

Department of Human Services
Bureau of Human Service Licensing

August 30, 2022

[REDACTED]
SQR OPCO LLC
[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/08/2022, 04/11/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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: *ATRIA LAFAYETTE HILL* License #: *14665* License Expiration: *05/12/2023*
Address: *: 9303 RIDGE PIKE, PHILADELPHIA, PA 19128*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *SQR OPCO LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *1 1* Date: *03/09/2020* Issued By: *Township of Springfield*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *114* Working Staff: *86*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
Reason: *Incident* Exit Conference Date: *04/08/2022*

Inspection Dates and Department Representative

04/08/2022 On Site [REDACTED]
04/11/2022 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *170* Residents Served: *78*

Secured Dementia Care Unit

In Home: *Yes* Area: *Life Guidance* Capacity: *34* Residents Served: *20*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *78*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *36* Have Physical Disability: *1*

Inspections / Reviews

04/08/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/07/2022*

05/17/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/19/2022*

08/30/2022 - Document Submission

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

15c - Supervision

1. Requirements

2600.

15.c. The home shall immediately submit to the Department’s personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

On [redacted]/2022, at [redacted] am, resident #1 was trying to gain access to the kitchen located in the Life Guidance area. Staff person A reported that the resident slid down a wall while staff person A was preventing her access to the area. Later in the evening the resident stated she was pushed to the ground. Staff person A was reinstated and returned to work without a plan of supervision that was sent and approved by the Department.

Plan of Correction

Accept

Executive Director reviewed incident with Community management, and held in-service on regulation 15.c. Any employee suspended and cleared to return to work shall have a plan of supervision approved by the state prior to their return to work.

Completion Date: 05/06/2022

Document Submission

Implemented

Provide document [redacted] is no longer with Atria. Staff member #A, [redacted], no longer with Atria senior living. Did locate a few of past ED's in services that [redacted] never entered into the Sanwrite

84 - Heat Sources

1. Requirements

2600.

84. Heat Sources - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120° F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

Description of Violation

On 4/8/2022, there were no protective guards in place to prevent residents from coming in contact with the warming stations in the Life Guidance (SCDU) Kitchen area.

Plan of Correction

Accept

Maintenance director has contacted and community has contracted with a lock smith to replace the lock on the Life Guidance pocket door. Lock is ordered and expected to be delivered week of 5/9/2022. With the door locked, residents will not have access to the kitchen area. Life Guidance Director conducted in-service on 5/4/2022 and 5/5/2022 with care and dining staff regarding regulation 84 and the locking of the door into the kitchen area. Life Guideline medication tech will check the door at the end of each meal period to ensure it is locked.

Completion Date: 05/06/2022

Document Submission

Implemented

Conducted a in service for all care staff on safety in LG and PC. New locks were installed on entrance to kitchen in Dementia unit

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.

101j7 - Lighting/Operable Lamp (continued)

Description of Violation

Resident #1 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept

Executive Director and Maintenance Director checked all apartments to ensure a light source is available bedside. For resident 1, a touch light has been mounted to the wall next to [redacted] bed as resident moves the lamp from the night stand. Housekeeping checklist have been updated to include checking for a light source near the bed. Maintenance Director and housekeeping staff will ensure all apartments have a working light source weekly for the next 90 days.

Completion Date: 05/06/2022

Document Submission

Implemented

Resident in dementia unit. Is Capable of tapping the bedside light.

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's medical evaluation did not include a pulse rate and if the resident has the ability to self-administer medications.

Plan of Correction

Accept

Community has had a new medical evaluation completed for resident 1 to ensure all information needed is present. Executive Director reviewed regulation 141.a. with all nurses on staff. Resident Service Director has audited all current medical evaluations to ensure they are completed properly. ED will review all new resident medical evaluation for the next 90 days to ensure compliance.

Completion Date: 05/05/2022

Document Submission

Implemented

Maintain documentation of audits for Department review.

[redacted] is no longer with Atria. I am loading in service that was completed by past ED

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

224a - Preadmission Screen Form (continued)

Description of Violation

Resident #1 was admitted to the home on [REDACTED]/2021; however, the resident's preadmission screening form was completed on [REDACTED]/2021.

Plan of Correction

Accept

Executive Director has reviewed regulation 224.a. with all nurses on staff. Executive Director will verify all incoming residents have a pre-admission screening form completed within 30 days of move in for the next 90 days to ensure compliance.

Completion Date: 05/05/2022

Document Submission

Implemented

[REDACTED] is no longer with Atria. I am sending an in service that was completed by previous ED

231c - Preadmission Screening

1. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] 2021. However, resident #1's written cognitive preadmission screening was completed on [REDACTED]/2021.

Plan of Correction

Accept

Executive Director has reviewed regulation 231.c. has been reviewed with all nurses on staff. Executive Director will verify all incoming residents to the secured dementia care unit have a pre admission screening form completed within 72 hours of move in for the next 90 days to ensure compliance.

Completion Date: 05/05/2022

Document Submission

Implemented

[REDACTED] is no longer with Atria. I am attaching a in service i have completed and i located an in service that was completed by previous ED