



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**MAY 16 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 of Human Services' Licensing annual licensing inspection on January 30, 2018, 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](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, appearing to read "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: 40961
Address: 145 LAFAYETTE MANOR ROAD, UNIONTOWN, PA 15401		County: Fayette
Administrator: Jennifer Rhodes		Region: WEST
Legal Entity Name: LAFAYETTE MANOR INC LMI		<b>RECEIVED</b>
Legal Entity Address: 145 LAFAYETTE MANOR ROAD, UNIONTOWN, PA 15401		APR 06 2018
Certificate(s) of Occupancy C-2 LP 09/27/2000 Dept of L and I		WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 66	Waking Staff: 50
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 01/30/2018: Grace, Desmond; Barlett, Patricia		
Off-Site Inspection Dates and Inspectors, If Applicable		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 64	Number of Residents who:	
Number of Residents Served: 47	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 47	
Area: Memory Care	Have Mental Illness: 0	
Secured Dementia Unit Capacity, If Applicable: 23	Have an Intellectual Disability: 1	
Number of Residents Served in Secured Dementia Care Unit, If applicable: 15	Have a Mobility Need: 19	
Number of Current Hospice Residents: 6	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 15		

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WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 40961 - 01/30/2018 - Grace, Desmond  
PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

1. REGULATION 55 Pa.Code §2600  
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

On 1/30/18 at 1:10 p.m., the water temperature in first floor visitor's restroom measured 125.6 degrees Fahrenheit.  
On 1/30/18 at 1:15 p.m., the water temperature in bedroom #104 measured 125.6 degrees Fahrenheit.  
On 1/30/18 at 1:35 p.m., the water temperature in the kitchenette sink in the secure dementia unit measured 123.2 degrees Fahrenheit.

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.*

Maintenance worker was on duty and promptly had temperature turned down. He has in his notes that temperature was at 116 before DHS left the building. A new thermometer was purchased for taking water temps. water temps are being checked on a monthly basis and a new log has been put into place. Please refer to attachment #1. Also included are the water temps that have been taken since DHS inspection, refer to attachment #2.

Immediately: All staff persons shall be educated on safe water temperatures and the risk of unsafe water temperatures to residents. Documentation of education shall be kept. *4-6-18 ✓*

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 *4-6-18*

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

The above plan of correction is approved as of <u><i>4-6-18</i></u> (Date)	Plan of correction implementation status as of <u><i>4-6-18</i></u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress ✓ <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 40961 - 01/30/2018 - Grace, Desmond  
PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

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  
On 1/30/18 at 11:04 a.m., the walk-in freezer in the main kitchen contained multiple food products. However, the freezer did not contain a thermometer.  
On 1/30/18 at 11:35 a.m., the refrigerator inside the secure dementia unit kitchen contained food products. However, the refrigerator did not contain a thermometer.

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.

Thermometers obtained and placed at the time of inspection. Daily logs are kept for refrigerator in secure dementia unit. See attachment # 5. Freezer logs are done twice daily. A copy of freezer log is attachment #3 and #4

Immediately: All staff persons involved in food storage and preparation shall be educated on safe food storage including all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. Documentation of education shall be kept. 4-6-18

Repeat Violation: No      Date(s) of Previous Violation(s): 01/10/2017

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 *4-6-18*

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(Date)

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(Initials)

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(Date)

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Violation Report: 40961 - 01/30/2018 - Grace, Desmond  
PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR  
WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION  
On 1/30/17 at 2:20 p.m., the exit door to resident bedroom #225 was blocked by a small coffee table and pillow which limited the door opening to approximately 12 inches.

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 stated he would not place his belongings in doorway any longer. Staff has been educated also and will do checks to be sure all doorways and exits are unobstructed.

Immediately: A designated staff person shall check the home daily on each shift to ensure all stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed.

4-6-18

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Violation Report: 40961 - 01/30/2018 - Grace, Desmond  
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

Resident #2's January 2018 medication administration record (MAR) contains a prescription for Miralax powder 17 grams mixed in 8oz beverage of choice daily as needed, however the order was discontinued on 7/8/17

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.*

Administrator or designee will be doing Mar reviews and cart checks on a monthly basis and this was started in February 2018 and will continue on a monthly basis. See attachment #6

Immediately: All staff persons qualified to administer medications shall be educated on the home's policy and procedures for the proper documentation of discontinued medications on resident MARs. Documentation of education shall be kept. 4-6-18 ✓

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Diana McGregor* Date *4-6-18*

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Human Services Licensing

Violation Report: 40961 - 01/30/2018 - Grace, Desmond  
PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

1. REGULATION 55 Pa.Code §2600  
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION  
Resident #1 is prescribed Vitamin B-12 1,000mcg tablet ordered daily. The resident's January 2018 MAR was not initialed by the staff member who administered the medication on 1/19/18 at 9:00 a.m.  
Resident #1 is prescribed 20mg at bedtime. The resident's January 2018 MAR was not initialed by the staff member who administered the medication on 1/19/18 at 9:00 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.

Administrator or designee will do medication cart and mar reviews monthly. Staff has been re-educated on the importance of complete documentation. Upon completion of mar reviews, staff who continues incomplete documentation will be made to repeat the documentation portion of the medication administration class.

Attachment #7

Immediately: All staff persons qualified to administer medications shall be re-educated on the proper procedures for medication administration including documentation of medication administration at the time of administration in accordance with regulation 2600.187(b). Documentation of education shall be kept. 4-6-18 ✓

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Violation Report: 40961 - 01/30/2018 - Grace, Desmond  
PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

1. REGULATION 55 Pa.Code §2800

2800.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #4 had an assessment completed on 3/22/17. The resident's assessment was not updated to include the residents need for nectar thick liquids prescribed on 11/24/15.

Resident #5 had an assessment completed on 4/11/17. The resident's assessment was not updated to include the residents required purea diet prescribed on 10/23/17.

Resident #8 had an assessment completed on 7/7/17. The resident's assessment was not updated to include the resident's need for nectar thicken liquids prescribed on 1/23/18.

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 check all assesments to be sure the are complete and up to date.  
Also Designee will be sent on April 21, 2018 to class to learn to do assesments.

Attachment # 8

Resident #4's, #5's, and #6's were updated. 4-6-18

Immediately: The administrator or designated direct care staff person shall check all newly completed resident assessments to ensure accuracy and completeness. 4-6-18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative  
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WEST REGION FIELD OFFICE  
Human Services Licensing

Page 8 of 9

Violation Report: 40961 - 01/30/2018 - Grace, Desmond  
PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

1. REGULATION 55 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

On [redacted] 17, resident #3 was placed into the secure dementia unit, however the resident did not receive a cognitive screening completed until 1/8/18.

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 # 3 was combative w/ staff and wandering from the facility. Staff placed resident #3 in secure dementia unit for his safety and at familys request until family could arrive at facility. Resident #3 was placed in secure dementia unit for short periods of lime and was temporary. Beechwood Court had a room come available for resident #3 and he was moved to the unit permanently on [redacted] 18 with the cognitive screen being completed in sufficient time ( dated 1/8/18). In the future Beechwood Court will use other measures to redirect and ensure a residents safety.

Immediately: The administrator roro designated staff person shall monitor all SDCU admissions to ensure each resident meets the criteria for admissions into the SDCU and a cognitive preadmission screening is completed in accordance with regulation 2600.231(c). 4-6-18 ✓

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APR 06 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 40981 - 01/30/2018 - Grace, Desmond  
PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

1. REGULATION 55 Pa.Code §2600

2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION

The Home has a number key magnetic locking system that locks and unlocks the doors that exit from the secure dementia unit. However, the exit code to the system is only posted inside an emergency diagram 12 feet from the main entrance of the secure dementia. The remaining emergency exit doors near bedroom #117 and bedroom #126 are approximately 75 feet away from the posted exit codes.

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.

Administrators and designee has come up with a new system to post exit codes beside all exits leading from the secure dementia unit. See attachments #9 and #10

The home posted key pad/lock releasing codes next to each SDCU door. 4-6-18

Immediately: A designated staff person shall check the home weekly to ensure the key pad/lock releasing codes are posted next to each SDCU door. 4-6-18

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

4-6-18

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The above plan of correction is approved as of

4-6-18  
(Date)

Plan of correction implementation status as of

4-6-18  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress ✓

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*DM*  
(Initials)