



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

DEC 3 1 2013

Ms. Jennifer K. Rhodes, Administrator
Lafayette Manor, Inc. LMI
145 Lafayette Manor Road
Uniontown, Pennsylvania 15401

RE: Beechwood Court at Lafayette Manor
License #: 409610

Dear Ms. Rhodes:

As a result of the Department of Public Welfare's licensing inspection on October 11, 2013 and October 15, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period January 1, 2014 to January 1, 2015 was issued on September 16, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

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

| | | |
|--|-----------------------|--|
| PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR | | License Number: 40961 |
| Address: 145 LAFAYETTE MANOR ROAD, UNIONTOWN, PA 15401 | | County: Fayette |
| Administrator: Jennifer Rhodes | | Region: WEST |
| Legal Entity Name: LAFAYETTE MANOR INC LMI | | |
| Legal Entity Address: 145 LAFAYETTE MANOR ROAD, UNIONTOWN, PA 15401 | | RECEIVED |
| Certificate(s) of Occupancy C-2 LP 09/27/2000 Dept of L&I | | DEC 6 5 2013 WEST REGION FIELD OFFICE Human Services Licensing |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 68 | Waking Staff: 51 |
| Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) Renewal | | |
| On-Site Inspections Dates and Department Representatives On-Site 10/11/2013: Pfaff, Vicki; Kimberland, Jon; Rosol, Jennifer 10/15/2013: Pfaff, Vicki | | |
| 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: 64 Number of Residents Served: 53 Secured Dementia Care Unit in Home: Yes Area: Memory Care Secured Dementia Unit Capacity, if Applicable: 23 Number of Residents Served in Secured Dementia Care Unit, if applicable: 13 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: 53 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 15 Have a Physical Disability: 1 |

DEC 6 2013

Violation Report: 40961 - 10/11/2013 - Pfaff, Vicki
PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION
The home provides financial assistance to resident #1. The home has not provided resident #1 with an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

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's designated person will be sent a quarterly financial summary for January 2013 to September 2013 by 12-13-13 and October 2013 to December 2013 will be sent out by 1-10-13. (see attached) #1
Beginning in 2014, all residents, who Beechwood Court keeps cash for, will receive a quarterly financial summary from the administrator at the end of each quarter.
1-15-14 - The administrator or designated staff person will review all resident financial records at least quarterly to ensure the balance is correct. 12-10-13y

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jennifer K. Rhodes*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Jennifer K. Rhodes Date 12-4-13

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

The above plan of correction is approved as of 12-10-13
(Date)

Plan of correction implementation status as of 12-10-13
(Date)

The above plan of correction was approved by S
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress 12-10-13y
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40961 - 10/11/2013 - Pfaff, Vicki
PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

DEC 6 2013

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A started working in the home on 1/17/11. Direct care staff person A did not complete training on: medication self-administration; meeting the needs of residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan; personal care service needs of the resident and safe management techniques during the 1/1/12 to 12/31/12 training year.

Direct care staff person B started working in the home on 4/14/11. Direct care staff person B did not complete training on: medication self-administration; personal care service needs of the resident and safe management techniques for the 1/1/12 to 12/31/12 training year.

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.

For 2013, direct care staff person A has received training on medication self-administration, the preadmission screening form, assessment tool, medical evaluation & support plan, personal care service needs of the resident and safe management techniques. (see attached #2). For 2013, direct care staff person B received training for medication self-administration, personal care service needs of the resident and safe management techniques. (see attached #3).

The administrator has reviewed each direct care staff person's education needs for 2013. Education will be completed by 12-31-13 for 2013.

For 2014, direct care staff will complete annual required training related to 2600.65(f) by the end of April 2014. Various meeting times will be scheduled to allow for all staff to attend these trainings.

1-1-14 - The administrator will monitor the completion of staff training through the Quality Management Review process to ensure all direct care staff complete the required annual training in accordance with regulation 2600.65(f) 12-10-13

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer K. Rhodes*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer K. Rhodes* Date *12-4-13*

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| | |
|---|---|
| The above plan of correction is approved as of <u>12-10-13</u> (Date) | Plan of correction implementation status as of <u>12-10-13</u> (Date) |
| The above plan of correction was approved by <u>J</u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>12-10-13</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

Violation Report: 40961 - 10/11/2013 - Pfaff, Vicki
PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

On 10/11/13, the following items were unlocked and unattended in the lower right side cabinet of the sink/counter area near the nurse's station in the secure dementia care unit:

Four 8oz tubes of AloeVesta skin protectant with warning that states, "If swallowed get medical help or consult a Poison control Center right away."

A 3.5oz container of PeriGuard skin protectant ointment with warning label that states, "In case of accidental ingestion contact a physician or Poison Control Center right away."

An 8.5oz container of Ultra Fresh Antiseptic mouth rinse with warning label that states, "If more than used for rinsing is accidentally swallowed, get medical help or contact a Poison Control Center right away."

On 10/11/13, the following items were unlocked and unattended in the lower left side cabinet of the sink/counter area near the nurse's station in the secure dementia care unit:

An 8oz tube of AloeVesta skin protectant with warning that states, "If swallowed get medical help or consult a Poison Control Center right away."

An 8oz tube of AloeVesta skin conditioning with a warning that states, "if swallowed get medical help or consult a Poison control Center right away."

On 10/11/13, the following items were unlocked and unattended in the upper left side cabinet of the sink/counter area near the nurse's station in the secure dementia care unit:

A 3.5oz tube of PeriGuard skin protectant ointment with a warning that states, "In case of accidental ingestion contact a physician or Poison control Center right away."

Four 8oz tubes of AloeVesta skin protectant with warning that states "If swallowed get medical help or consult a Poison Control Center right away."

A 4oz tube Dimethicone skin protectant with warning that states, "If swallowed get medical help or contact a Poison Control Center right away."

None of the secure dementia care unit residents have been assessed to identify or safely use poisonous materials.

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.

Locks on cabinets have been checked for disrepair and repair if needed. (see attached #4 & #5).

Keys to the locks will be available to only staff at all times. All staff will be educated, on the importance of keeping the cabinets locked, by December 13, 2013.

1-1-14 - A designated staff person will check the home daily to ensure poisonous materials are inaccessible to residents. 12-10-13y

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer K. Rhodes*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer K. Rhodes* Date *12-4-13*

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The above plan of correction is approved as of 12-10-13 (Date)

Plan of correction implementation status as of 12-10-13 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *12-10-13*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

DEC 6 5 2013

Violation Report: 40961 - 10/11/2013 - Pfaff, Vicki
PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

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 10/11/13, the home's outside dumpster contained trash and was uncovered. The side doors of the dumpster were open and the lid was twisted, broken and inside the dumpster.

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.

The dumpster has been replaced. (see attached #6).
Staff will ensure the doors and lids remain closed at all times. Staff will report any problems with the doors and lids of the dumpster to the administrator.

1-1-14 - A designated staff person will check the trash receptacle at least daily to ensure the trash is covered. 12-10-13g

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer K. Rhoades*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer K. Rhoades* Date *12-4-13*

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DEC 05 2013

Violation Report: 40961 - 10/11/2013 - Pfaff, Vicki
PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 10/11/13 at 10:30a.m., the temperature in the stainless steel double door refrigerator in the first floor kitchen of the home measured 50 degrees Fahrenheit.

On 10/13/13, there was no thermometer in the freezer compartment of the stainless steel refrigerator-freezer located in the secure dementia unit kitchen.

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 log #7)
Refrigerator and freezer logs are being kept for staff to check temperatures in the morning and evening. Staff will be educated on what the temperatures should be and if the temperatures are above 40°F and 0°F respectively, staff must notify the maintenance staff at that time. Maintenance staff is also closely monitoring the refrigerator temperatures and is maintaining the refrigerator as needed.

The secure dementia unit's freezer compartment had a thermometer installed on the day of inspection (10/11/13). Staff will report any missing thermometers to either maintenance or the administrator.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jennifer K. Rhodes

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

Jennifer K. Rhodes

Date 12-4-13

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(Date)

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The above plan of correction was approved by _____
(Initials)

RECEIVED

Violation Report: 40961 - 10/11/2013 - Pfaff, Vicki
PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

DEC 05 2013

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on 12/23/09. Resident #1's most recent medical evaluation was completed on 7/10/12.

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.

This violation is incorrect. Resident #1's last medical evaluation was done on 1-18-13. (see attached #8, #9, #10, & #11). Attachment #11 is a copy of nurse's notes stated the physician visited the resident to do her medical evaluation.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jennifer K. Rhodes*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jennifer K. Rhodes* Date *12-4-13*

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