



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 29 2015

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

RE: Beechwood Court at Lafayette Manor  
License #: 409610

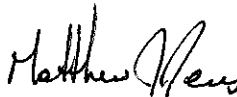
Dear Ms. Rhodes:

As a result of the Department of Human Services' licensing inspection on March 6, 2015 and March 11, 2015 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, 2015 through January 1, 2016 was issued on September 12, 2014. Your regular license remains in good standing.

Sincerely,

  
Matthew J. Jones  
Director  
LSA

Enclosure  
License Inspection Summary

JUN 04 2015

WEST REGION FIELD OFFICE  
Human Services LicensingVIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

Page 1 of 6

|   |   |                       |
|---|---|-----------------------|
| PCH Name: Beechwood Court 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   |   |                       |
| Certificate(s) of Occupancy<br>C-2 LP<br>09/27/2000<br>L & I  |   |                       |
| Staffing Hours  |   |                       |
| Resident Support: 0   | Total Daily Staff: 69                   | Waking Staff: 52      |
| Type of Inspection: Partial   | BHA Docket Number:                      | Notice: Unannounced   |
| Reason(s) for Inspection(s)<br>Renewal  |   |                       |
| On-Site Inspections Dates and Department Representatives On-Site<br>03/06/2015: McConnell, Deb; Marini, Michael<br>03/11/2015: McConnell, Deb |   |                       |
| 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 who:                |                       |
| Number of Residents Served: 53  | Receive Supplemental Security Income: 0 |                       |
| Secured Dementia Care Unit in Home: Yes   | Are 60 Years of Age or Older: 53        |                       |
| Area: Memory Care Level 1   | Have Mental Illness: 0                  |                       |
| Secured Dementia Unit Capacity, if Applicable: 23   | Have an Intellectual Disability: 0      |                       |
| Number of Residents Served in Secured Dementia Care Unit, if applicable: 16   | Have a Mobility Need: 16                |                       |
| Number of Current Hospice Residents: 5  | Have a Physical Disability: 0           |                       |
| Number of Hospice Residents in past year: 10  |   |                       |

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JUN 04 2015

WEST REGION FIELD OFFICE Page 2 of 6  
Human Services Licensing

Violation Report: 40961 - 03/06/2015 - McConnell, Deb  
PCH Name: Beechwood Court LaFayette Manor

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 3/6/15, at 10:11 a.m., the medication administration records (MAR) for residents in bedrooms #201 through #214 were unlocked and accessible sitting on top of the medication cart in the hallway outside of bedroom #206. The medication administration record was open exposing the blood pressure monitor readings for resident #1.

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 administration records (MARs) were locked when not in use immediately following the inspector observing the MAR was left accessible on 3/6/15. Effective immediately, all staff were educated as they came on shift about locking the MAR in the medication cart when they must walk away from the MAR and they are not using it. During medication passes, documented checks are being done by supervisors on all shifts periodically to ensure MARs are being locked in medication carts when not in use. As staff is trained for medication administration, the medication administration trainer will make trainees aware of this regulation.

See attached:

Attachment #1 - signature sheet for staff trained on locking away MAR.

Attachment #2 - documentation of checks done by supervisors.

By 7-1-15. The Administrator or designee will check the home at least daily to ensure resident records are maintained in a confidential manner. 6-8-15g.

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 PCHA Date 5-29-15

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

The above plan of correction is approved as of 6-8-15 (Date) Plan of correction implementation status as of 6-8-15 (Date)

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

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

JUN 04 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 40961 - 03/06/2015 - McConnell, Deb  
PCH Name: Beechwood Court LaFayette Manor

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

On 3/8/15, from 3:00 p.m. to 11:00 p.m., 51 residents were present in the home. During this time, staff persons A, B, C, D and E were present in the home. Only staff person E was certified in first aid.

On 3/8/15, from 11:00 p.m. to 7:00 p.m., 51 residents were present in the home. During this time, staff persons F, G and H were present in the home. No staff person was certified in first aid.

On 3/28/15, from 11:00 p.m. to 7:00 p.m., 51 residents were present in the home. During this time, staff persons F, G and I were present in the home. No staff person was certified in first aid.

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.

Beechwood Court arranged for a local ambulance company immediately following the discovery of some staff not trained in First Aid. The First Aid and CPR training occurred on 4-9-15. All shifts now have at least two staff persons trained in First Aid. Another CPR and First Aid training has been scheduled for 7/13/15. The Administrator and Director of Nursing will continue to ensure staff is scheduled so there are two staff persons certified in First Aid for each shift until all staff are current. The Administrator and Director of Nursing will also monitor employee files annually and upon hire to ensure staff has training in CPR and First Aid.

Attachment # 3: Documentation of training on 4-9-15.

Immediately - The Administrator or designee will audit the staff schedule and staff working hours weekly to ensure compliance with regulation 2600.63(a). 6-8-15

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, PCHA*      Date *5-29-15*

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(Date)

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(Date)

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(Initials)

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WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 40961 - 03/06/2015 - McConnell, Deb  
PCH Name: Beechwood Court LaFayette Manor

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

During the fire drill on 12/30/14, at 4:30 a.m., 4 staff people participated in the drill. According to staff scheduling records, the average number of staff people on duty at this time of day are 3.

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 3/20/15 at 4:00AM, Beechwood Court conducted a fire drill when only 3 staff persons were present in the building which is the average number of staff at that time of day. The Administrator will ensure fire drills are being conducted with the least amount of staff present for each shift.

Attachment #4: Fire Drill Log for 2015.

Immediately - The Administrator or designee will monitor fire drills and the fire drill record monthly to ensure compliance with regulation 2600.132(g). 6-8-15

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, PCHA

Date 5-29-15

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WEST REGION FIELD OFFICE Page 5 of 6  
Human Services Licensing

Violation Report: 40961 - 03/06/2015 - McConnell, Deb  
PCH Name: Beechwood Court LaFayette Manor

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 3/11/15, resident #3's Novolog Insulin, was stored in the resident's refrigerator, unlocked and accessible to the resident. Resident #3 has not been accessible by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications or store medications.

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 3/11/15, at the time the inspector discovered the insulin in the resident's refrigerator, the insulin was removed immediately to a locked refrigerator. Staff was educated about storing resident's insulin in a locked refrigerator as they came on their next schedule shift. Weekly checks will be done by supervisors to ensure insulin is being stored properly in a locked refrigerator in designated areas.

Attachment #1: Signature sheet for training on medication issues (i.e. storage of insulin)

Immediately - A designated staff person will check the home daily to ensure compliance with regulation 2600.183(b). 6-8-15

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, PCHA

Date

5-29-15

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(Date)

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(Date)

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Violation Report: 40961 - 03/06/2015 - McConnell, Deb  
PCH Name: Beechwood Court LaFayette Manor

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

The assessment for resident #4, dated 8/26/14, indicates the resident has a need for monitoring when eating due to an aspiration risk. The resident's support plan, dated 8/26/14, does not document how this need will be met.

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.

Beechwood Court received a physician's order on 3/6/15 that states resident can be on a regular diet, able to feed self and must remain when eating to prevent aspiration. The resident only eats in the dining room. Staff will be present in the dining room at all times and monitor resident for signs/symptoms of aspiration. This information has been added to the resident's RASP to reflect what staff is required to do for the resident. Staff has been educated about the physician's order and change to the resident's RASP. All residents' RASPs will be reviewed by July 31, 2015 to ensure the plans to meet residents' needs are addressed. The Administrator and the Assessment Coordinator will work together to ensure this review takes place.

Attachment # 1: signature sheet for training on RASP

Attachment # 5: Resident # 4's RASP (changes made to pgs. 6 & 7)

|                      |                                   |  |  |
|----------------------|-----------------------------------|--|--|
| 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, RCHA* Date *5-29-15*

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| The above plan of correction was approved by <u>[Signature]</u><br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>5</i><br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |