



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: July 12, 2018

Ms. Diana L. McGregor
Administrator
Lafayette Manor, Inc., LMI
145 Lafayette Manor Road
Uniontown, Pennsylvania 15401

RE: Beechwood Court at Lafayette Manor
Certificate #: 409610

Dear Ms. McGregor:

As a result of the Department's Bureau of Human Services Licensing inspection on December 14, 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.

Sincerely,

A handwritten signature in black ink that reads "Suzy Quinn".

Suzy Quinn
Acting Human Services Licensing Supervisor

Enclosure
Licensing 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		
Certificate(s) of Occupancy C-2 LP 09/27/2000 Labor & Industry		RECEIVED MAR 20 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 66	Waking Staff: 50
Type of Inspection: Partial	BHA Docket Number:	Notice: Announced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 12/14/2017: Winters, Lynn; Knee, Donald		
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: 1st floor "memory care" Secured Dementia Unit Capacity, if Applicable: 23 Number of Residents Served In Secured Dementia Care Unit, if applicable: 15 Number of Current Hospice Residents: 5 Number of Hospice Residents In past year: 10		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 49 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 16 Have a Physical Disability: 1

Violation Report: 40981 - 12/14/2017 - Winters, Lynn
PCH Name: Beechwood Court at Lafayette Manor

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident #2 participated in his/her support plan, dated 7/17/17; however, the resident did not sign the support plan. There was no notation that the resident refused to sign or was unable to sign.

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 Administrator or designee will not sign the support plan until the residents signature has been obtained
The administrator or Designee will check all current residents support plans to ensure all signatures are present. This will all be put into place immediately. Designee is being sent to class on how to complete rasps. This class is scheduled for April 21, 2018. See attachment #2 *The training was completed and an audit of charts was completed. ms 7/6/18*
Resident #2 ceased to breathe. ms 7/6/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Diana McGregor

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

Diana McGregor

Date

3-20-18

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

The above plan of correction is approved as of

7/6/18
(Date)

Plan of correction implementation status as of

7/6/18
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *MS*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

MS
(Initials)

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 40961 - 12/14/2017 - Winters, Lynn
PCH Name: Beechwood Court at Lafayette Manor

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 2/9/17, does not include allergies or the resident's ability to self-administer medications. These sections of the form are blank.

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.

When a medical evaluation is received, the Administrator or designee will review the medical evaluation to ensure that all information is present. If medical evaluation is incomplete it will be returned to the physician to make corrections. A review of all current medical evaluations will be done by administrator or designee. This review will be finished by May 1, 2018. See attachment #1 *the review was completed.*

Resident #1 ceased to breathe. MS 7/6/18

MS 7/6/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Diana McGregor

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

Diana McGregor

Date *3-20-18*

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

The above plan of correction is approved as of 7/6/18
(Date)

Plan of correction implementation status as of 7/6/18
(Date)

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

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

Violation Report: 40961 - 12/14/2017 - Winters, Lynn
PCH Name: Beechwood Court at Lafayette Manor

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the SDCU on 2/10/17. However, there is no documentation that the resident's designated person has not objected to the resident's admission to the SDCU.

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.

Administrator or Designee will ensure that all signatures are present upon admission. Administrator or designee will check all current contracts to be sure that all have been signed appropriately by all parties. This will be put into effect immediately. See Attachment #1

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Diana McGregor*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Diana McGregor Date 3-20-18

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

The above plan of correction is approved as of <u>7/6/18</u> (Date)	Plan of correction implementation status as of <u>7/6/18</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress MS <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

MAR 20 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 40961 - 12/14/2017 - Winters, Lynn
PCH Name: Beechwood Court at Lafayette Manor

1. REGULATION 55 Pa.Code §2600

2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the SDCU on 2/10/17; however, the resident's support plan was not completed until 2/17/17.

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 support plan for resident #1 was completed within 72 hours. The date of 2/17/17 was a typographical error. The Administrator or Designee will confirm all information is complete and accurate before signing support plans. Designee will be sent to class to learn to do rasps on April 21, 2018. Training completed MS 7/6/18. A review of all current rasps will be done by the Administrator or designee and will be completed by May 1, 2018. See attachment #1 and #2

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

Signature of Legal Entity Representative (Required on EVERY Page) *Diana McGregor*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Diana McGregor Date 3-20-18

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

The above plan of correction is approved as of 7/6/18 (Date)

Plan of correction implementation status as of 7/6/18 (Date)

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

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

Violation Report: 40961 - 12/14/2017 - Winters, Lynn
PCH Name: Beechwood Court at Lafayette Manor

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.234(d) - The support plan shall be revised at least annually and as the resident's condition changes.

2a. DESCRIPTION OF VIOLATION

Resident #1's current assessment, dated 2/17/17, indicates the resident is independent with transferring in/out of bed/chair, toileting and personal hygiene and needs prompting/cueing in ambulating. However, resident #1 was hospitalized on 6/1/17 and returned to the home on 6/5/17 with a diagnosis of lung cancer. The resident was bed bound at this time and started receiving hospice services. The home did not complete a new assessment to reflect the changes in the resident's condition.

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 administrator or designee will ensure that when a resident re-enters Beechwood Court that the appropriate paper work is completed within the required time frame. Designee will be sent to class to learn to properly do rasps on April 21, 2018. Administrator or designee will do reviews of current rasps by May 1, 2018 to ensure proper information has been noted. *To include any changes in care needs. If there* See attachments 1 and 2 *is a significant change in the residents condition and/or care needs, a new resident assessment and support plan (RAS) as well as a new medical evaluation will be completed. ms* Resident #1 ceased to breathe. *ms 7/6/18*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Diana McGregor*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Diana McGregor Date 3-20-18

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

The above plan of correction is approved as of 7/6/18 (Date)

Plan of correction implementation status as of 7/6/18 (Date)

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

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

MAR 22 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 40961 - 12/14/2017 - Winters, Lynn
PCH Name: Beechwood Court at Lafayette Manor

1. REGULATION 55 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

Resident #1 ceased to breathe (CTB) in the home on [redacted] 17. However, the resident's record does not include a copy of the official death certificate.

Resident #2 CTB in the home on [redacted] 17. However, the resident's record does not include a copy of the official death certificate.

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 Death certificate was faxed to the Department after inspection and is included in the residents chart. See attachment #3

Beechwood Court has not recieved a death certificate from the family of resident #2. The administrator or designee will work with families and if applicable, agencies to obtain death certificates of deceased residents. When the administrator or designee is closing a chart for storage, he/she will ensure a death certificate is present. A review of residents charts to ensure Death certificates are present will begin with residents who have passed as of Jan. 1, 2018. Reiviews will be done by Administrator or designee and will be finalized as of May 1, 2018.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Diana McGregor

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

Diana McGregor

Date 3-20-18

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

The above plan of correction is approved as of 3/6/18
(Date)

Plan of correction implementation status as of 3/6/18
(Date)

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

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