

Department of Human Services
Bureau of Human Service Licensing

April 29, 2021

[REDACTED] PRESIDENT / CEO
HOLY REDEEMER HEALTH SYSTEM
667 WELSH ROAD
HUNTINGDON, PA 19006

RE: THE LAFAYETTE
8580 VERREE ROAD, 2ND&3RD
FLRS
PHILADELPHIA, PA, 19111
LICENSE/COCC#: 10192

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/13/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: THE LAFAYETTE **License #:** 10192 **License Expiration Date:** 07/16/2021
Address: 8580 VERREE ROAD, 2ND&3RD FLRS, PHILADELPHIA, PA 19111
County: PHILADELPHIA **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** 2152142800 **Email:** [REDACTED]

Legal Entity

Name: HOLY REDEEMER HEALTH SYSTEM
Address: 667 WELSH ROAD, HUNTINGDON, PA, 19006
Phone: 2152142800 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 08/20/1985 **Issued By:** City of Phila. L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 46 **Working Staff:** 35

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 04/13/2021

Inspection Dates and Department Representative

04/13/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 150 **Residents Served:** 46

Secured Dementia Care Unit

In Home: No	Area:	Capacity:	Residents Served:
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Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 46
Diagnosed with Mental Illness: 2	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0	Have Physical Disability: 0

Inspections / Reviews

04/13/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *05/03/2021*

4/28/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/05/2021*

4/29/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 4/13/21 there were 8 plastic bowls filled with what appeared to be strawberry ice cream covered with plastic wrap in the freezer located in the activity room kitchenette. The bowls were unattended, unlabeled, and undated.

Plan of Correction**Accept**

On 4/18/2021 directly after violation was reported all items in the freezer were discarded.

Food Service and activities department were made aware of regulation and trained to notice all food in the freezer and make sure all items are dated.

Administrator will conduct random audits to make sure regulation is being followed.

Completion Date: 04/16/2021

Document Submission**Implemented**

Please see attachment

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1's glucometer is not calibrated to the correct date and time. The glucometer date reads 5/12/21 and the time reads 3:24pm. Actual Date and time is 4/13/21 at 3:00pm.

The glucose level recorded on the MAR/glucose log for resident #1 on 4/7/21 at 8am is 110, however the corresponding glucose reading in the residents glucometer reads 113.

Plan of Correction**Accept**

Resident # 1 glucometer was calibrated the same day 4/13/21 to correct date and time. All other glucometer's were inspected to make sure they were calibrated correctly with date and time.

Staff were in serviced on how to look for correct date and times on each glucometer and to report any not calibrated immediately to Nurse Manager or Administartor.

Random audits will be conducted by Nurse Manager or designee to make sure all glucometers are calibrated to correct date and time.

All staff responsible for using a glucometer have been trained to accurately record the results from the glucometer to the residents corresponding MAR.

Nurse Manager or designee will due random audits to make sure the logs for the resident's glucometer's match the MARs.

Completion Date 04/16/2021

185a - Implement Storage Procedures (*continued*)

Document Submission**Implemented***Please see attachment*