

Department of Human Services
Bureau of Human Service Licensing

June 8, 2021

██████████ LEGAL COUNSEL
SQR OPCO LLC
300 EAST MARKET ST, SUITE 100
LOUISVILLE, KY 40202

RE: ATRIA LAFAYETTE HILL
9303 RIDGE PIKE
PHILADELPHIA, PA, 19128
LICENSE/COC#: 14665

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/29/2021 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

Inspections / Reviews

04/29/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *05/31/2021*

6/4/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/08/2021*

6/8/2021 - Document Submission

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

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 4/29/21, the home did not have a copy of the 2600 regulations posted in a conspicuous and public place.

Plan of Correction

Accept

Executive Director complied with the PA Code 2600.3.c and posted current license and a copy of the current license inspection summary issued by the Department in the information board located by the Reception Area and accessible to residents.

Executive Director or designee will ensure that community complies with PA Code 2600.3.c at all times.

Completion Date: 05/31/2021

Document Submission

Implemented

See above POC

18 Compliance With Laws

1. Requirements

2600.

- 18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Personal care and assisted living homes must post the required influenza information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1785). The home did not have an influenza poster anywhere.

Plan of Correction

Accept

Executive Director reviewed with state inspector requirement to post influenza information year-round as per Influenza Awareness Act (HB 1785). Executive Director immediately printed influenza posters and posted in several locations throughout the community. Executive Director, Resident Service Director or designee will ensure that influenza posters are always in public viewing, year-round moving forward

Completion Date: 05/31/2021

Document Submission

Implemented

See above POC

42s - Privacy

1. Requirements

2600.

- 42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 4/29/21, cameras were observed on the SDCU and throughout the building by the exit doors. The cameras record images. There was no sign near the cameras indicating that the cameras record.

42s - Privacy (continued)

Plan of Correction

Accept

Executive Director and Maintenance Director reviewed the PA code 2600. 42.s for understanding and compliance. Maintenance Director inspected all locations of the security cameras for inventory and tracking purposes. "Security Cameras in Use" signs have been ordered and placed at each location of the camera as well as at the entrance to the community - by the main door. Maintenance Director will ensure compliance moving forward

Completion Date: 05/31/2021

Document Submission

Implemented

See above POC

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A was hired [REDACTED] The home did not have documentation or verification of a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry for staff person A.

Plan of Correction

Accept

High school diploma or GED was received from staff person A, and file in their records. An audit was completed by the current Business Office Director to make sure current care staff have the necessary paperwork as required by regulation 2600 54 a. Any issues found during the audit were addressed immediately. Executive Director (ED) or designee will re-train the Community Business Director on regulation 2600 54a to make sure community stays in compliance. Executive Director or designee, and Community Business Director or designee will meet monthly for next three months to review paperwork for new hires to ensure compliance. Executive Director or designee will be responsible to ensure continue compliance with regulation 2600 54a.

Completion Date: 05/31/2021

Document Submission

Implemented

See above POC

96a - First Aid Kit

1. Requirements

2600.

- 96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the nursing office did not include eye coverings or a thermometer.

96a - First Aid Kit (continued)

Plan of Correction

Accept

New first aid kit was reordered by the Resident Service Director and it includes everything that is required by regulation 2600 96a. Resident Service Director or designee completed an audit of the first aid kits in the community to ensure compliance with regulation 2600 96a. Any issues found during the audit were addressed immediately. Care specialist retrained the Resident Service Director on regulation 2600 96a to ensure compliance. Executive Director (ED) or Designee will ensure compliance with regulation 2600 96a. ED or designee will check first aid kits weekly for the next 90 days to ensure community continues to be in compliance

Completion Date: 05/31/2021

Document Submission

Implemented

See above POC

101i - Access to Bedroom

1. Requirements

2600.

101.i. A resident shall have access to his bedroom at all times.

Description of Violation

On 4/29/21, bedrooms # [redacted], # [redacted] and # [redacted] on the SDCU were locked. The residents' did not have a key to their bedroom, which denied them access.

Plan of Correction

Accept

Executive Director reviewed the PA code 2600. 101.i with the Maintenance Director as well as Memory Care Director for understating and compliance. Residents in apartments # [redacted], # [redacted] and # [redacted] were made new sets of keys. Maintenance Director along with the Memory Care Director conducted an audit to ensure all residents residing in the Memory Care have their set of apartment keys. Executive Director or designee will ensure compliance to PA Code 2600.101.i moving forward.

Completion Date: 05/31/2021

Document Submission

Implemented

See above POC

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Bedroom # [redacted] did not have access to a source of light that can be turned on/off at bedside.

101j7 - Lighting/Operable Lamp (continued)

Plan of Correction

Accept

Executive Director and Maintenance Director reviewed the PA code 2600. 101. j. #7 and inspected all apartments at the community for compliance. Apartment # [REDACTED] has been addressed immediately by providing a lamp on the bedside table.

Executive Director will ensure that during the new resident move in process, each apartment is equipped with bedside source of light.

Completion Date: 05/31/2021

Document Submission

Implemented

See above POC

123b - Emergency Procedures Posted

1. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

Executive Director reviewed the PA code 2600. 123.b. with the community Directors for understanding and compliance. Community emergency procedure binder (as specified in Pa code 2600.107) has been placed at the reception desk and signage has posted at the Reception Desk indicating the presence of such procedures and its availability at the Reception Desk. Executive Director and the Community Business Director will ensure compliance with PA Code 2600.123.b. moving forward.

Completion Date: 05/31/2021

Document Submission

Implemented

See above POC

183d Prescription Current

1. Requirements

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

The Imodium that was prescribed to resident #1 was discontinued. However, on 4/29/21 the medication was still on the med cart.

The Xalatan that was prescribed to resident #2 was discontinued. However, on 4/29/21 the medication was still on the med cart.

183d - Prescription Current *(continued)*

Plan of Correction

Accept

Discontinued medication for resident #1 and #2 were removed from the medication cart by the RSD immediately. Resident Services Director (RSD) completed an audit of the medication cart to ensure compliance with regulation 2600 183. d.

RSD completed a retraining of the Med Tech on regulation 2600 183. d. (training took place from 5/24-5/31) to ensure understanding of regulation 2600.183.d. and Atria policy on discontinued medication orders to ensure compliance. Resident Service Director or designee will be responsible for compliance with regulation 2600 183.d. RSD or designee will run an audit of discontinued medication and ensure it is removed from the medication cart weekly for the next 90 days.

Completion Date: 05/31/2021

Document Submission

Implemented

See above POC

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 is prescribed Preparation H as needed. On 4/29/21, the medication was not available in the home.

Plan of Correction

Accept

Resident #1 preparation H was reorder by the Resident Service Director, and it was delivered to the community the same day by the pharmacy. Resident Service Director completed an audit of the medication carts to ensure compliance with regulation 2600 185 a. Resident Services Director completed a retraining of the Med Techs on regulation 2600 185 a. to ensure understanding and compliance of regulation 2600 185 a. and Atria policy on new orders (training took place from 5/24-5/31/2021). Resident Service Director or designee will be responsible for compliance with regulation 2600 185.a. RSD or designee will run an audit of new orders, and ensure it is available on the medication cart weekly for the next 90 days.

Completion Date: 05/31/2021

Document Submission

Implemented

See above POC

233c - Key-Locking Devices

1. Requirements

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.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the exit door near the linen storage room on the Secure Dementia Care Unit (SDCU).

233c - Key-Locking Devices *(continued)*

Plan of Correction

Accept

Executive Director along with the Maintenance Director reviewed the PA code 2600. 233.c. for understating and compliance. All exits where key-locking devices, electronic cards or other systems preventing immediate egress are being used have been inspected for compliance. Instructional labels were placed on the exit door near the linen storage room in the Memory Care unit. Maintenance Director added checking the signage to the weekly preventive maintenance checklist and Maintenance Director will ensure compliance moving forward.

Completion Date: 05/31/2021

Document Submission

Implemented

See above POC