



AUG 02 2013

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

RE: The Lafayette
8580 Verree Road, 2nd and 3rd Flrs
Philadelphia, Pennsylvania 19111

Dear Mr. Laign:

As a result of the Department of Public Welfare's licensing inspection on April 29, 2013 and April 30, 2013, 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.

Your regular license for the period of July 16, 2013 to July 16, 2014 was issued on April 4, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Ronald Melusky / MES". The signature is written in a cursive style.

Ronald Melusky
Director

Enclosure
Violation Report

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

PCH Name: THE LAFAYETTE		License Number: 10192
Address: 8680 VERREE ROAD 2ND&3RD FLRS, PHILADELPHIA, PA 19111		County: Montgomery
Administrator: David McDonald		Region: SOUTHEAST
Legal Entity Name: HOLY REDEEMER HEALTH SYSTEM		
Legal Entity Address: 687 WELSH ROAD, HUNTINGDON, PA 19006		
Certificate(s) of Occupancy 1B 03/20/1999 City of Philadelphia		
Staffing Hours		
Resident Support:	Total Daily Staff: 51	Waking Staff: 38
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/29/2013: Adams, Patricia; Kurtz, Andrea 04/30/2013: Adams, Patricia; Kurtz, Andrea		
Off-Site Inspection Dates and inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 160	Number of Residents who:	
Number of Residents Served: 51	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 51	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

Violation Report: 10192 - 04/29/2013 - Adams, Patricia
 PGH Name: THE LAFAYETTE

1. REGULATION 56 Pa.Code §2600
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
 (1) Resident rights.
 (2) Emergency medical plan.
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10226, 101-10226.5102).
 (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
 Ancillary staff person A did not receive orientation in the following:
 Emergency medical plan
 Reporting of reportable incidents and conditions.

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.

Staff person A received training for emergency medical plan and reporting reportable incidents on a combined training held on June 2, 2013. Please see attachment of training.

In order to ensure future compliance, Human Resources have added Personal Care Administrator to orientation training to provide initial training for all new staff members throughout the Holy Redeemer campus to guarantee that initial mandatory training topics listed above are covered within 40 schedule hours.

Administrator / designee will review new hires, especially those ancillary staff assigned to personal care, at the end of each month to ensure continued compliance

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, Administrator* Date *7-12-13*

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

The above plan of correction is approved as of 7/15/13
 (Date)

Plan of correction implementation status as of 7/15/13
 (Date)

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

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

Violation Report: 10192 - 04/29/2013 - Adams, Patricia
 PCH Name: THE LAFAYETTE

1. REGULATION 55 Pa.Code §2600
 2600.65(o) - Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

2a. DESCRIPTION OF VIOLATION
 Ancillary staff person A, who began work on 10/19/11, did not receive a general orientation to their job function.

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.

All ancillary staff including staff person A will be provided general orientation to the specific job functions and an in-depth job description for all ancillary staff working on the Personal care unit. Staff person A is schedule to work on July 13, 2013 and will received a detailed job description which she will sign and date.

In the future, Human Resources will provide a signed job description listing detailed job functions and kept with employees personnel file located in the Human Resources office.

Human Resources will conduct random audits to ensure all new hires have received and signed a specific job description.

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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) <i>David McDonald - Administrator</i>	Date <i>7-12-13</i>
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Violation Report: 10192 - 04/29/2013 - Adams, Patricia
 PCH Name: THE LAFAYETTE

1. REGULATION 55 Pa.Code §2600
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
 (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 (3) Resident rights.
 (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
 (5) Falls and accident prevention.
 (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
 Ancillary staff persons A and B did not receive training in Resident Rights and The Older Adult Protective Service Act during training year 2012.

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.

Staff person A received training for resident rights and older adult protective service act on a combined training held on June 2, 2013. Please see attachment of training.

Staff person B received face to face training on 7-12-13 for both resident rights and older adult protective services act. Please see attached training sheets.

To ensure that all staff including ancillary staff is trained annually on the required topics listed above, the Personal Care Administrator / designee has developed an ancillary tickler file for training. Administrator / designee will conduct monthly checks for continued compliance.

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The above plan of correction was approved by <u>RB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 10192 - 04/29/2013 - Adams, Patricia
 PCH Name: THE LAFAYETTE

1. REGULATION 55 Pa.Code §2600
 2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 On 4/29/13, the dumpsters located on the perimeter of the property were uncovered..

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.

Supervisor of plant operations closed dumpster lid immediately after being made aware of violation on 4-29-13.

Personal Care Administrator reviewed regulation 2600.85 (e) with all maintenance personnel who are responsible for the dumpster lids to be closed at all times.

Supervisor of plant operations along with Personal Care Administrator will monitor dumpsters and perform random audits and checks to make sure dumpster lids are closed at all times.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *David McDonald - Administrator* Date *7-12-13*

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 (Initials)

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Violation Report: 10192 - 04/29/2013 - Adams, Patricia
 PGH Name: THE LAFAYETTE

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The home documented that all exits were used during fire drills conducted on 10/22/12, 11/12/12, 12/17/12, 1/22/13, 2/6/13 and 3/22/13.

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.

On Thursday June 16, 2013, Personal Care Administrator met face to face with fire safety expert for Holy Redeemer Health System to explaining violation and review requirements listed under regulation 2600.132(f)

Fire safety expert will include actual fire routes used during each fire drill held on the Personal Care unit. Please see current fire drill record for both May and June 2013 which shows what exits not used during drill.

Personal Care Administrator / Designee will review each completed fire drills completed by fire safety expert and make sure different fire locations were being used to simulate a fire, and to note what exits were actually

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The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 10192 - 04/29/2013 - Adams, Patricia
 PCH Name: THE LAFAYETTE

1. REGULATION 55 Pa.Code §2600
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
 The home conducted fire drills on 10/22/12, 11/12/12 and 12/17/12. Each of these drills were held on the same day of the week.

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.

On Thursday June 16, 2013, Personal Care Administrator met face to face with fire safety expert for Holy Redeemer Health System to explaining violation and review requirements listed under regulation 2600.132(g)

Fire safety expert will create a list of past fire drills which includes not only times of day, but actual day of week to make sure future fire drills are occurring on different days of the week. Please see current fire drill record for both May and June 2013 and see that both drills occurred on a different day of the week.

Personal Care Administrator / Designee will review each completed fire drill and make sure drills continue to be staggered and occurring on different days of the week.

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Violation Report: 10192 - 04/29/2013 - Adams, Patricia
 PCH Name: THE LAFAYETTE

1. REGULATION 55 Pa.Code §2800
 2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION
 On 4/30/13, the vehicle used for transportation did not have a first aid kit that included a breathing shield.

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.

Administrator purchased a breathing shield on May 1, 2013 and added it to the first aid kit located in the vehicle used by the personal care home.

Transportation department along with Personal Care administrator / designee will provide random audits of all the first aid kits, including the vehicle kit, to make sure breathing shield along with all required items are present at all times.

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Violation Report: 10192 - 04/29/2013 - Adams, Patricia
 PCH Name: THE LAFAYETTE

1. REGULATION 55 Pa.Code §2600
 2600.181(f) - The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his/her medication.

2a. DESCRIPTION OF VIOLATION
 On 4/30/13, Resident # 1's record did not include a current list of medications. The list in the resident's record did not include Vesicare 6 mg and Cortizone 10.

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 # 1 had Vesicare and Cortizone 10 in his room and was not part of his medication record. Vesicare 10mg tab was order by physician, see attached mar. Cortizone 10 was not a prescribed medication and given to residents family members. Resident's family members were educated to not purchase any medication including cam or otc medication without first contacting primary physician or getting an order for such medication.

Personal Care Administrator along with Nurse Manager will conduct routine audits of resident's rooms to see if any medication appears without a prescription. Family members throughout the personal care home will be educated on a need to know bases about regulation 2600.181 if medication is spotted while audits are being performed.

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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *David McDonald - Administrator* Date *7-12-13*

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Violation Report: 10192 - 04/20/2013 - Adams, Patricia
 PCH Name: THE LAFAYETTE

1. REGULATION 55 Pa.Code §2600
 2800.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 - On 4/30/13, resident # 1's Maalox, Pro re nata (PRN), was not available for administration.
 - The home's procedure for the administration of control substances requires licensed staff to document the control drug log and initial the resident's medication administration record (MAR). On 4/30/13, staff person C failed to follow the home's procedures by not initialing resident # 2's MAR, until after it was viewed by an agent of the Department.
 - On 4/30/13, resident # 3's Milk of Magnesium, PRN, was not available for administration.

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.

All prn medication will be available at all times for each resident that has an order. Resident # 1 Maalox was ordered through our pharmacy and arrived on 4-30-13. Resident # 3 milk of magnesium was discontinued due to non use on 4-30-13. Please see verbal order dated 4-3-13.

Random audits will be conducted by Nurse Manger / Designee to ensure all prn medication is always available for administration. Personal Care Administrator will provide ongoing education to remind nurses and medication aids about availability of prn medication.

Staff person C was re-educated on homes procedure to document the controlled drug log and initial the resident's medication record (mar). Staff person C did sign out Lyrica on control drug log but failed to initial mar record until 10:42 as stated on page 12 of this violation report. Nurse Manager / designee will monitor all controlled medication administered by the homes nurses and monitor that the medication record is being initialed immediately after the nurse administered the controlled medication. Random audits will be conducted by nurse manager during medication pass times to ensure documentation is occurring as stated by homes policy.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *David mc Donald - Administrator* Date *7-12-13*

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Violation Report: 10192 - 04/29/2013 - Adams, Patricia
 PCH Name: THE LAFAYETTE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident # 4 does not include initials for the 9:00 pm dose of Donepezil 10 mg, Enalapril 5 mg, Namenda 10 mg and Senna 8.6 mg on 2/8/13.


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.

Violation for missing initials on medication record was dated 2/8/13. Education of medication records was held on 4-16-13 which included name and initials of the staff person administering the medication. Please see record of training and the Lafayette Redeemer policy on medication records.


Random audits will be conducted by Administrator or Nurse manager to ensure medication administration records have proper initials by medication aid or nurse for each administered medication.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 10192 - 04/29/2013 - Adams, Patricia
 PCH Name: THE LAFAYETTE

1. REGULATION 86 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 - On 4/30/13, at 9:00 am, resident # 2's Lyrica 76 mg was administered. Staff person C did not initial the record until 10:42 am.

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.

Staff person c was re-educated on proper medication administration and documentation. Please see attached training done immediately on 4/30/13 to staff person c which clearly states proper medication procedure for medication administration and documentation.

Nurse manger / designee will monitor not only staff person c, but other nurses and or medication aids to make sure documentation is occurring directly after medication was administered.

Random audits will be conducted during the actual medication pass times to ensure documentation is occurring appropriately after medication administration.

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Violation Report: 10192 - 04/29/2013 - Adams, Patricia
 PCH Name: THE LAFAYETTE

1. REGULATION 66 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

On 3/29/13, resident #5 refused to take a scheduled dose of Aricept 10 mg, Namenda 10 mg and Crestor 10 mg. The home did not report the refusal to the resident's doctor as required.

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.

Medication aid properly documented the refusal of medication but did not contact the refusal to the resident's doctor as required or did not communicate refusal to charge nurse so they could contact refusal to doctor. This incident occurred on 3/29/13 and nurse manger conducted training on "policy of medication records" dated on 4-16-13, please see included training record and policy used during training.

Nurse manger / designee will continue to monitor medication aids and nursing department by conducting random audits on medication records looking for resident refusals and seeing if this refusal was indeed communicated to residents doctor and this was documented in the resident's record.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

David McDonald - Administrator

Date *7-12-13*

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Violation Report: 10192 - 04/29/2013 - Adams, Patricia
 PCH Name: THE LAFAYETTE

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident # 8 has a physician order for Oyster Shell + D 500-200 to be administered daily. On 4/30/13, the home administered Calcium + D 500 mg - 400 mg.

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.

On 4-30-13, physician order was changed to Calcium 500mg 400 vit D and Oyster shell was discontinued. Please see attached telephone order confirming above. All medication aids plus nursing department educated on regulation 2600.187 (d) by Personal Care Administrator concerning all medication needs to be followed as directed by prescriber, and if medication is different then prescribed do not administer contact prescriber, nurse manger and pharmacy if needed.

To ensure this violation does not occur again, the nurse manger / designee will conducted random audits to make sure medication listed on medication recorded matches actual medication located in medication carts.

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The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 10192 - 04/29/2013 - Adams, Patricia
 PCH Name: THE LAFAYETTE

1. REGULATION 55 Pa.Code §2600
 2600.188(c) - Documentation of medication errors and the prescriber's response shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
 - On 3/2/13 through 3/4/13, an error in resident #5's medication administration occurred involving Ocuville not being available for administration at 1:00 pm and 9:00 pm. There is no documentation the physician was notified.
 - Resident #7 missed the administration of Nateglinide 120 mg and Gabapentin 300 mg on 3/23/13 at 2:00 pm. There is no documentation the physician was notified.

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.

On March 4, 2013, nurse manager reported to Bureau of Human Services Incident Reportable form concerning resident #5's medication not being available for administration at 1pm and 9:00pm but physician was not notified.

Call was place to pharmacy on 3-4-13 to inquire information on the Ocuville. Pharmacy confirmed that medication was not shipped yet and it will be mailed out today. It was reinforced with the pharmacy the issue of timely shipping and possibility of setting up an automatic refill for any routine medication.

Call was placed to the resident's daughter informing her that medication was being delivered today (March 4, 2013). Daughter gave nurse manager permission to order Ocuville from another pharmacy to avoid further delay. Resident did not miss any more doses, no ill effects noted from missed doses.

To ensure this violation for not contacting the physician does not occur again, the nurse manager will meet with the staff nurses to discuss regulation 2600.188 (c) concerning notification of physician when a medication error occurred. Administrator counseled and educated nurse manger on making sure physician was notified for all medication errors and that this notification will be documented and listed on reportable incident reporting form.

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, Administrator* Date *7-12-13*

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