



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUN 13 2014

Mr. Michael B. Laign, President/CEO  
Holy Redeemer Health System  
667 Welsh Road  
Huntingdon, Pennsylvania 19066

RE: The Lafayette  
8580 Verree Road, 2<sup>nd</sup> & 3<sup>rd</sup> Floors  
Philadelphia, Pennsylvania 19111  
License #: 101920

Dear Mr. Laign:

As a result of the Department of Public Welfare's licensing inspection on April 15, 2014 and April 16, 2014, 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 July 16, 2014 to July 16, 2015 was issued on April 21, 2014. 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  
Director

Enclosure  
License Inspection Summary

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

PCH Name: The Lafayette		License Number: 10192
Address: 8580 Verree Road, Philadelphia, PA		County: Philadelphia
Administrator: David Mc Donald		Region: SOUTHEAST
Legal Entity Name: Holy Redeemer Health System		
Legal Entity Address: 8580 Verree Road 2nd & 3rd Floors, Philadelphia, PA 19111		
Certificate(s) of Occupancy		
Other 08/20/1985	Other	Other
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 04/15/2014: Colon, Lisselle; Braswell, Natasha 04/16/2014: Colon, Lisselle; Braswell, Natacha		
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: 150	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: 1		

Violation Report: 10192 - 04/15/2014 - Colon, Lieselle  
 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 April MAR for resident # 2 displayed instructions for Tylenol 325mg to be given twice a day. The physicians order prescribed 325 mg once a day.

**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.*

My lead Nurse and I were present at the exit interview and we had that the medication was Florastor 250mg instead of Tylenol 325mg.

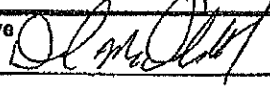
Physicians order prescribed Florastor 250mg twice a day. April's mar displaced instructions Florastor 250mg twice a day.

Resident was admitted to Personal Care in April. During initial admission process order was transcribed to mar as twice a day but only am dose was noted. As soon as transcription error was discovered order on the mar was rewritten to include am and pm time of administration.

In order to avoid future transcription errors additional audit was implemented for new admissions. Audits to be completed by 11-7 team leader and they will include comparison of physician orders to mars as well as medication label.

Nurse Manager / Administrator will make sure that audits are being completed by team leaders.

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) David McDonald - Administrator Date 5-12-14

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

The above plan of correction is approved as of 5/27/14  
 (Date)

Plan of correction implementation status as of 5/27/14  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

Violation Report: 10192 - 04/16/2014 - Colon, Lisette  
 PCH Name: The Lafayette

1. REGULATION 56 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident # 2 had a physician's order for PRN Tylenol 325mg. The medication administered was for Tylenol 500mg.

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.*

Description of violation reads : Resident # 2 had a physician's order for PRN Tylenol 325mg. The medication administered was for Tylenol 550mg.

My lead Nurse and I were present at the exit interview and we had something a little different.

The medication was indeed Tylenol and was ordered for PRN. The Physician order was for 500mg and the actual Tylenol on hand was for 500mg. The issue was with how it was written on MAR as being 325mg. The medication was never given to the resident.

The way I see this situation is that there was indeed a transcription error on the MAR. However, this medication was never given nor requested by the resident. Also, our medication techs are trained that if the medication on hand does not match the mar to bring this to the attention of the nurse on duty. This nurse would check the doctor's order. In this case, it is possible that the med tech would do the proper check, and the nurse would make the necessary correction on the MAR, since the doctors order was on hand and for the 550mg. The resident would be able to get the correct medication without any delay in waiting for new orders or even getting the right MG of Tylenol.

In the future all medications and with Physician orders will be doubled checked before going into the medication cart. Since this particular medication was not administrated, all nursing staff that handles medication will be reminded of the proper steps of medication administration, and if this medication was asked for by the resident they would make sure not to give it, since the mar did not match the medication. They would contact the nurse on duty to make the necessary correction before the medication is given. Audits will be conducted for all new admissions plus each month during medication recaps with the pharmacy, nurse manager will provide oversight of these audits.

Repeat Violation: No	Date(s) of Previous Violation(s)		
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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 *5-12-14*

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The above plan of correction is approved as of *3/27/14* (Date)

Plan of correction implementation status as of *5/27/14* (Date)

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

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

Violation Report: 10192 - 04/16/2014 - Colon, Lissette  
 PCH Name: The Lafayette

**1. REGULATION 65 Pa.Code §2600**

2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

**2a. DESCRIPTION OF VIOLATION**

The record for resident number # 1 had correction fluid to amend pages 1 and 2 on the preadmission form; the sections included the name and date of birth on page 1; on page two the diagnoses.

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

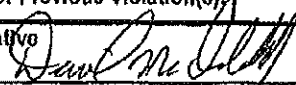
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Social Worker, Nurse Manager and Admissions department who has the ability to complete preadmission forms were educated that they can not use white out or any other kind of correction fluid / tape on any department forms or any other forms or paper work in the resident's chart.

Administrator will review all prescreens before being part of resident's chart and make sure no correction fluid has been used. A line should be drawn through errors or changes such that the original entry is still legible. Staff will be reminded that if a correction is needed that staff initials are permitted as long as there is a key that includes the full name, title, and signature of the staff person.

Random audits will also occur by Administrator to make sure no documents in the resident chart was alerted with white out or any other kind of correction fluid / tape.


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	
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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
David McDonald - Administrator	5-12-14

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