

Department of Human Services  
Bureau of Human Service Licensing

August 25, 2022

[REDACTED], EXECUTIVE DIRECTOR  
[REDACTED]  
[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 04/26/2022 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**

**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: *I-1* Date: *04/20/2020* Issued By: *Twp of Springfield*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *122* Waking Staff: *92*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *04/26/2022*

**Inspection Dates and Department Representative**

04/26/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *170* Residents Served: *79*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Life Guidance* Capacity: *34* Residents Served: *22*

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *79*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *43* Have Physical Disability: *1*

**Inspections / Reviews**

**04/26/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/19/2022*

Inspections / Reviews (*continued*)

05/20/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *05/27/2022*

08/25/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 4/26/22, at 4:10pm, Resident records were unlocked, unattended, and accessible in the wellness office on the ground floor near the dining room..

Plan of Correction

Accept

Resident Service Director in-serviced all care staff and department directors on requirement to lock and secure files. Executive Director, Resident Services Director, or Manager on Duty will check chart room 3 times daily for the next 90 days to ensure compliance

Completion Date: 05/19/2022

Document Submission

Implemented

Executive director, [REDACTED] is no longer with Atria. I am loading in services that I have completed as I could not locate past ED's inservices

44g - Telephone Number

1. Requirements

2600.

44.g. The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.

Description of Violation

The telephone numbers of the the local ombudsman is not posted in a conspicuous and public place in the home. On 4/26/22 the home has a poster that displays an incorrect phone number for the local ombudsman's office.

Plan of Correction

Accept

Executive Director contacted [REDACTED] the new ombudsman office for Montgomery County. [REDACTED] delivered 2 updated posters with the correct contact information and have updated their records to include Atria Lafayette Hill on future updates. Community has posted the new [REDACTED] posters in the community. Executive Director or Designee will check monthly to ensure compliance.

Completion Date: 05/10/2022

Document Submission

Implemented

Executive director, [REDACTED] is no longer with Atria. I am loading in services that I have completed as I could not locate past ED's inservices

65d - Initial Direct Care Training

1. Requirements

2600.

65d - Initial Direct Care Training (*continued*)

- 65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
1. Training that includes a demonstration of job duties, followed by supervised practice.
  2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
  3. Initial direct care staff person training to include the following:

**Description of Violation**

Direct care staff person A, hired on [REDACTED], began providing unsupervised ADL services on or about [REDACTED]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test until 02/15/2022.

**Plan of Correction**

**Directed**

Community Business Director has audited all direct care files to ensure all care staff has Department approved direct care training course certificates on record. Executive Director will audit all new hired direct care staff for the next 90 days to ensure compliance.

DPOC [REDACTED] -05-20-2022

Please add documentation showing staff member A recieved these trainings.

**Completion Date:**

**Document Submission**

**Implemented**

Staff member A no longer with Atria. Did however load [REDACTED] document for department approved direct care training course/certificate

82c - Locking Poisonous Materials

1. Requirements

2600.  
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

**Description of Violation**

Not all the residents of the home, including residents who reside in Life Guidance area of the home, have been assessed capable of recognizing and using poisons safely. On 4/26/22 the following instances of unlocked, accessible poisonous materials were observed:

A spray cannister of Pure Odor Protect linen fragrance spray, with a manufacture's label indicating "if swallowed: do not induce vomiting, immediately contact physician or poison control center", was unlocked, unattended, and accessible to residents in the cabinet unit of the fire place in the Life Guidance area. A bottle of Selsun Blue Dandruff Shampoo and two bottles of Scalpacin Scalp itch relief, all with a manufacture's label indicating "if swallowed get medical help or contact poison control center right away", was unlocked, unattended, and accessible to residents in sink counter drawer in LG Room 18.

A bottle of Assured Mouthwash, a stick of Suave 24 hour Deodorant and a tube of Colgate Fluoride toothpaste, all with a manufacture's label indicating "if swallowed get medical help or contact poison control center right away", was unlocked, unattended, and accessible to residents in sink counter drawer in LG Room 11.

**Plan of Correction**

**Directed**

Life Guidance Director, Resident Service Director, and Maintenance Director will conduct in-services with their department staff's regarding the locking of all chemicals used in the community by 5/24/2022. Life Guidance Director will also in-service the memory care staff on locking all personal care items in locked cabinets by 5/24/2022. Executive Director or Life Guidance Director/designee shall check apartments and common areas in the secured

82c - Locking Poisonous Materials (continued)

memory care unit daily for the next 90 days to ensure compliance.

DPOC - [REDACTED] - 05-20-2022

poisonous materials to be removed from SDCU immediately.

Completion Date:

Document Submission

Implemented

Executive director, [REDACTED] is no longer with Atria. I am loading in services that I have completed as I could not locate past ED's inservices

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4/26/22 at approximately 2:00pm, there was a very strong odor of urine present in room 18 side B, and in the sink/vanity vestibule of room 18.

Plan of Correction

Accept

Maintenance Director has ordered and replaced the mattress in apartment 18b, as well as extracting the carpet in the apartment. Apartment will be checked daily by the Life Guidance Director or Designee for the next 90 days to ensure no re-occurrence.

Completion Date: 05/18/2022

Document Submission

Implemented

Executive director, [REDACTED] is no longer with Atria. I am loading in services that I have completed as I could not locate past ED's inservices

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 4/26/22 at approximately 1:45pm, in the hallway outside of room 213 on the second floor, there were three areas of ripped or rippled carpeting. The carpet tiles appeared to be pushing into each other and creating a bump or raised ripple in the carpet, creating a tripping hazard.

Plan of Correction

Accept

Maintenance Director has removed and re-secured the carpet tile with additional adhesive. Maintenance Director or Designee will walk community daily to address any future issues.

Completion Date: 05/05/2022

Document Submission

Implemented

Executive director, [REDACTED] is no longer with Atria. I am loading in services that I have completed as I could not locate past ED's inservices

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 wellness center and at the front desk both not include eye coverings.

Plan of Correction

Accept

Executive Director has replaced with a new first aid kit containing all required supplies, including an eye shield. First aid kit will be checked weekly by the Executive Director for the next 90 days to ensure all required items are present.

Completion Date: 05/19/2022

Document Submission

Implemented

Executive director, [REDACTED] is no longer with Atria. I am loading in services that I have completed as I could not locate past ED's inservices

97 - Elevators/Lifting Devices

1. Requirements

2600.

97. Elevators and Stair Glides - Each elevator and stair glide must have a certificate of operation from the Department of Labor and Industry or the appropriate local building authority in accordance with 34 Pa. Code Chapter 405 (relating to elevators and other lifting devices).

Description of Violation

The elevators in the home do not have a valid certificate of operation from the Department of Labor and Industry or appropriate local building authority. The certificates on file at the home at the time of inspection on 4/26/22 expired on 2/28/22.

Plan of Correction

Accept

Maintenance Director contracted [REDACTED] Inspections (Approved State Inspector), with inspection completed on 4/28/2022. Community is awaiting on certificate to arrive from the State Department of Labor and Industries to hang in elevators. Community has entered into a service contract to ensure compliance going forward. Maintenance Director shall monitor expiration date and arrange inspection 45 days prior to future expiration.

Completion Date: 04/28/2022

Document Submission

Implemented

Executive director, [REDACTED] is no longer with Atria. I am loading in services that I have completed as I could not locate past ED's inservices

105g - Lint Removal and Duct Cleaning

1. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 4/26/22, there was an approximate 1/4 to 1/2 inch accumulation of lint in the lint traps of the 1st, 2nd and 3rd dryers in the Life Guidance laundry room. There were no clothes in the dryer at the time.

Plan of Correction

Accept

Life Guidance Director, Resident Service Director, and Maintenance Director have conducted in-services with their department staffs regarding Lint Trap maintenance. Maintenance Director has also attached signage to remind

105g - Lint Removal and Duct Cleaning (continued)

staff to remove lint from dryers. Executive Director will check weekly for the next 90 days to ensure lint traps are cleaned after use and that lint logs are completed.

Completion Date: 05/17/2022

Document Submission

Implemented

Executive director, [REDACTED] is no longer with Atria. I am loading in services that I have completed as I could not locate past ED's inservices

132b - Safety Inspection/Fire Drill

1. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection by a fire safety expert was conducted on 4/27/2020.

Plan of Correction

Accept

Maintenance Director contacted Fire Safety Solutions to complete Fire Safety Inspection, and inspection was completed on 4/28/2022. Community is awaiting final copy of letter for our records. Atria Lafayette Hill has arranged to use Fire Safety Solutions for all future annual Fire Safety Inspections to ensure compliance going forward. Maintenance Director shall monitor expiration date and arrange inspection 45 days prior to future expiration.

Completion Date: 04/28/2022

Document Submission

Implemented

Executive director, [REDACTED] is no longer with Atria. I am loading in services that I have completed as I could not locate past ED's inservices

132h - Designated Meeting Place

1. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drill on 12/14/2021, 1/8/2022, 2/27/22, 3/30/22 and 4/22/22, residents did not evacuate to a designated meeting place away from the building or within the fire-safe area. During the fire drills, residents remained in their designated rooms.

Plan of Correction

Accept

Maintenance Director has reached out to [REDACTED] r Fire Drills and reviewed the need to ensure full fire drills are conducted going forward. [REDACTED] has agreed to begin conducting full fire drills with evacuation/use of designated meeting place going forward. Maintenance Director will monitor all fire drills to ensure evacuations are completed, and Executive Director will review all fire drills to ensure compliance.

Completion Date: 05/19/2022

Document Submission

Implemented

Executive director, [REDACTED] is no longer with Atria. I am loading in services that I have completed as I could not locate past ED's inservices

132h - Designated Meeting Place (continued)

Residents were moved/evacuated to a designated area

183f - Discontinued Medications

1. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

The following medications [redacted] belonging to resident #1 were discontinued on [redacted]. These medications were still present on the medication cart on 4/26/22.

Plan of Correction

Accept

Resident Service Director will complete audit of all medication carts to ensure removal of all discontinued medication for release to resident/family or proper disposal according to state and federal laws by 5/25/2022.  
 The Regional Care Director will provide training to the Executive Director and Resident Services Director/designee on the med cart audit process, releasing of medications to responsible party or resident policy MED-0003-09, and medication destruction using and electronic medication administration record policy MED-0003-05 by 6/5/2022 to ensure understanding of policies and processes related to removal of discontinued medications from medication cart. The Resident Service Director/designee will conduct in-service on this training to medication staff by 6/15/2022. The Executive Director and Resident Services Director/designee will review assessments to ensure residents needs are captured and needed interventions are incorporated into service plan weekly for the next 90 days. Resident Service Director/designee will monitor med carts audits weekly for the next 90 days to ensure compliance. Executive Director will review medication cart audit monthly to ensure compliance.

Completion Date: 06/15/2022

Document Submission

Implemented

ED, [redacted] no longer works for Atria. RSD/Head nurse completed med cart audits. See attached

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 [redacted] - take one by mouth daily. On 4/26/22 the medication was not available in the home.

Resident #2 is prescribed [redacted] with breakfast [redacted]. These medications were not available in the home on 4/26/22.

Resident #3 has an order for [redacted] by moth every day. This medication is not available in the home on 4/26/22.

187d - Follow Prescriber's Orders (continued)

**Plan of Correction**

**Accept**

*Resident Service Director will ensure medication is available in community for Resident 1, Resident 2, and Resident 3 by 5/25/2022.*

*Resident Service Director will complete audit of all prescribed orders to ensure medication is available in medication carts by 5/30/2022. Any issues found will be corrected immediately.*

*The Regional Care Director will provide training to the Executive Director and Resident Services Director/designee on the med cart audit process, triple check process, and ordering and receiving medication policy MED-0003-03 by 6/5/2022 to ensure understanding of policies and processes related to ordering and receiving medications. The Resident Service Director/designee will conduct in-service on this training to medication staff by 6/15/2022.*

*The Resident Services Director/designee will review triple checks daily and med cart audits weekly to ensure proper medication reordering and timely receipt of medications for the next 90 days.*

**Completion Date:** 06/15/2022

**Document Submission**

**Implemented**

*ED [REDACTED] longer works for Atria. RSD reviews all triple checks and completed med cart audit*