



**MAILING DATE: November 25, 2019**

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 June 5, 2019, of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Williams". The signature is fluid and cursive.

Jason Williams  
Human Services Licensing Supervisor

Enclosure  
Violation Report

## Violation Report

### Facility Information

Name: *BEECHWOOD COURT AT LAFAYETTE MANOR*  
Address: *145 LAFAYETTE MANOR ROAD, UNIONTOWN, PA 15401*  
County: *FAYETTE*                      Region: *WESTERN*

License Number: *409610*

### Administrator

Name: *Diana McGregor*                      Phone: *7244346024*                      Email: *dmcgregor@LAFAYETTEMANOR.NET*

### Legal Entity

Name: *LAFAYETTE MANOR INC LMI*  
Address: *145 LAFAYETTE MANOR ROAD, UNIONTOWN, PA, 15401*

### Certificate(s) of Occupancy

Type: *C-2 LP*                      Date:                      Issued By:

### Staffing Hours

Resident Support Staff: *0*                      Total Daily Staff: *66*                      Waking Staff: *50*

### Inspection

Type: *Partial*                      BHA Docket #:                      Notice: *Unannounced*  
Reason: *Fine*

### Inspection Dates and Department Representative

*06/05/2019 - On-Site: Belinda Graziano, Christine Stanley*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *64*                      Residents Served: *50*

#### Secured Dementia Care Unit

In Home: *Yes*                      Area: *Special Care Unit*                      Capacity: *23*                      Residents Served: *15*

#### Hospice

Current Residents: *7*

#### Number of Residents Who:

Receive Supplemental Security Income: *0*                      Are 60 Years of Age or Older: *50*  
Diagnosed with Mental Illness: *0*                      Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *16*                      Have Physical Disability: *0*

103f - Refrigerator/Freezer Temps

Regulations

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.

Description of Violation

At 9:32 a.m., the freezer in the serving kitchen on the first floor of the home measured 10 degrees Fahrenheit, and at 10:15a.m., measured 6 degrees Fahrenheit.

Repeat Violation: 1/29/19 et al

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 had the head of maintenance service the freezer. Culinary services group (CSG) has been contracted to oversee all aspects of dietary Department, they have replaced all thermometers and they also have started twice daily charting of the temps in all freezers and refridgerators . See attachment # 1

Within 15 days of receipt of the plan of correction: All staff persons responsible for the storage, preparation and serving of food to residents will be educated that food requiring refrigeration shall be stored at or below 40 degrees Fahrenheit, frozen food shall be kept at or below 0 degrees Fahrenheit and that thermometers are required in all refrigerators and freezers. Documentation of the education shall be kept.

*JW* 11/22/19

Legal Entity Representative

*Diana McGregor*  
Signature

Diana McGregor Administrator 9/23/19  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 11/22/19  
(Date)

Plan of correction implementation status as of 11/22/19  
(Date)

The above plan of correction was approved by *JW*  
(Initials)

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

183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #1 is prescribed ProAir Respiclick inhaler, use 1 inhalation by mouth every 4 hours as needed for wheezing; however, this medication expired on 5/2019.

Resident #2 had Fiber Well Gummies in the home's medication cart; however, the resident is not currently prescribed this medication.

Resident #3 is prescribed Robitussin (Robafen) 100/5ml, take 10 ml by mouth every 6 hours as needed for cough; however this medication expired on 03/2019.

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.)

Administrative assistant is now responsible for checking all med orders for accuracy and also to be sure all meds are discontinued immediately. Resident #1 med was discontinued immediately see attachment #2. Resident #2 never had order for gummies so they were returned immediately to family. Resident #3 robafen was reordered that day. See attachment 3

Medication checks shall be conducted at least monthly. *JW* 11/22/19

Legal Entity Representative

*Diana McGregor*  
Signature

Diana McGregor Administrator 09/23/19  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 11/22/19  
(Date)

Plan of correction implementation status as of 11/22/19  
(Date)

The above plan of correction was approved by *JW*  
(Initials)

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

184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #1 is prescribed Novolog 100unit/ml, give 10 units before breakfast and 15 units before supper; however, the medication label indicates inject 10 units subcutaneously every evening before supper only if accuchecks are greater than or equal to 150. See attachments 4a,b,c

Resident #3 is prescribed Triamcinolone cream 0.1% apply to lower legs daily, and apply to bilateral lower extremity topically every 12 hours as needed for rash of the lower extremities; however the label indicates apply to lower legs daily. See attachment 6

Resident #3 is prescribed Dulcolax Suppository 10mg, insert 1 suppository once a day as needed for constipation; however, the medication did not have a pharmacy label. see attachment 5

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 administrative assistant will check monthly all labels to ensure accuracy of label to MAR and to physicians order. Resident #1 insulin order has change of order sticker applied until new script is filled. Resident # 3 triamcinolone cream also has direction change label and new label to applied with reorder. A pharmacy label has been applied to resident #3 dulcolax see Attachments #

Legal Entity Representative

Diana McGregor  
Signature

Diana McGregor Administrator 09/23/19  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 11/22/19  
(Date)

Plan of correction implementation status as of 11/22/19  
(Date)

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

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