

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

January 23, 2023

[REDACTED]
HOLY REDEEMER HEALTH SYSTEM
[REDACTED]

RE: THE LAFAYETTE
8580 VERREE ROAD, 2ND&3RD
FLRS
PHILADELPHIA, PA, 19111
LICENSE/COC#: 10192

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/15/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *THE LAFAYETTE* License #: *10192* License Expiration: *07/16/2023*
 Address: *8580 VERREE ROAD, 2ND&3RD FLRS, PHILADELPHIA, PA 19111*
 County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *HOLY REDEEMER HEALTH SYSTEM*
 Address: *667 WELSH ROAD, HUNTINGDON, PA, 19006*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *08/20/1985* Issued By: *The City of Philadelphia, L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *48* Waking Staff: *36*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *06/15/2022*

Inspection Dates and Department Representative

06/15/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *150* Residents Served: *48*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *48*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

06/15/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/09/2022*

07/07/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: *07/05/2022*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/12/2022*

Inspections / Reviews (*continued*)

12/15/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/08/2022

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/14/2022

01/23/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/20/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident #1 was not signed by the resident.

POC Submission

Accept

Administrator or Designee will make sure all residents are signing their own contracts. IF the resident refuses to sign the contract and or only wants POA sign contract, it is okay for Administrator or Designee to sign resident refuses to sign contract.

Administrator or Designee will perform audits on all contracts to make sure they are sign appropriately.

Licensee's Plan Completion Date: 07/01/2022

Implemented (MS - 01/23/2023)

28f - Resident's Funds and 30-day Refund

2. Requirements

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #2 was discharged on [REDACTED]. The home did not provide the required refund until 01/27/22.

Resident #3 was discharged on [REDACTED]. The home did not provide the required refund until 01/27/22.

POC Submission

Accept

Administrator has provided a copy of the regulations and explained how the 30-day notice refund needs to work for all future discharges from Personal Care.

Administrator and or Designee will check and correspond with billing department regarding each discharge to make sure the actual refund has been mailed within 30 days from discharge.

Licensee's Plan Completion Date: 07/01/2022

Implemented (MS - 01/23/2023)

95 - Furniture and Equipment

3. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The resident in room [REDACTED] uses a handrail to get in and out of bed and for positioning while in bed. The handrail has a large opening that is not covered and presents a hazard to the resident of getting a limb or other body part caught

95 - Furniture and Equipment (continued)

inside the opening.

POC Submission**Accept**

Current Handrail was replaced with a brand new one with a safety cover. Please see new pictures.

Nurse Manager and Administrator will make sure all handrails have a cover on them that prevents any hazard.

Random audits will be conducted by Personal Care safety inspectors to make sure all handrails have an appropriate cover making them hazard free.

Licensee's Plan Completion Date: 07/08/2022

Implemented (MS - 01/23/2023)

132b - Safety Inspection/Fire Drill**4. 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 most recent fire safety inspection observed by a fire safety expert was conducted on 05/26/22. The previous fire safety inspection was completed on 04/29/19.

POC Submission**Accept**

Administrator was aware of updated regulation posted in December 2021 regarding the need for a fire safety inspectors letter due by end of year 2021. Unfortunately, the fire safety inspectors we tried to get were not available until the actual date they came in May 2022.

All future Fire Safety letters will be within the required year time table or as required by DHS. Administrator along with Fire Safety committee will add this requirement to the homes plan of action each year. Administrator will make sure by each 3rd quarter of the calendar year a fire safety inspection has been scheduled.

Licensee's Plan Completion Date: 07/01/2022

Implemented (MS - 01/23/2023)

181f - Record of Medication**5. Requirements**

2600.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

On 06/15/22, resident #4's record did not include a current list of medications. The list in the resident's record included a medication that has been discontinued. The resident had stopped taking the medication and the medication was not on premises.

POC Submission**Accept**

All resident medications will be available at all times for each resident in the home including those residents approved for self administration. All current residents medications have been checked by 6/16/2022.

Nurse manager and all nursing staff have been verbally trained 1:1 on making sure all resident medications are available at all times.

Nurse manager will conduct monthly audits to make sure compliance is being followed.

181f - Record of Medication (*continued*)

Licensee's Plan Completion Date: 06/15/2022

Implemented (MS - 01/23/2023)

185a - Implement Storage Procedures

6. 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

On 06/15/22, at 4:43 PM, resident #5's glucometer read the date and time as 05/12 at 03:49 PM.

Repeat Violation: 04/13/2021

POC Submission**Accept**

Nurse Manager has educated all nursing staff on how to properly read and change the date and time of glucometers, so that each one is correctly set and accurate,
Nurse Manager and system quality will conduct random monthly audits to make sure all glucometers are correctly set to right date and time.

Licensee's Plan Completion Date: 07/01/2022

Implemented (MS - 01/23/2023)

225c - Additional Assessment

7. Requirements

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #6's current assessment was completed on [REDACTED]. However, the resident's previous assessment was completed on [REDACTED].

POC Submission**Accept**

Administrator has coached and re-trained staff responsible for the ongoing completion of both resident assessments and support plans. Nurse Manager and Social Worker will both make sure both sets of dates fall within the annual allowance of acceptable time for all residents.
Administrator along with system quality personnel will conducted random audits throughout the year to make sure assessments and support plans are being completed timely.

Licensee's Plan Completion Date: 07/01/2022

Implemented (MS - 01/23/2023)