



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JUL 26 2013

Ms. Cynthia S. Trimmer, Administrator
Lafayette Manor, Inc. LMI
Beechwood Court at Lafayette Manor
145 Lafayette Manor Road
Uniontown, Pennsylvania 15401

Dear Ms. Trimmer:

As a result of the Department of Public Welfare's (Department) licensing inspection on June 20, 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. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Janine Wenzig". The signature is written in a cursive style.

Janine Wenzig
Regional Licensing Administrator

Enclosure(s)

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

Page 1 of 6

PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR		License Number: 40961
Address: 145 LAFAYETTE MANOR ROAD, UNIONTOWN, PA 15401		County: Fayette
Administrator: Cindy Trimmer		Region: WEST
Legal Entity Name: LAFAYETTE MANOR INC LMI		RECEIVED JUL 24 2013 WEST REGION FIELD OFFICE Human Services Licensing
Legal Entity Address: 145 LAFAYETTE MANOR ROAD, UNIONTOWN, PA 15401		
Certificate(s) of Occupancy C-2 LP 10/19/1999 L & I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 66	Waking Staff: 50
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 06/20/2013: McConnell, Deb		
Off-Site Inspection Dates and Inspectors, if Applicable 06/20/2013: McConnell, Deb		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 64 Number of Residents Served: 50 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 6		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 50 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 16 Have a Physical Disability: 1

7-24-13 Cynthia D. Trimmer

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JUL 24 2013

Violation Report: 40961 - 06/20/2013 - McConnell, Deb
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

In April 2013, an allegation of abuse against resident #1 was reported to a staff person in the home. The home did not report the allegation to the local area agency on aging.

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.

See attached Page 2A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Cynthia S. Trimmer

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

Cynthia S. Trimmer, Administrator

Date 7-24-13

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

The above plan of correction is approved as of 7/27/13
 (Date)

Plan of correction implementation status as of 7/26/13
 (Date)

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

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

PLAN OF CORRECTION FOR VIOLATIONS DUE TO COMPLAINT INSPECTION 6/20/13

Page 2A of 6

Violation Page 2: 2600.15(a)

The alleged abuse was not reported immediately because the abuse was unsubstantiated. The Administrator is now aware that even unsubstantiated abuse must be reported to AAA. The incident was reported by phone to the Southwestern AAA Protective Services on 7/19/13 at 10 AM. An act 13 written report was faxed to the Protective Services Office. (see attached). The mandatory abuse policy will be reviewed with all staff on or before 8/8/13, emphasizing the requirement to report even unsubstantiated abuse.(see attached signature sheet) Staff not available for group sessions will be receive the information on a one to one basis.

will advise his staff at Lafayette Manor of the Mandatory Reporting of Abuse Policy, emphasizing the requirement to notify the DPW and AAA by phone immediately.(letter attached)

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WEST REGION FIELD OFFICE
Human Services Licensing

7-24-13 Cynthia S. Hummer

7/26/13

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JUL 24 2013

Violation Report: 40961 - 06/20/2013 - McConnell, Deb
PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - 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 section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

In April 2013, an allegation of abuse against resident #1 was reported to the home. The home did not report the incident to the Department.

~~Resident #1 is prescribed Vicodin, 5/500, 3 times a day for pain. On 3/28/13, at 6:00 AM and 1:00 PM, resident #2 was given over the counter Tylenol in place of the Vicodin. The home did not report this medication error to the Department. ERROR~~

JW 7/26 Violation withdrawn

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.

See attached

By 8/8/13 - All staff will be educated on abuse reporting, law and applicable regulations and the home's procedures for compliance.

Immediately - Any allegation of abuse shall be reported to the Department within the required time frames and required method(s).

JW 7/26/13

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cynthia S. Trimmer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cynthia S. Trimmer, Administrator* Date *7.24.13*

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

The above plan of correction is approved as of *7/26/13* (Date)

Plan of correction implementation status as of *7/26/13* (Date)

The above plan of correction was approved by *[Signature]* (Initials)

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

JUL 24 2013

Violation Report: 40961 - 06/20/2013 - McConnell, Deb
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

On or about 3/28/13, medications for individuals not living in the home, discontinued medications and expired medications were in the home's locked file cabinets in the activity room office.

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.

See Attached - Page 4A

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Cynthia S. Trimmer*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cynthia S. Trimmer, Administrator* Date *7.24.13*

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 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction implementation status as of *7/26/13*
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
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PLAN OF CORRECTION FOR VIOLATIONS DUE TO COMPLAINT INSPECTION 6/20/13

Page 4A of 6

Violation Page 4: 2600.183(d)

All prescription medications for individuals not living in the home, discontinued medications and expired medications that were locked in the home's file cabinet in the activity were destroyed or returned to family as appropriate.

In the future all prescription medication that is discontinued or expired will be disposed of properly. When residents leave the home, the resident's medication will be given to the resident; designated person; or the person taking responsibility for the new placement on the day of discharge. The policy for handling discontinued, expired, and controlled medication will be reviewed with all staff on or before 8/8/13

By 8/31/13 - A monthly audit of medication will be completed by the administrator or designee to ensure only current medications for current residents are kept in the home.

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WEST REGION FIELD OFFICE
Human Services Licensing

Done 7/26/13

Done 7/26/13

Cynthia S. Summer 7-24-13

Violation Report: 40961 - 06/20/2013 - McConnell, Deb
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

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

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Vicodin, 5/500, 3 times a day for pain. On 3/28/13, at 6:00 AM and 1:00 PM, resident #2 was given over-the-counter Tylenol in place of the Vicodin.

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.

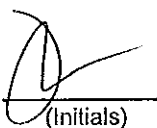
See attached Page 5A

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
CYNTHIA TRIMMER, ADMIN	

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

The above plan of correction is approved as of <u>7/26/13</u> (Date)	Plan of correction implementation status as of <u>7/26/13</u> (Date)
The above plan of correction was approved by  (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

PLAN OF CORRECTION FOR VIOLATIONS DUE TO COMPLAINT INSPECTION 6/20/13

Page 5A of 6

Violation Page 5: 2600.187 (d)

The staff giving the Tylenol was not aware that the Vicodin had been replaced with Tylenol. The staff has been advised to look more closely at look alike drugs. The pharmacy will send a list of look alike drugs that will be placed in the Medication Administration Record Book for staff to refer to as needed. The theft of narcotic incident was reported to DPW after the complaint inspection. The policy for accounting for controlled substances was updated and reviewed with staff at the time of the incident. The policy will also be reviewed with staff again on or before 8/8/13

By 8/31/13 - A medication audit will be conducted monthly by the administrator or designee to ensure medication, particularly narcotics and other controlled substances have not been tampered with and counts are accurate.

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WEST REGION FIELD OFFICE
Human Services Licensing

8/26/13

Cynthia L. Summer
7-24-13

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Violation Report: 40961 - 06/20/2013 - McConnell, Deb
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #1 is prescribed Vicodin, 5/500, 3 times a day for pain. On 3/28/13, at 6:00 AM and 1:00 PM, resident #2 was given over-the-counter Tylenol in place of the Vicodin. The home did not report this medication error to the resident, the resident's designated person or the resident's physician.

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.

See Attached

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Cynthia S. Trimmer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cynthia S. Trimmer Administrator</i>	Date <i>7-24-13</i>
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 (Date)

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 (Initials)

PLAN OF CORRECTION FOR VIOLATIONS DUE TO COMPLAINT INSPECTION 6/20/13

Violation Page 6: 2600.188 (b)

The resident and the resident's son was notified of the medication error on 7/22/13. They were told that staff administered Tylenol instead of Vicodin and the missing Vicodin had been replaced at no cost to the resident.

By 8/15/13 - all staff who administer medication and administrative staff will be reeducated on medication error reporting policies to include notification of resident, the resident's designated person and the prescriber.

[Signature]
7/26/13

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WEST REGION FIELD OFFICE
Human Services Licensing

[Signature]
7/26/13

Cynthia Schumier 7-24-13