



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 07 2016

Ms. Jennifer K. Rhodes, PCH 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' annual licensing inspection on August 10, 2016 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.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 40961 - 08/10/2016 - Gillespie, Denise  
 PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

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 records for Resident # 1 on 8/07/16 and 8/08/16 at 9:00 am do not include staff initials for the administration of DuoNeb (Albuterol, 2.5 mg), 1 vial 2 x day.

On 8/09/16 at 3:00 pm, Resident #1 was administered Ativan .5 mg tab, pro re nata (PRN). The medication was not recorded on the medication administration record.

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.*

Since inspection, all medication administration records (MARs) have been checked by the designee on a weekly basis for the absence of staff initials. The administrator or designee will continue to do weekly checks on all MARs. During weekly checks, MARs will be flagged if there is an absence in documentation and staff will be questioned about the absences. The administrator has retrained all staff, who administer medications, on the importance of documenting and instructed them on the correct procedure for documenting for all medications, including PRN medications. This training occurred on August 11, 2016 through August 18, 2016 as staff returned on their next scheduled shift. The administrator will have education yearly on documentation of MARs.  
 See attachment: Documentation of training.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 10/27/16
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 10-31-16  
 (Date)

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

Plan of correction implementation status as of 10-31-16  
 (Date)

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