



**Sent via e-mail dmcdonald@holyredeemer.com
May 11, 2020**

Mr. Michael B. Laign
President/CEO
Holy Redeemer Health System
667 Welsh Road
Huntingdon, Pennsylvania 19006

RE: The Lafayette
8580 Verree Road
2nd and 3rd Floors
Philadelphia, Pennsylvania 19111
License #: 101920

Dear Mr. Laign:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 18, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Sandra Wooters

Sandra Wooters, MHS, ACG
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information	
Name: <i>THE LAFAYETTE</i>	License Number: <i>10192</i>
Address: <i>8580 VERREE ROAD, 2ND&3RD FLRS., PHILADELPHIA, PA 19111</i>	
County: <i>PHILADELPHIA</i>	Region: <i>SOUTHEAST</i>

Administrator		
Name: <i>David McDonald</i>	Phone: <i>2152142800</i>	Email: <i>DMCDONALD@HOLYREDEEMER.COM</i>

Legal Entity	
Name: <i>HOLY REDEEMER HEALTH SYSTEM</i>	
Address: <i>667 WELSH ROAD, HUNTINGDON, PA, 19006</i>	

Certificate(s) of Occupancy		
Type: <i>Other</i>	Date: <i>08/20/2019</i>	Issued By: <i>Philadelphia Licenses and Inspections</i>

Staffing Hours		
Resident Support Staff: <i>0</i>	Total Daily Staff: <i>45</i>	Waking Staff: <i>34</i>

Inspection		
Type: <i>Full</i>	BHA Docket #:	Notice: <i>Unannounced</i>
Reason: <i>Renewal</i>		

Inspection Dates and Department Representative	
<i>11/18/2019 - On-Site: Claire Mendez</i>	

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: <i>150</i>		Residents Served: <i>45</i>	
Secured Dementia Care Unit			
In Home: <i>No</i>	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: <i>3</i>			
Number of Residents Who:			
Receive Supplemental Security Income: <i>0</i>		Are 60 Years of Age or Older: <i>45</i>	
Diagnosed with Mental Illness: <i>1</i>		Diagnosed with Intellectual Disability: <i>0</i>	
Have Mobility Need: <i>0</i>		Have Physical Disability: <i>0</i>	

THE LAFAYETTE

10192

65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 1. Medication self-administration training.
- 7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in Medication Self-Administration training and Care for residents with mental illness or intellectual disabilities during training year 2018.

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 Personal care direct staff were trained on both medication self administration along with residents with Mental illness on 12/4/19. See attached training.

To ensure future compliance, Nurse Manager along with Administrator will monitor all required trainings on a monthly basis. Random audits will be conducted to make sure all required trainings are within compliance.

Legal Entity Representative



Signature

David J. McDonald - Administrator 12-11-19

Printed Name and Title

Date

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

The above plan of correction is approved as of 5/11/2020 (Date)

Plan of correction implementation status as of 5/11/2020 (Date)

The above plan of correction was approved by

slw (Initials)

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

11/18/2019

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THE LAFAYETTE

10192

82c - Locking Poisonous Materials

Regulations

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

A bottle labeled "Emerel Multi-Surface Crème Cleanser", with a manufacture's label indicating "Call Poison Control Center if inhaled, swallowed, or in eyes", was unlocked, unattended, and accessible to residents. Not all the residents of the home, including Resident #1, have been assessed capable of recognizing and using poisons safely.

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 housekeeping carts were checked and locked immediately during inspection. EVS Director and Supervisor had an emergency staff meeting to discuss that all housekeeping carts need to be locked at all times.

EVS Director and Supervisor will conduct random audits and inspections to make sure carts are locked at all times when unattended.

Along with EVS plan of correction, Nurse Manager will indicate on ME Form that residents have been assessed capable of recognizing and using poisons safely.

Legal Entity Representative

[Handwritten Signature]

Signature

David McDonald - Administrator 12-11-19

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THE LAFAYETTE

10192

85d - Trash Receptacles

Regulations

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 11/18/19 at 10:40am there was a full, uncovered, unattended trash can in the kitchen area.

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 after inspection, trash can lid was placed on kitchen trash can. Kitchen staff was in-served to make sure they are aware that all trash cans need lids when not in use. Also, staff was educated to inform their direct supervisor if a trash can has no lid.

To ensure going compliance, Dining room manager along with supervisory staff will inspect trash cans to make sure lids are placed when not in use.

Monthly kitchen quality checks will be conducted and documented showing that all trash cans have lids.

Legal Entity Representative

Signature

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THE LAFAYETTE

10192

183f - Discontinued Medications

Regulations

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

The following medications: Aspirin, Non-Aspirin Pain reliever, and Antacid, in their original single-dose packaging, were found in a first aid kit located in the Home's Van. These expired OTC medication packages were labeled with an expiration date of 04/2019.

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.)

Immediately after inspection, first aid kit was removed from home's van, and all medications including aspirin, non aspirin, and antacid was discarded. The first aid kit was returned to the home's van with are required first aid supplies.

To ensure future compliance, Nurse Manager along with Administrator will monitor all first aid kits on a monthly basis. Random audits will be conducted to make sure first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Legal Entity Representative

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Signature

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THE LAFAYETTE

10192

191 - Resident Right to Refuse

Regulations

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Residents #2, admitted 9/3/19, Resident #3, admitted 4/12/19, and Resident #4, admitted 12/2/17 have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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's #2,3 and 4 was all educated by Nurse Manager 1:1 about their right to question or refuse a medication.

Administration along with Admissions will now have a signature line for all residents to sign after they have been made aware of their rights including the right to question or refuse a medication.

Monthly audits by Social Worker will be conducted to ensure ongoing compliance.

Legal Entity Representative

Signature

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