

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HOLY REDEEMER HEALTH SYSTEM

To operate THE LAFAYETTE

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

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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.

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

and shall remain in effect from July 16, 2012 until July 16, 2013,  
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

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

JUL 23 2012

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

RE: The Lafayette  
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 June 11, 2012, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

The license indicates the home's recent change in the name from The Lafayette Redemeer to The Lafayette.

Sincerely,

A handwritten signature in cursive script that reads "Ronald Melusky" followed by a stylized flourish.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 10192 - 06/11/2012 - Kurtz, Andrea  
 PCH Name: THE LAFAYETTE REDEEMER

1. REGULATION 55 Pa.Code §2600  
 2600.103(l) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION  
 On 6/11/12, at approximately 1:30PM, 2- brown bags were located in the home's freezer, but were not labeled and dated.  
 On 6/11/12, at approximately 1:30PM, 2- bags of pizza rounds, located in the home's freezer, were not dated.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Dietary Supervisor discarded both brown bags and both bags of Pizza rounds directly after inspection on 6-11-2012. Food Service Director provided training for staff responsible for food storage, and was educated on the regulation and proper way of labeling each food item with date. Food Service Director along with Personal Care Administrator will conduct routine audits to ensure food items are properly labeled.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *David Mc Donald*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *David Mc Donald* Date *6-25-2012*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of *6/28/12*  
 (Date)

The above plan of correction was approved by *CRM*  
 (Initials)

Plan of correction implementation status as of *6/28/12*  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 10102 - 08/11/2012 - Kurtz, Andrea  
 PCH Name: THE LAFAYETTE REDEEMER

1. REGULATION 55 Pa.Code §2800  
 2800.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION  
 The last inspection of the boiler was conducted on 7/10/09 and had an expiration date of 7/10/11.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Boiler was inspected the next morning on 6-12-2012. Document of this service is enclosed with the plan of correction as attachment 3A. Maintenance Supervisor has developed a schedule to check for all inspections including the boiler. Personal Care Administrator will conduct audits to ensure that boiler inspection does not go past expiration date.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *David Mc Donald*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>David Mc Donald</i>	Date <i>6-25-2012</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u><i>6/28/12</i></u> (Date)	Plan of correction implementation status as of <u><i>6/28/12</i></u> (Date)
The above plan of correction was approved by <u><i>CPM</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 10192 - 06/11/2012 - Kurtz, Andrea  
 PCH Name: THE LAFAYETTE REDEEMER

**1. REGULATION 56 Pa.Code §2600**

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

**2a. DESCRIPTION OF VIOLATION**

Resident #2 is prescribed Drazepam 10mg, 1 cap 2 times a day and the resident's medication administration record reflects the proper order. However, the label on the medication bottle states to give 1 cap daily and every 4 hours as needed.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

A new pharmacy label on the drazepam bottle was supplied by the Pharmacy matching the physician's order. Education was provided to all nursing staff that is responsible for medications by Nurse Manager. Audits of medication will be completed by 11-7 nurses, and quarterly audits by Nurse Manager will be completed to ensure all medication labels from pharmacy match physician orders. New drazepam label was added on 6-12-2012. See attachment 4A.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *David Mc Donald*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *David Mc Donald* Date *6-25-2012*

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 (Date)

Plan of correction implementation status as of *6/28/12*  
 (Date)

The above plan of correction was approved by *DEMA*  
 (Initials)

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- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 10192 - 06/11/2012 - Kurtz, Andrea  
 PCH Name: THE LAFAYETTE REDEEMER

**1. REGULATION 55 Pa.Code §2600**

2600.227(d) - 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.

**2a. DESCRIPTION OF VIOLATION**

On 5/16/12 resident #1's, physician determined that the resident needs a no added sodium diet. The resident's assessment and support plan finalized on 6/4/12 states that the resident has no dietary needs.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Resident's RASP was updated on 6-12-2012 to include no added sodium diet as indicated on medical evaluation (DME). Social Service, Nursing activities and Administration reviewed regulations and double checked all resident charts to make sure diet recommendations were correctly being cared for and stated on the resident's RASP. Personal Care Administrator will include diet orders with monthly chart audits. Please see attached 5a.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *David McDonald*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *David McDonald* Date *6-25-2012*

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