



**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 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**

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

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *127* Waking Staff: *95*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *10/03/2022*

**Inspection Dates and Department Representative**

*10/03/2022 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *170* Residents Served: *90*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Life Guidance* Capacity: *25* Residents Served: *23*

**Hospice**

Current Residents: *NM*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *90*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *37* Have Physical Disability: *1*

**Inspections / Reviews**

**10/03/2022 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/07/2022*

Inspections / Reviews *(continued)*

11/15/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/20/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 11/20/2022

12/05/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/20/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 12/07/2022

01/03/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/20/2022

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

42b - Abuse

2. Requirements

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 9/21/22, staff person A and staff person B attempted to provide care to resident #2; however the resident refused. Staff person A persistently tried to provide care and change the resident. Resident #2 became combative and distressed; which resulted in the resident hitting staff person A. Staff person B, who was there to assist held resident #2's arms behind [redacted] back in order to restrain [redacted] so staff person A could get away from the resident.

Plan of Correction

Accept [redacted] - 11/15/2022)

The Executive Director will be responsible to re-educate all staff and agency by 11/20/22 on safe management techniques in providing care to residents, to include safe management techniques in caring for those with dementia as it relates to this regulation 2600.42.b. Staff will also be re-educated on Resident Rights as it relates to choice and the right to be treated with dignity and respect. Documentation of education will be kept.

The Executive Director will be responsible to review safe management techniques in providing care and Resident Rights as it relates to choice and the right to be treated with dignity and respect with all staff at the monthly All Staff meeting through January 2023. Document of education will be kept.

Licensee's Proposed Overall Completion Date: 11/30/2022

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

42c - Treatment of Residents

3. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Resident #1 reported to the Department that staff person C, constantly humiliates [redacted] when requesting any assistance. Resident #1 has mobility issues and a diagnosis of Chronic Obstructive Pulmonary Disease. In the month of June 2022, resident #1, requested for staff to assist [redacted] to the elevator by manually pushing [redacted] wheelchair. Resident #1, communicates that staff person C, told [redacted], "You can do it yourself." Resident #1 explained that [redacted] was not able to perform the task and [redacted] pays for a service. Resident #1, informed the Department that [redacted] always feels mistreated by staff person C and is reluctant to request assistance.

Plan of Correction

Accept [redacted] - 11/15/2022)

The RSD and Executive Director immediately re-educated Staff Person C on Resident Rights, specifically in treating residents with dignity and respect under regulation 2600.42.c. Documentation of this education will be kept.

The Executive Director will be responsible to re-educate all staff, agency and volunteers by 11/20/22 on Resident Rights as it relates to regulation 2600.42.c, specifically as it relates to treating residents with dignity and respect. Documentation of education will be kept.

The Executive Director will be responsible to review Resident Rights as it relates to this regulation 2600.42.c,

**42c - Treatment of Residents (continued)**

*specifically treating residents with dignity and respect, at the monthly All Staff meeting through January 2023. Document of education will be kept.*

**Licensee's Proposed Overall Completion Date:** 11/30/2022

**Implemented (█ - 12/29/2022)**

**95 - Furniture and Equipment**

**4. Requirements**

2600.

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

**Description of Violation**

*The faucet in the kitchen area of the Life Guidance unit was not bolted and loose. The dishwashing area in the kitchen had a leak.*

**Plan of Correction**

**Accept (█ - 11/15/2022)**

*The Maintenance Director fixed the faucet in the kitchen area of the Life Guidance unit on 10/05/2022.*

*The Executive Director will re-educate all staff by 11/30/22 on the requirements under regulation 2600.95, specifically as it relates to equipment in the kitchen of the Life Guidance unit. Documentation of training will be kept.*

*The Executive Director, Maintenance Director or Designee will be responsible for the daily walkthrough of the community and addressing furniture and equipment that is not in good repair, clean and free of hazards. Documentation of walkthroughs will be kept. The Executive Director will be responsible to educate the Maintenance Director or Designee as to the responsibilities under this plan of correction as it relates to regulation 2600.95. Documentation of education will be kept.*

**Licensee's Proposed Overall Completion Date:** 11/30/2022

**Implemented (█ 12/29/2022)**

**184a - Resident's Meds Labeled**

**5. Requirements**

2600.

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

2. The name of the medication.

**Description of Violation**

*The pharmacy label for resident #3's PRO-STATE reads Wild Cherry. The liquid protein container is Grape. The pharmacy label does not have the correct flavor.*

**Plan of Correction**

**Accept (█ 11/15/2022)**

*On 10/3/22 the pharmacy label for resident # 3's PRO-STATE was changed to show the correct flavor Grape. The*

**184a - Resident's Meds Labeled (continued)**

*Executive Director 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. This was completed on 10/31/22. Documentation of this education will be kept.*

*The Executive Director shall review and update if necessary the home's procedures to ensure correct labeling of medication. This was completed 10/31/22. All staff persons qualified to administer medications will be re-educated on the home's policy and procedures. This was completed on 10/31/22. The Executive Director 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 begun 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 Executive Director.*

**Licensee's Proposed Overall Completion Date:** 12/31/2022

**Not Implemented (██████ 01/03/2023)**

**187d - Follow Prescriber's Orders**

**6. Requirements**

2600.  
187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

*Resident #4 is prescribed Ferrous Sulfate 325 mg tab daily. This medication was administered on 10/3/22 at 9:00 am. However, this medication was not available in the medication cart at 10:42.*

**Plan of Correction**

**Repeat Violation date:** 4/26/22

**Accept (██████ 11/15/2022)**

*The RSD ensured that the prescribed medicine Ferrous Sulfate 325 mg tab daily was received from the pharmacy on 10/3/22 and administered to Resident #4 as prescribed.*

*The Resident Services Director or Designee 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 and that resident medication is present in the community as prescribed. Audits begun 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 Executive Director.*

**Licensee's Proposed Overall Completion Date:** 12/31/2022

**Not Implemented (██████ 01/03/2023)**

**202 - Prohibitions**

**7. Requirements**

2600.  
202. The following procedures are prohibited:

**Description of Violation**

*On 9/21/22, staff person A and staff person B attempted to provide care to resident #2; however the resident refused.*

**202 - Prohibitions (continued)**

*Staff person A persistently tried to provide care and change the resident. Resident #2 became combative and distressed; which resulted in the resident hitting staff person A. Staff person B, who was there to assist held resident #2's arms behind [REDACTED] back in order to restrain [REDACTED] so staff person A could get away from the resident.*

**Plan of Correction**

**Accept [REDACTED] - 11/15/2022)**

*The Executive Director will be responsible to re-educate all staff and agency by 11/20/22 on safe management techniques in providing care to residents, to include safe management techniques in caring for those with dementia as it relates to this regulation 2600.42.b. Staff will also be re-educated on Resident Rights as it relates to choice and the right to be treated with dignity and respect. Documentation of education will be kept.*

*The Executive Director will be responsible to review safe management techniques in providing care and Resident Rights as it relates to choice and the right to be treated with dignity and respect with all staff at the monthly All Staff meeting through January 2023. Document of education will be kept.*

**Licensee's Proposed Overall Completion Date: 11/30/2022**

**Not implemented ([REDACTED] 2/29/2022)**