

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

February 6, 2023

[REDACTED]  
SQR OPCO LLC  
[REDACTED]  
[REDACTED]

RE: ATRIA LAFAYETTE HILL  
9303 RIDGE PIKE  
LAFAYETTE HILL, PA, 19444  
LICENSE/COC#: 14665

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/13/2022, 12/14/2022, 12/15/2022, 12/16/2022, 12/19/2022, 12/21/2022, 12/22/2022 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:** 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:** [REDACTED] **Email:** [REDACTED]

**Legal Entity**

**Name:** SQR OPCO LLC  
**Address:** [REDACTED]  
**Phone:** [REDACTED] **Email:** [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 106 **Waking Staff:** 80

**Inspection Information**

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Incident **Exit Conference Date:** 12/28/2022

**Inspection Dates and Department Representative**

12/13/2022 Off Site [REDACTED]  
 12/14/2022 Off Site [REDACTED]  
 12/15/2022 Off Site [REDACTED]  
 12/16/2022 Off Site [REDACTED]  
 12/19/2022 Off Site [REDACTED]  
 12/21/2022 Off Site [REDACTED]  
 12/22/2022 Off Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 170 **Residents Served:** 63

**Secured Dementia Care Unit**

**In Home:** Yes **Area:** Memory Care **Capacity:** 25 **Residents Served:** 23

**Hospice**

**Current Residents:** 0

**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:** 43 **Have Physical Disability:** 1

Inspections / Reviews

12/13/2022 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow Up Date: *01/13/2023*

01/17/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: *01/31/2023*

Reviewer: [REDACTED]

Follow Up Type: *Document Submission* Follow Up Date: *01/31/2023*

02/06/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: *01/31/2023*

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42b - Abuse

1. 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

According to the staff interviews, Staff member A discovered resident 1's purse in the dining area on [REDACTED], 2022 atop the booth where resident 1 always sits so staff member A knew it belonged to resident 1. Staff member A placed the purse on one of the server area shelves, so when resident 1 returned staff member A would be able to return the purse.

The resident left the purse there after breakfast on Sunday, and staff member A assumed the resident was going to the bathroom, so staff member A placed it in what the staff member thought was a safe place [REDACTED]

By lunchtime, Staff Member A had forgotten about it. [REDACTED]

[REDACTED] The purse was observed in the same place that staff member A had placed it the day before and was still there when he/she saw it the next morning. [REDACTED]

[REDACTED] Staff member A again forgot to return the purse to the resident. Staff member C received a call from staff member D on [REDACTED] 2022 asking for the missing purse and requesting staff member C bring it to staff member D's office. When staff member C handed the purse to staff member D, they opened it and discovered a \$500.00 bank receipt from what appeared to be an ATM.

According to resident 1 interview, there was \$559.00 inside the purse before it went missing. Resident 1 went out with her daughter to the bank, and when resident 1 came back to the facility, the resident misplaced the purse. Resident 1 didn't recall how it happened. The money was missing when the purse was returned.

Plan of Correction

Accept [REDACTED] - 01/17/2023)

Executive Director/Designee will in-service all employees and managers on preventing, identifying, immediately reporting and responding to situations of abuse (including neglect and exploitation) prohibited by Regulation 42b – Abuse, by 1/27.

Regional Director will ensure all employees complete the in-service training by 1/27.

Licensee's Proposed Overall Completion Date: 01/27/2023

Implemented ([REDACTED] - 02/01/2023)

187a - Medication Record

3. Requirements

2600.

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

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.

187a - Medication Record (continued)

- 7. Route of administration.
- 8. Frequency of administration.
- 9. Administration times.
- 10. Duration of therapy, if applicable.
- 11. Special precautions, if applicable.
- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).
- 13. Date and time of medication administration.
- 14. Name and initials of the staff person administering the medication.

**Description of Violation**

Resident 1 is prescribed [REDACTED]  
 [REDACTED] However, resident's 1 medication administration record does not indicate the diagnosis or purpose for the medication.

Repeat violation: 09/07/2022

**Plan of Correction**

Accept [REDACTED] - 01/17/2023)

Resident Service Director/ Designee will correct Resident # 1 medication record to reflect the ordered medication will have diagnosis or purpose for use of medication.  
 Resident Service Director/Designee will complete audit of all prescribed orders to ensure all medications have diagnosis or purpose for use by 1/27/2023. 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 aka order verification by 1/20/2023 to ensure understanding of need for all medication to have diagnosis or purpose for use of medication. The Resident Service Director/Designee will conduct in-service on this training to all medication staff by 1/27/2023.  
 The Resident Services Director/Designee will review triple checks aka order verification and med cart audits weekly to ensure all medication has diagnosis or purpose of medication for the next 90 days.

Licensee's Proposed Overall Completion Date: 01/27/2023

Implemented [REDACTED] - 02/01/2023)