



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JANUARY 20, 2023

██████████
██████████
SQR OPCO, LLC
Attn: Atria Mgmt Co. – Legal Department
██████████
██████████

RE: Atria Lafayette Hill
9303 Ridge Pike
Philadelphia, Pennsylvania 19128
License #: 146651

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection June 30, 2022, July 11, 12, and 20, 2022, September 7, 2022, and October 3, 2022 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance 146650 dated May 12, 2022 to May 12, 2023 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated May 12, 2022 to May 12, 2023 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from January 20, 2023 to July 20, 2023.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.


55 Pa. Code Chapter 2600:	Class of Violation	Census at Inspection	Fine Per Resident X Per day	Calculated Fine = Per Day	Mandated Correction Date (to avoid Fine)
187 d	II	90	\$5	\$450	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:


 Pennsylvania Department of Human Services
 Bureau of Human Services Licensing
 Room 631, Health and Welfare Building
 625 Forster Street
 Harrisburg, Pennsylvania 17120
 PH: 717-214-1304

[REDACTED]

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Jamie F. Buchenauer

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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, LAFAYETTE HILL, PA 19444*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *267.768.7779* [REDACTED] Email: [REDACTED]

Legal Entity

Name: *SQR OPCO LLC*
Address: *300 EAST MARKET ST, SUITE 100, LOUISVILLE, KY, 40202*
Phone: *2677687779* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *116* Waking Staff: *87*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident, Monitoring* Exit Conference Date: *09/14/2022*

Inspection Dates and Department Representative

09/07/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *170* Residents Served: *87*

Secured Dementia Care Unit

In Home: *Yes* Area: *Life Guidance* Capacity: *34* Residents Served: *21*

Hospice

Current Residents: *xx*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *87*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *29* Have Physical Disability: *2*

Inspections / Reviews

09/07/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/08/2022*

Inspections / Reviews *(continued)*

10/11/2022 - POC Submission

Submitted By: [REDACTED]	Date Submitted: 12/02/2022	
Reviewer: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 10/16/2022

10/17/2022 - POC Submission

Submitted By: [REDACTED]	Date Submitted: 12/02/2022	
Reviewer: [REDACTED]	Follow-Up Type: Document Submission	Follow-Up Date: 11/30/2022

01/03/2023 - Document Submission

Submitted By: [REDACTED]	Date Submitted: 12/02/2022	
Reviewer: [REDACTED]	Follow-Up Type: Enforcement	

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 06/22/2022, resident #1 hit resident #2 with a metal rod, inflicting a laceration, which required 7 sutures to the resident's left eyebrow. However, this incident was not reported to the Area Agency on Aging.

POC Submission

Accept (████ - 10/11/2022)

Immediately, the administrator shall review all reported incidents and any allegations of abuse at least weekly to ensure any allegations of abuse and reportable incidents are reported in accordance with the Older Adult Protective Services Act and the Department of Human Services Regulations.

By 10/31/22, the administrator will ensure that all direct care staff, ancillary staff persons, substitute personnel, volunteers and management staff receive training in abuse reporting and prevention and resident rights.

Documentation of training shall be kept in the staff records.

Licensee's Plan Completion Date: 10/31/2022

Not Implemented (████ - 12/29/2022)

25b - Contract Signatures

2. 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 ██████████ for resident #3 was not signed by the resident.

POC Submission

Accept (████ - 10/11/2022)

By 10/15/22, the administrator or designee will present resident #3's contract to the resident to be signed. If the resident is unable or refuses to sign, the home shall make documented efforts and make annotations on the documentation where indicated for the resident signature.

By 10/31/22, the administrator will re-educate all staff persons involved in the admission's process on the completion of resident-home contracts including required signatures in accordance with regulation 2600.25(b).

Documentation of education will be kept.

By 10/31/22, the administrator or designee shall review all contracts for newly admitted residents to ensure the required signatures have been obtained in accordance with regulation 2600.25 (b).

Licensee's Plan Completion Date: 10/31/2022

Not Implemented (████ - 12/29/2022)

42b - Abuse

3. Requirements

42b - Abuse (continued)

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 06/22/2022, resident #2 was hit with a metal rod by resident #1 and suffered a laceration, which required 7 sutures to the resident's left eyebrow. The home did not update resident #1's support plan to address [REDACTED] behavior after the incident, which resulted in resident #4 being punched in the ear on 07/12/2022.

POC Submission

Accept [REDACTED] - 10/11/2022)

Resident #1 no longer lives at the community. The support plan for resident #4 will be reviewed and any updates will be made by 10/20/22.

Immediately, any allegations of abuse will be managed in accordance with the Older Adult Protective Services Act including: a plan to address resident behaviors presented in the abuse allegation.

Effective immediately, support plans will be reviewed and updated by the Resident Services Coordinator, Administrator or Designee within 24 hours of any allegation of abuse, unless the resident is not at the community. Should a resident be out from the community, the support plan will be reviewed and updated upon their return to the community.

By 10/31/22 the Administrator will be responsible to ensure any resident abuse allegations are reviewed bi-weekly at the Resident Needs Review meeting to ensure support plans have been updated to address behavior after an abuse incident.

By 10/31/22, the administrator or designee will re-educate all direct care staff, ancillary staff persons, substitute personnel, volunteers and management staff on abuse reporting and prevention and resident rights, to include the process by which support plans are updated. Administrator will ensure documentation of training is kept.

Licensee's Plan Completion Date: 10/31/2022

Not Implemented ([REDACTED] - 12/20/2022)

184a - Resident's Meds Labeled

4. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #5 was prescribed Quetiapine 50 mg twice a day. However, this order was changed to two pills in the morning and one pill in the evening. On 09/07/2022, there was a blister pack with the original order without a direction change sticker.

Resident #5 was prescribed Docusate soft gel 100 mg twice a day as needed. However, this order was changed to twice a day. On 09/07/2022, there was a blister pack with the original order without a direction change sticker.

184a - Resident's Meds Labeled (continued)

POC Submission

Accept (████) - 10/17/2022)

A direction change sticker was placed on the blister pack of the medication belonging to Resident #5 by the Resident Services Director.

By 10/31/22, the administrator will ensure that all staff persons qualified to administer medications are re-educated on the proper procedures for medication administration including labeling requirements under this regulation, 2600.184.a. The administrator will ensure documentation of this education is kept.

By 10/31/22, the administrator shall review and update if necessary the home's procedures to ensure correct labeling of medication. All staff persons qualified to administer medications will be re-educated on the home's policy and procedures. Administrator will be responsible to ensure documentation of education is kept.

The Resident Services Director will be responsible to review all prescription changes via our triple check order verification process to ensure staff are following policy and procedure under this regulation. Audits will begin 10/20/22 and end 12/31/22. If the violation of this regulation still exists on 12/31/22, the audit will continue through January and February of 2023. Records of the audits will be retained by the Administrator.

Licensee's Plan Completion Date: 12/31/2022

Not Implemented (████) - 12/29/2022)

187a - Medication Record

5. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #5 is prescribed Livetiracetam F/C 500 mg and Quetiapine 50 mg. However, the resident's September medication administration record (MAR) does not indicate a diagnosis/purpose for these medications.

Resident #6 is prescribed Gabapentin 100 mg and Quetiapine 25 mg. However, the resident's September MAR does not indicate a diagnosis/purpose for these medications.

POC Submission

Accept (████) - 10/17/2022)

The medication administration record (MAR) for resident #5 has been corrected by the Resident Services Director to include a diagnosis/purpose for the prescribed medications Livetiracetam F/C 500 mg and Quetiapine 50 mg. The medication administration record (MAR) for resident #6 has been corrected by the Resident Services Director to include the diagnosis/purpose for Gabapentin 100 mg and Quetiapine 25 mg.

By 10/31/22, the administrator will ensure all staff persons qualified to administer medications are re-educated on the proper procedures for medication administration under this regulation 2600.187.a, to include requirements related to the medication administration record. Administrator will be responsible to ensure documentation of this education is kept.

187a - Medication Record (continued)

By 10/31/22, the administrator shall review and update if necessary the home's procedures for the safe storage, access, security, distribution and use of medications, including the procedures for ensuring all medication administration records indicate diagnosis/purpose for resident medications. The administrator will ensure all staff persons qualified to administer medications are re-educated on the home's policy and procedures and that documentation of education is kept.

The Regional Care Director will provide training to the Administrator and Resident Services Director/designee on the triple check process aka order verification by 10/31/2022 to ensure understanding of policies and processes related to physician orders and need for diagnoses or purpose for all medication orders and seeking clarification when needed. The Resident Service Director/designee will conduct in-service on this training to all medication staff by 10/31/2022.

The Resident Services Director/designee will review triple checks also known as order verification weekly ensure all new medication orders have diagnoses or purpose for medication for the next 90 days.

Licensee's Plan Completion Date: 01/16/2023

Implemented (█ - 12/29/2022)

187b - Date/Time of Medication Admin.

6. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #5 is prescribed Livetiracetam F/C 500 mg, Melatonin 10 mg, and Milk of magnesia. The resident's September MAR does not include the initials of the staff person who administered these medications on 09/06/2022 at 09:00 PM.

Resident #6 is prescribed Carbidopa-Levodopa 25 mg-100 mg tab and Gabapentin 100 mg. The resident's September MAR does not include the initials of the staff person who administered these medications on 09/06/2022 at 09:00 PM.

POC Submission

Accept (█ - 10/17/2022)

Immediately, the administrator or designated staff person qualified to administer medications shall monitor medication administration at least twice a week and monitor all resident MAR's at least weekly to ensure all resident medications are administered as prescribed.

By 10/31/22, the administrator will ensure all staff persons qualified to administer medications are re-educated on the proper procedures for medication administration under this regulation 2600.187.b to include requirements related to the medication administration record. The administrator will ensure documentation of this education is kept.

By 10/31/22, the administrator shall review and update if necessary the home's procedures for the safe storage, access, security, distribution and use of medications, including procedures related to the resident medication administration record. The administrator will ensure all staff persons qualified to administer medications are re-educated on the home's policy and procedures and that documentation of education is kept.

The Resident Service Director and Administrator/or designee will be responsible for ensuring compliance by

187b - Date/Time of Medication Admin. (continued)

reviewing Electronic Medication Record System twice weekly for missed medication or medication refusal and ensure there was physician notification for the next 90 days.

Licensee's Plan Completion Date: 01/16/2023

Not Implemented (████ - 12/29/2022)

227g -Support Plan Signatures

7. 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 #1's support plan dated ██████ was not signed by the assessor or the resident.

POC Submission

Accept (████ - 10/17/2022)

Resident #1 no longer resides at the community.

By 10/31/22, the administrator or designated staff person will audit all resident support plans to ensure they are signed by the assessor and resident and any unsigned support plans will be signed in accordance with 2600.227.g. The administrator will ensure documentation of audits are kept.

The Resident Services Director or designee will be responsible to ensure support plans are signed and dated by all individuals who participate in it's development. Support plans completed from 10/20 through 12/31 will be audited weekly by the Administrator or designee to ensure they are signed and dated by all who participate. If Records of the audit will be kept by the Administrator.

Licensee's Plan Completion Date: 10/15/2022

Implemented (████ - 12/29/2022)

231c - Preadmission Screening

8. 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 #7 was admitted to the Secured Dementia Care Unit (SDCU) on ██████ However, the resident's written cognitive preadmission screening was not completed.

POC Submission

Accept (████ - 10/17/2022)

Resident #7 no longer resides at the community.

By 10/31/22, the Resident Services Director will be re-trained regarding requirements for preadmission screenings. The Administrator or designated staff person will audit all SDCU resident written cognitive preadmission screenings to ensure completion in accordance with 2600.231.c. and documentation of audits will be kept by the Administrator.

231c - Preadmission Screening (continued)

All preadmission screenings will be audited by the Administrator or designee prior to admission of a resident into a SDCU, to begin 10/20/22 through 12/31/22. If at continued violations exist at that time, audits will continue through January and February 2023. Record of audits will be kept by the Administrator.

Licensee's Plan Completion Date: 12/31/2022

Implemented [redacted] - 12/29/2022)

234d Support Plan Revision

9. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

Resident #1 hit a resident with a metal bar on 06/22/2022 and then punched another resident on 07/12/2022. However, the home could not provide any documents to support the home's effort to address the resident's aggressive behaviors.

POC Submission

Accept [redacted] - 10/17/2022)

Resident #1 no longer resides at the community.

By 11/15/22, the administrator or designated staff person will audit all resident support plans to ensure the plans have been updated with any changes in accordance with 2600.234.d including documenting the home's effort to address resident behaviors.

By 10/31/22, the administrator will ensure any staff person involved with completing and updating support plans or re-assessing changes in conditions will be re-educated on preventing and immediately addressing aggressive behavior.

All new resident behaviors involving aggression will be reviewed and audited by the Administrator and Resident Services Director weekly for change in condition update to the support plan beginning 10/20/22 and ongoing.

Licensee's Plan Completion Date: 10/31/2022

Not Implemented [redacted] - 12/29/2022)

252 Record Content

10. Requirements

2600.

252. Content of Resident Records Each resident's record must include the following information:

- 13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.

Description of Violation

Resident #1's record does not include the initial intake assessment.

POC Submission

Accept [redacted] - 10/17/2022)

Resident #1 no longer resides at the community.

By 11/15/22, the administrator or designated staff person will audit all resident records to ensure the required

252 - Record Content (continued)

documents in accordance with 2600.252.13 are present, including the initial intake assessment. The administrator will ensure any staff person involved with the maintaining of resident records are re-educated on record requirements and retention of them in the resident file and will ensure documentation of re-education is kept.

The resident record will be audited prior to admission day by the Administrator to ensure all documents under this regulation are present, to begin 10/20/22 for 90 days. Records of audits will be kept by the Administrator.

Licensee's Plan Completion Date: 10/31/2022

Implemented (█ - 12/29/2022)