

Department of Human Services
Bureau of Human Service Licensing

January 5, 2022

[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 licensing inspections on 11/29/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Larry Mazza

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *BEECHWOOD COURT AT LAFAYETTE MANOR* License #: *40961* License Expiration: *10/03/2022*
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: *64* Waking Staff: *48*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *11/29/2021*

Inspection Dates and Department Representative

11/29/2021 - On-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: *SDCU* Capacity: *23* Residents Served: *14*

Hospice

Current Residents: *11*

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: *14* Have Physical Disability: *0*

Inspections / Reviews

11/29/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/27/2021*

12/29/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/04/2022*

Inspection Dates and Department Representative (*continued*)

01/05/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *01/15/2022*

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A was hired on [redacted]; however, a Pennsylvania criminal background check was not completed until [redacted].

Plan of Correction

Directed

A background was completed immediately for staff person A. Administrator and HR manager will in the future work together to double check that all background checks are done upon hire by signing off that both have checked personnel file. All background checks will also be kept on administrator's computer folder for the ability to double check accuracy. Administrator has completed a check of all employee files to be sure all background checks are completed. See example 1

DIRECTED: Within 10 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a new-hire checklist to ensure a Pennsylvania criminal background check is completed within 30 days of hire for each newly-hired staff person. Copies of all completed background checks shall be kept in each staff person's record. A copy of the completed new-hire checklist shall be kept in each staff person's record. All staff persons involved in the staff hiring process shall be educated on the new-hire checklist. Documentation of the education shall be kept. LM 1/4/22

Completion Date: 01/04/2022

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person B, hired on [redacted] did not receive orientation on any of the topics specified in 2600.65a.

Plan of Correction

Directed

Staff member B has left our employ before this could be immediately addressed. The administrator has checked all

65a - FS Orientation 1st Day (continued)

other staff files for trainings and that was documented on a checklist. In the future administrator and administrative assistant will sign off on all trainings before a staff member is hired, See example 2

DIRECTED: Within 10 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a new-hire checklist to ensure all newly-hired staff persons receive training on all topics specified in 2600.65a prior to or during the first work day. Documentation of the trainings shall be kept in accordance with 2600.65i and maintained in each staff person's record. A copy of the completed new-hire checklist shall be kept in each staff person's record. All staff persons involved in the staff hiring process shall be educated on the new-hire checklist. Documentation of the education shall be kept. LM 1/4/22

Completion Date: 01/04/2022

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person B, hired on [REDACTED], did not receive orientation on any of the topics specified in 2600.65b.

Plan of Correction

Directed

Staff member B has left our employ before this could be addressed. Administrator has checked all employee files for initial trainings and this check was documented on checklist. The administrator and administrative assistant will in the future check any new hire file for trainings and sign off on check list that they are present. this check list will be kept in employee file See example 3

DIRECTED: Within 10 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a new-hire checklist to ensure all newly-hired staff persons receive training on all topics specified in 2600.65b within 40 scheduled working hours. Documentation of the trainings shall be kept in accordance with 2600.65i and maintained in each staff person's record. A copy of the completed new-hire checklist shall be kept in each staff person's record. All staff persons involved in the staff hiring process shall be educated on the new-hire checklist. Documentation of the education shall be kept. LM 1/4/22

Completion Date: 01/04/2022

86b - Bathroom

1. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

At 10:10 am, the exhaust fan in the shared bathroom of residents #1 and #2 was inoperable. There is no operable

86b - Bathroom (continued)

window in this bathroom.

At 10:11 am, the exhaust fan in resident #3's bathroom was inoperable. There is no operable window in this bathroom.

Plan of Correction**Accept**

Maintenance staff immediately checked exhaust fans in resident 1 and 2's bathrooms and both are now working. Maintenance will check all exhausts daily for 1 week beginning immediately, and weekly x's 2 weeks then monthly thereafter. All checks will be documented on checklist. Maintenance will also begin every 3month checks of exhaust motors on roof checks will also be documented on the check list. See example 4

Completion Date: 01/03/2022

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

Resident #1's bedside lamp was approximately 4' from the resident's bedside and could not be turned on/off at bedside.

Resident #3's bedside lamp was approximately 3' from the resident's bedside and could not be turned on/off at bedside.

Plan of Correction**Directed**

Bedside lamps were immediately moved closer to the bed in Resident 1 and 3's rooms
Beginning immediately administrator will do daily walk through to check on lamps for 1week and then walk throughs will be done monthly for 3 months. Maintenance will within the next 2 months install push lights on the wall beside beds for easy access for residents

DIRECTED: Within 10 calendar days of receipt of the plan of correction: All staff persons shall be reeducated that each resident shall have an operable lamp or other source of lighting that can be turned on/off at bedside.

Documentation of the education shall be kept. LM 1/5/22

Completion Date: 03/01/2022

141b1 - Annual Medical Evaluation**1. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #4's most recent medical evaluation was completed on [REDACTED].

Resident #5's most recent medical evaluation was completed on [REDACTED].

141b1 - Annual Medical Evaluation (*continued*)**Plan of Correction****Directed**

Residents 4 and 5's medical evaluations were immediately updated. Administrator and administrative assistant will check all medical evaluations for residents to be sure all are updated. this check will be completed by February 1, 2022. Administrator will also in future check all admissions for proper medical evaluations immediately upon admission and document on checklist that medical evaluations are present.

DIRECTED: Within 10 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a tracking system to ensure a medical evaluation is completed for each resident, at least annually. Documentation of the tracking system shall be kept. All staff persons involved in the completion of resident medical evaluations shall be educated on the new tracking system. Documentation of the education shall be kept. LM 1/5/22

Completion Date: 02/01/2022

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

Resident #8 was prescribed Atorvastatin 20 mg-Take 1 tablet by mouth at bedtime. This medication was discontinued on 10/29/21; however, was still present in the home.

Plan of Correction**Directed**

Discontinued medication for resident 8 was removed immediately. Night shift supervisor will begin med cart checks for any discontinued and/or expired meds. (DIRECTED: The med cart checks shall begin within 3 calendar days of receipt of the plan of correction. LM 1/5/22). These checks will continue every two weeks and documentation will be kept in all med carts. Staff will all be retrained by administrator within the next month on proper handling of expired meds. (DIRECTED: The staff training shall be completed by 1/15/22. LM 1/5/22). Documentation of training will be kept in staff files. see example 5

Completion Date: 02/01/2022

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 #4 is prescribed Novolog Flex Pen-100 u/ml-Inject subcutaneously 3 times daily with sliding scale coverage. On 11/10/21 at 11:48 am, resident #4's blood glucose was 178; however, the resident's blood glucose was documented as 174 on the resident's November 2021 medication administration record (MAR).

Resident #8 is prescribed blood glucose checks twice daily. On 11/6/21 at 7:03 am, the resident's blood glucose was 112; however, this blood glucose reading is not documented on the resident's November 2021 MAR. On 11/8/21 at 8:03 am, the resident's blood glucose was 116; however, this blood glucose reading is not documented on the resident's November 2021 MAR. On 11/14/21 at 8:05 am, the resident's blood glucose was 114; however, this blood glucose reading was

185a - Implement Storage Procedures (continued)

documented as 115 on the resident's November 2021 MAR.

Plan of Correction**Directed**

Beginning immediately RN will do weekly checks for 1 month of mars and accucheck machines for all diabetics to ensure proper documentation of glucose readings, The diabetic checks will continue monthly thereafter for 6 months. (DIRECTED: Documentation of the RN checks shall be kept. LM 1/5/22). Administrator will also do retraining for all staff on glucose documentation to be completed within one month. (DIRECTED: The retraining shall be completed by 1/15/22. Documentation of the education shall be kept. LM 1/5/22).

Completion Date: 02/01/2022

187d - Follow Prescriber's Orders**1. Requirements**

2600.

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

Description of Violation

Resident #4 is prescribed Novolog Flex Pen-100 u/ml-Inject subcutaneously 3 times daily with sliding scale coverage: 201-250=2 units; 251-300=4 units; 301-350=6 units; 351 and greater=8 units. However, resident #4's blood glucose was not checked at all on 11/6/21, and was only checked 2 times on 11/10/21, so it is unable to be determined if insulin should have been administered on these dates.

REPEAT VIOLATION: 8/20/2019

Plan of Correction**Directed**

RN will begin weekly checks of all diabetic accucheck machines for a month and then monthly for 6 months to ensure that all accuchecks and insulin are documented correctly. (DIRECTED: Documentation of the RN checks shall be kept. LM 1/5/22). Staff will be retrained on documentation of medication and treatments within the next month. (DIRECTED: The retraining shall be completed by 1/15/22. Documentation of the education shall be kept. LM 1/5/22). Proof of training will be kept in personnel file.

Completion Date: 02/01/2022

225c - Additional Assessment**1. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident #5's most recent assessment was completed on [REDACTED].

Resident #6's most recent assessment was completed on [REDACTED].

225c - Additional Assessment (continued)

Resident #7's most recent assessment was completed on 2/6/20.

Plan of Correction

Directed

Assessments for Residents 5, 6 and 7 were immediately completed by administrative assistant. A new list will be utilized to ensure that DME and assessments are done annually. (DIRECTED: The new tracking system shall be developed and implemented by 1/15/22. Documentation of the tracking system shall be kept. All staff persons involved in the completion of resident assessments shall be educated on the new tracking system. Documentation of the education shall be kept. LM 1/5/22.) Administrator and administrative assistant will check all resident assessments within the next month, to be sure all have been updated annually. (DIRECTED: The review of current resident records shall be completed by 1/15/22. LM 1/5/22) See example 6

Completion Date: 02/01/2022

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #4's most recent support plan, dated [REDACTED] is not signed by the resident and does it indicate if the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

Plan of Correction

Directed

Resident 4's support plan was immediately taken to resident and gone over with her again. Resident 4 then signed [REDACTED] support plan. Administrator and/or administrative assistant is in the process of checking all support plans for signatures. (DIRECTED: The review of current resident support plans to ensure all support plans are signed by all applicable parties shall be completed by 1/15/22. LM 1/5/22). In the future all support plans will be checked by administrator for signatures before administrator and/or administrative assistant signs them.

Completion Date: 02/01/2022