p>