



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: September 5, 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 April 19, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig".

Janine Wenzig  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



AUG 23 2018

Violation Report: 40861 - 04/19/2018 - Hoover, Josh PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR	<b>WEST REGION FIELD OFFICE</b> <b>Human Services Licensing</b>
---	--

**1. REGULATION 55 Pa.Code §2600**  
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**  
 On 4/8/2018 at approximately 11:30 a.m., staff persons A and B overheard staff person C scream "No!" to resident #1, when the resident reached for another resident's food in the dining room of the secured care dementia unit (SCDU).  
  
 At approximately 2:30 p.m., staff persons A and B witnessed staff person C teasing resident #1, who is diagnosed with dementia. Staff person C asked the resident "Are you hungry? Do you want something to eat?" The resident said yes, and staff person C responded "Too bad!" This incident was not reported to the department until 4/9/2018 at approximately 6:00 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.*

Adminstrator and Designee conducted an education for all supervisory and lead worker staff. They were given info and shown how to fill out incident reports. This education took place on May 7, 2018. In the future incident reports will be finished in a timely fashion according to regulation.

*Staff person C was Terminated. ms 7/27/18*  
*Training in recognizing and reporting abuse was completed on 5/30/18 and 6/6/18. ms 8/27/18*  
*Within 30 days of receipt of the plan of correction - All staff persons will receive training in recognizing and reporting abuse if they did not receive the training on 5/30/18 or 6/6/18. documentation of education shall be kept, ms 8/27/18*

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) <i>Diana McGregor Interim Administrator</i>	Date <i>5/22/18</i>
---	------------------------

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

The above plan of correction is approved as of <u>8/27/18</u> (Date)	Plan of correction implementation status as of <u>8/27/18</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 <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

AUG 23 2018

WEST REGION FIELD OFFICE

Human Services Licensing

Violation Report: 40961 - 04/19/2018 - Hoover, Josh  
PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

1. REGULATION 56 Pa.Code §2600  
2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 4/8/2018 at approximately 11:30 a.m., direct care staff person C screamed "No!" at resident #1 when the resident reached for another resident's food in the dining room of the SDCU. Resident #1, who is [redacted] years of age and diagnosed with dementia, believed that the other resident had received something different for lunch and he/she was attempting to check when staff person C screamed at him/her.

Resident #1's support plan, dated 1/17/2018, indicates the resident was "deemed malnourished in the hospital" prior to admission to the home, and that the resident "will receive ensure supplement daily and vitamins" and "staff will remind and encourage" eating and drinking.

At approximately 2:30 p.m., staff person C approached resident #1 and asked "Are you hungry? Do you want something to eat?" When resident #1 answered yes, staff person C said "Too bad!" and walked away, clocked out for the end of his/her shift, and exited 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.

Direct care staff C was suspended from her duties on 04/09/18 during investigation of abuse. After further investigation, it was found that the incidents had occurred and Direct care staff C was terminated on 04/12/18. Please see Attachments 1, 2 and 3.

*Some staff received training in recognizing abuse ms 8/27/18*

*within 60 days of receipt of the plan of correction - All staff persons will receive sensitivity training related to the elderly from a department approved outside source. Documentation of education shall be kept. ms 8/27/18*

*Immediately and monthly thereafter for 6 months - The administrator will interview at least 3 residents to ensure residents are being treated with dignity and respect. ms 8/14/18*

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Diana McGreggor Interim Administrator*      Date *5/22/18*

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

The above plan of correction is approved as of 9/4/18  
(Date)

The above plan of correction was approved by *[Signature]*  
(Initials)

Plan of correction implementation status as of 8/22/18  
(Date)

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

AUG 23 2018

Violation Report: 40981 - 04/19/2018 - Hoover, Josh  
PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person C, hired 9/9/2014, did not receive training on infection control and general principles of cleanliness and hygiene during the 2017 training year.

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.

All staff was assigned education online for infection control. Administrator reviewed educations in November 2017, with Direct care staff C having all of the necessary hours it was missed that infection control was not among her hours. The administrator and/or designee will check educations again in November 2018. Checking that all mandated education has been accomplished.

Direct care staff person C was terminated. MS 8/27/18  
infection control training is now in progress in the home. Documentation of education shall be kept. MS 8/27/18

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 Interim Administrator*      Date *5/22/18*

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

The above plan of correction is approved as of 9/4/18  
(Date)

The above plan of correction was approved by *[Signature]*  
(Initials)

Plan of correction implementation status as of 8/27/18  
(Date)

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

AUG 23 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 40961 - 04/19/2018 - Hoover, Josh  
PCH Name: BEECHWOOD COURT AT LAFAYETTE MANOR

1. REGULATION 55 Pa.Code §2600  
2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION  
The cognitive prescreening for resident #1, date of admission 1/10/2018, was not completed on the department's standard form.

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.

As of January 30, 2018 Beechwood Court now uses the departments standard cognitive screening form. Beechwood Court had been using the other form since the inception of regulation. Beechwood Court will use the departments form in the future for all admissions to SCU.

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 Interim Administrator*      Date *8/22/18*

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

The above plan of correction is approved as of 8/27/18  
(Date)

Plan of correction implementation status as of 8/27/18  
(Date)

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

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