



Emailing Date: September 30, 2022

[REDACTED]
Lafayette Manor Inc LMI
145 Lafayette Manor Road
Uniontown, PA 15401

RE: Beechwood Court at Lafayette Manor
License #: 409610

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on 6/29/2022, 6/30/2022 and 9/9/2022 and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie L. Buchenauer". The signature is written in a cursive style.

Jamie L. Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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: *09/29/2022*
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

Type: *C-2 LP* Date: *09/27/2000* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *64* Waking Staff: *48*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Provisional* Exit Conference Date: *06/30/2022*

Inspection Dates and Department Representative

06/29/2022 - On-Site: [REDACTED]
06/30/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *64* Residents Served: *51*

Secured Dementia Care Unit

In Home: *Yes* Area: *23* Capacity: *SDU* Residents Served: *13*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *51*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *13* Have Physical Disability: *0*

Inspections / Reviews

06/29/2022 - Full

Lead Inspector: *Cindy Mulick* Follow-Up Type: *POC Submission* Follow-Up Date: *07/24/2022*

Inspections / Reviews (*continued*)

07/26/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *07/28/2022*

07/26/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *07/28/2022*

09/21/2022 - 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 6/29/22, at 2:39 p.m., a white binder containing resident activities of daily living was unlocked, unattended and accessible, on the 2nd floor nurses' station desk.

Plan of Correction

Accept

Staff member immediately placed ADL binder in a desk drawer during inspection. Administrator has posted on both floors a reminder that all resident records are to be kept confidential. see attachment 1. Administrator will have a staff training on July 28, 2022 to be sure all staff are aware and follows regulation 2600.17. Copy of training will be kept in staff training file. Shift Supervisor will monitor daily that ADL binders are not left on desk and are properly put away.

Completion Date: 07/26/2022

Document Submission

Implemented

Staff member immediately placed ADL binder in a desk drawer during inspection. Administrator has posted on both floors a reminder that all resident records are to be kept confidential. see attachment 1. Administrator will have a staff training on July 28, 2022 to be sure all staff are aware and follows regulation 2600.17. Copy of training will be kept in staff training file. Shift Supervisor will monitor daily that ADL binders are not left on desk and are properly put away.

26a - Quality Management Plan

1. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home has not conducted a quality management review in the last year.

Repeat Violation: 7/14/21 et al

Plan of Correction

Accept

Administrator has began immediately to do Quality management plan. See attachments 2a-2i. Administrator will continue monthly to update information to the quality management plan to include all reportable incidents, staff training, violations, complaint procedures and any resident council meetings. This will be ongoing for the year.

Completion Date: 07/20/2023

Document Submission

Implemented

Administrator has began immediately to do Quality management plan. See attachments 2a-2i. Administrator will continue monthly to update information to the quality management plan to include all reportable incidents, staff training, violations, complaint procedures and any resident council meetings. This will be ongoing for the year.

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 A, date of hire [REDACTED]/21, did not receive orientation on any of the required topics in accordance with 2600.65(a).

Plan of Correction

Accept

Administrator immediately did training for staff member A including all required topics. See attachment 3. Training was completed on July 1, 2022. This check was documented on personnel files monthly check list. See attachment 4. Administrator will do monthly checks of personnel files to ensure all trainings are completed for 3 months and then every 6 months for a year. These checks will also be documented on personnel file check list.

Completion Date: 09/05/2023

Document Submission

Implemented

Administrator immediately did training for staff member A including all required topics. See attachment 3. Training was completed on July 1, 2022. This check was documented on personnel files monthly check list. See attachment 4. Administrator will do monthly checks of personnel files to ensure all trainings are completed for 3 months and then every 6 months for a year. These checks will also be documented on personnel file check list.

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 A, date of hire [REDACTED]/21, completed the 40th scheduled work hour on [REDACTED] 22. However, staff person A did not receive orientation on any of the required topics in accordance with 2600.65(b).

Repeat Violation: 7/14/21 et al and 11/29/21

Plan of Correction

Accept

Administrator immediately did rights and abuse training for Staff member A on July 1, 2022. see attachment 3. Administrator checked all personnel files to be sure rights and abuse training was completed for all staff and

65b - Rights/Abuse 40 Hours (continued)

documented this check on personnel file checklist. This check was completed on July 5, 2022. Administrator will do monthly checks of all personnel files for 3 months and will then do checks for rights and abuse training every 6 months for a year. See attachment 4.

Completion Date: 09/05/2023

Document Submission

Implemented

Administrator immediately did rights and abuse training for Staff member A on July 1, 2022. see attachment 3. Administrator checked all personnel files to be sure rights and abuse training was completed for all staff and documented this check on personnel file checklist. This check was completed on July 5, 2022. Administrator will do monthly checks of all personnel files for 3 months and will then do checks for rights and abuse training every 6 months for a year. See attachment 4. Rights and abuse training includes all topics under 2600.65(b). - JRW 9/9/22

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

The medical evaluation for resident #1, dated [REDACTED]/22, does not indicate the resident's blood pressure, temperature or pulse rate.

Repeat violation: 7/14/21 et al

Plan of Correction

Accept

Resident # 1 medical evaluation was updated by RN immediately to reflect BP/Temp/and pulse rate. See attachment # 5. RN is in process of checking all medical evaluations for BP/Temp/Pulse, these checks will be 7/30/22. See attachment # 7. The RN will check 5 residents medical evaluations monthly for 2 months. See attachment # 8. RN will also review all newly completed DME's from physicians to ensure they are completed in full.

Completion Date: 07/30/2022

Document Submission

Implemented

Resident # 1 medical evaluation was updated by RN immediately to reflect BP/Temp/and pulse rate. See attachment # 5. RN is in process of checking all medical evaluations for BP/Temp/Pulse, these checks will be 7/30/22. See attachment # 7. The RN will check 5 residents medical evaluations monthly for 2 months. See attachment # 8. RN will also review all newly completed DME's from physicians to ensure they are completed in full.

184b - Resident's Meds Labeled

1. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 6/29/22, there was a bottle of Diphenhydramine HCL 25 mg, antihistamine, on the second floor medication cart that was not labeled with a resident's name.

Plan of Correction

Accept

Administrative Assistant did immediately label the Diphenhydramine with the correct resident name. Nightshift supervisor and/or Administrator will do cart audits to check that all over counter medications are labeled with proper residents name. The cart audits will be finished by Aug. 5, 2022. Nightshift supervisor and/or Administrator will then check 5 resident over the counter medications monthly for 3 months to ensure labels are correct. All checks will be documented on new over the counter check list.

Completion Date: 11/07/2022

Document Submission

Implemented

Administrative Assistant did immediately label the Diphenhydramine with the correct resident name. Nightshift supervisor and/or Administrator will do cart audits to check that all over counter medications are labeled with proper residents name. The cart audits will be finished by Aug. 5, 2022. Nightshift supervisor and/or Administrator will then check 5 resident over the counter medications monthly for 3 months to ensure labels are correct. All checks will be documented on new over the counter check list.

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 #2 is ordered blood glucose readings 3 times daily, On 6/7/22, at 5:57 a.m., resident #2's glucometer indicates a blood glucose reading of 60. However, there is no documentation of the blood glucose reading on the June 2022 medication administration record.

Plan of Correction

Accept

RN supervisor did monthly check of resident #2 glucometer to MAR on July 19, 2022 to check for correct documentation. see attachment # 6A-6C RN supervisor will monthly for 3 months check all glucometers to MAR . A copy of these checks will be kept in resident file.

Completion Date: 09/19/2022

Document Submission

Implemented

RN supervisor did monthly check of resident #2 glucometer to MAR on July 19, 2022 to check for correct documentation. see attachment # 6A-6C RN supervisor will monthly for 3 months check all glucometers to MAR . A copy of these checks will be kept in resident file.