



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 13 2017

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' annual licensing inspection on January 10, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR		License Number: 40981
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 PA L&I		MAR 01 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 64	Waking Staff: 48
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/10/2017: Knea, Donald; Summers, Vicky		
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: 50 Secured Dementia Care Unit in Home: Yes Area: First Floor "Memory Care" Secured Dementia Unit Capacity, if Applicable: 23 Number of Residents Served in Secured Dementia Care Unit, if applicable: 14 Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 10		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: 14 Have a Physical Disability: 0

Violation Report: 40961 - 01/10/2017 - Knee, Donald
PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

WEST HANOVER FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff A, hired [redacted] 16, provides unsupervised ADL services; however, this staff person has not completed the Department-approved direct care training course and passed the competency test.

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.

During the inspection, Direct Care Staff A was called in to the facility and immediately completed the Direct Care Course and passed the exam. A New Hire Checklist was created to ensure all steps in the hiring process are completed including the DHS Direct Care Training Course and Exam is done prior to the new hire providing ADL services. The administrator or designee will sign off each step on the new hire checklist to ensure all paperwork and training is complete everytime a person is hired. See attachment #1.

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 2/28/17

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

The above plan of correction is approved as of <u>3/2/17</u> (Date)	Plan of correction implementation status as of <u>3/2/17</u> (Date)
The above plan of correction was approved by <u>BB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BB</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40961 - 01/10/2017 - Knee, Donald PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR	WEST REGIONAL OFFICE Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
At 11:10 a.m. there was an uncovered trash can full of paper towels in the second floor common bathroom.

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.

Immediately following the discovery of the uncovered trash can, the maintenance department replaced it with a covered trash can. The maintenance department also started a log to document weekly rounds to ensure all common bathrooms have covered trash cans. See attachment #2. The administrator or designee will periodically review the log to ensure compliance

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) <i>Jennifer K. Rhodes</i>	Date <i>2/28/17</i>
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Violation Report: 40961 - 01/10/2017 - Knee, Donald PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR	WEST VIRGINIA FIELD OFFICE Human Services Licensing
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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
 The refrigerator in the kitchen area of the secured dementia care unit measured 49 degrees Fahrenheit at 10:50 a.m. and 44 degrees Fahrenheit at 2:03 p.m.

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 food has been removed from the refrigerator and freezer in the secured dementia unit. The refrigerator has been replaced with an industrial one.

Immediately - A designated staff person will check the home at least weekly to ensure that food requiring refrigeration is stored at or below 40°F and frozen food is kept at or below 0°F. *BB 3/2/17*

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) <i>Jennifer K. Rhodes</i>	Date <i>2/28/17</i>
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