

Department of Human Services
Bureau of Human Service Licensing

November 3, 2021

[REDACTED]
LAFAYETTE MANOR INC LMI
145 LAFAYETTE MANOR ROAD
UNIONTOWN, PA 15401

RE: BEECHWOOD COURT AT LAFAYETTE
MANOR
145 LAFAYETTE MANOR ROAD
UNIONTOWN, PA, 15401
LICENSE/COC#: 40961

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/31/2021, 09/01/2021, 09/07/2021, 09/10/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jon Kimberland

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: *BEECHWOOD COURT AT LAFAYETTE MANOR* License #: *40961* License Expiration Date: *10/03/2021*
Address: *145 LAFAYETTE MANOR ROAD, UNIONTOWN, PA 15401*
County: *FAYETTE* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *7244346024* Email: [REDACTED]

Legal Entity

Name: *LAFAYETTE MANOR INC LMI*
Address: *145 LAFAYETTE MANOR ROAD, UNIONTOWN, PA, 15401*
Phone: *7244346024* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *65* Waking Staff: *49*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *09/10/2021*

Inspection Dates and Department Representative

08/31/2021 - On-Site: [REDACTED]
09/01/2021 - Off-Site: [REDACTED]
09/07/2021 - Off-Site: [REDACTED]
09/10/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

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

Hospice

Current Residents: *6*

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: *0*
Have Mobility Need: *15* Have Physical Disability: *0*

Inspections / Reviews

08/31/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/23/2021*

9/21/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/23/2021*

9/28/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/04/2021*

11/3/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

23b - Instrumental Activities of Daily Living Assistance

1. Requirements

2600.

23.b. A home shall provide each resident with assistance with IADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan for resident #1, dated [REDACTED] indicates the resident has a history of Lymphoma and that direct care staff are to monitor for changes in condition, make the physician aware, and continue medications as prescribed, daily. However, the resident experienced side effects from the medication Revlimid beginning 6/18/21 and it was not reported to the physician until 6/30/21.

Plan of Correction

Do Not Accept

Administrator and /or designee will retrain staff that any side effect must be reported to physician. This training will be completed by 9/30/21. This training will be for all direct care staff and supervisors. This training will also include that any possible or actual side effect will also be noted in Resident's nursing notes. See attachment #1.

Completion Date: 09/30/2021

Plan of Correction

Accept

Administrator and /or designee will retrain staff that any side effect must be reported to physician. This training will be completed by 9/30/21. This training will be for all direct care staff and supervisors. This training will also include that any possible or actual side effect will also be noted in Resident's nursing notes. Will monitor nursing notes and resident files weekly for 3 months, for adherence to plan of correction. See attachment #1.

Completion Date: 09/22/2021

Document Submission

Implemented

see attachment

42x - Safeguard

1. Requirements

2600.

42.x. A resident has the right to a system to safeguard a resident's money and property.

Description of Violation

Resident #1, admitted [REDACTED], has requested the home's assistance in obtaining a key to the resident's room to safeguard the resident's property. However, as of 8/31/21, the home has not provided the resident with a means to lock the resident room and has failed to provide a system for safeguarding the resident's property.

Plan of Correction

Do Not Accept

Administrator will upon admission have the room key available. Administrator is in the process of having copies of all room keys made to be available to residents. All keys should be copied by October 30, 2001. Resident #1 has been given a key to [REDACTED] room.

Completion Date: 10/30/2021

42x - Safeguard (continued)

Plan of Correction

Accept

Administrator will upon admission have the room key available. Administrator is in the process of having copies of all room keys made to be available to residents. All keys should be copied by October 30, 2001. Resident #1 has been given a key to [redacted] room. Administrator had maintenance department have a new key made. Administrator and maintenance will have new copies made as some families have not returned keys

Completion Date: 10/30/2021

Document Submission

Implemented

see attachment

105f - Labeling/Return of Clothes

1. Requirements

2600.

105.f. Measures shall be implemented to ensure that residents' clothing are not lost or misplaced during laundering or cleaning. The resident's clean clothing shall be returned to the resident within 24 hours after laundering

Description of Violation

Resident #1 indicated since admission on [redacted] approximately one half of the resident's underwear has gone missing and that a grey sweater has disappeared from the resident's laundry.

Plan of Correction

Do Not Accept

Administrator is re-educating all staff on the proper protocols for doing laundry. Administrator will also train staff to check for identification on clothing upon admission. Administrator will also upon admission educate families about the necessity of marking clothing. If new clothing is brought in after admission staff should check for identification and offer to mark clothing for families. This training is in process and should be finished by 930/21. See attachment #2

Completion Date: 09/30/2021

Plan of Correction

Accept

Administrator is re-educating all staff on the proper protocols for doing laundry, that all laundry must be washed separately. Administrator will also train staff to check for identification on clothing upon admission. Administrator will also upon admission educate families about the necessity of marking clothing. If new clothing is brought in after admission staff will check for identification and offer to mark clothing for families. This training is in process and should be finished by 930/21. Administrator will have nightshift begin to check all clothing as it is washed if not marked then they will mark it before clothing goes back to resident. This will be an ongoing task for nightshift. See attachment #2

Completion Date: 09/22/2021

Document Submission

Implemented

see attachment

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.

183d - Prescription Current (continued)

Description of Violation

On 8/31/21 at approximately 3:50 p.m., Digoxin 125mcg Tablet – Take one tablet by mouth nightly, prescribed for resident #1, was in the home's medication cart. However, Digoxin 125mcg Tablet for resident #1 was discontinued on 3/29/21.

Plan of Correction

Accept

Administrator has assigned one staff member on each floor to check carts on a weekly basis to ensure that all discontinued medication is removed and that only current meds are in med carts. This check should be done every Thursday to be sure if any issues they will be addressed before the weekend. A sign off sheet has been implemented to ensure accuracy. See attachment #3

Completion Date: 09/30/2021

Document Submission

Implemented

see attachment

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #1 was ordered the medication Revlimid(Lenolidamide), which was put on indefinite hold on 6/30/21. However, the medication administration record for resident #1 does not indicate the residents name, the name of the medication, the strength, dosage form, dose, route of administration, administration times, the diagnosis or purpose of the medication, and the time of medication administration for the medication Revlimid.

Resident #1 is ordered Hydrocodone-APAP 5-325MG – take one tablet four times daily as needed between the hours of 6 a.m. and 10 p.m. no more than 4 a day. However, the medication administration record for resident #1 indicates Hydrocodone-APAP 5-325MG tablet, take one tablet four times daily as needed for pain.

Plan of Correction

Do Not Accept

Administrator, administrative assistant and RN will be responsible for checking all orders for accuracy and physician signature. The administrative assistant will check tabular electronic mar to be sure that mar and medication orders match. Administrator will also explain to families upon admission the importance of being sure that all orders or discharge info be given to staff when returning from an outside appointment. Staff will also be verbally told to ask for any information when resident returns from appointment. Resident #1 revlimid has been discontinued and hydro order has been updated with all changes. These changes have been put into effect immediately

Completion Date: 09/20/2021

187a - Medication Record (continued)

Plan of Correction

Accept

Administrator, administrative assistant and RN will be responsible for checking all orders for accuracy and physician signature. The administrative assistant will check tabula pro electronic mar to be sure that mar and medication orders match. Administrator will also explain to families upon admission the importance of being sure that all orders or discharge info be given to staff when returning from an outside appointment Staff will also be verbally told to ask for any information when resident returns from appointment. Resident #1 revlimid was discontinued, resident is going to go to IV med at cancer center. Resident #1's Hydro order was changed on September 3, 2021 to straight order 1 tab at 6am, 12pm, 6pm,12am. the change was updated on MAR that day.

Completion Date: 09/22/2021

Document Submission

Implemented

see attachment

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed Metoprolol Succinate ER 25mg - Take 1 tablet by mouth nightly. However, resident #1 was administered 50mg of Metoprolol Succinate for dates ranging from 4/17/21 through 4/29/21, 5/3/21 through 5/31/21, 6/1/21 through 6/30/21, 7/1/21 through 7/19/21, and was not administered any Metoprolol Succinate on 7/20/21.

Plan of Correction

Accept

█ did give the metoprolol within those dates because █ didn't have an order to change it. █ am enclosing copies of the orders █ were going by. On April 16, █ had to call pharmacy to get copy of order and the order is for two 25 mg tablets to be given at bedtime. See attachment #4. Again on May 13, 2021 resident went to pcp and returned with order sheet stating 50 mg at bedtime. See attachment #5. █ did not have these orders when this violation was added as it was an offsite finding. █ do believe we gave the med as per direction of the prescriber. █ will of course as stated be sure to check all orders as they arrive for accuracy.

Completion Date: 09/20/2021

Document Submission

Implemented

see attachment