

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

March 2, 2023

[REDACTED]  
SQR OPCO LLC  
[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 01/12/2023, 01/17/2023, 01/18/2023, 01/19/2023, 01/23/2023, 01/25/2023, 01/27/2023, 01/31/2023 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: *07/20/2023*  
 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: *300 EAST MARKET ST, SUITE 100, LOUISVILLE, KY, 40202*  
 Phone: [REDACTED] 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: *108* Waking Staff: *81*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *01/31/2023*

**Inspection Dates and Department Representative**

01/12/2023 - Off-Site: [REDACTED]  
 01/17/2023 - Off-Site: [REDACTED]  
 01/18/2023 - Off-Site: [REDACTED]  
 01/19/2023 - Off-Site: [REDACTED]  
 01/23/2023 - Off-Site: [REDACTED]  
 01/25/2023 - Off-Site: [REDACTED]  
 01/27/2023 - Off-Site: [REDACTED]  
 01/31/2023 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *170* Residents Served: *65*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Memory Care* Capacity: *25* Residents Served: *22*

**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

01/12/2023 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *02/12/2023*

02/15/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *02/28/2023*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *03/01/2023*

03/02/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: *02/28/2023*

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 did not include the medication regimen, contraindicated medications, or medication side effects. The DME stated "see attached" however there was no attachment.*

Plan of Correction

**Accept (MJ - 02/15/2023)**

- *The home respectfully requests that this deficiency be withdrawn. The Documentation of Medical Evaluation was complete and included a medication list, contraindications and side effects. The inspection was offsite and when the DME for Resident #1 was requested via email on 1/19/23, it was unstapled and the medication list was inadvertently left off when emailing it along with other information on the same date, 1/19/2023. The inspector confirmed receipt on 1/23/23. On 1/31/23, the inspector called and notified us the medication list was missing from the report that was supposed to be attached, and we sent it moments later.*
- *Resident Service Director or Designee will ensure that Resident#1 Medical Evaluation is complete and includes medication regiment, contraindicated medication, or medication side effects by 2/12/23.*
- *Divisional Care Director will in-service Resident Service Director, all Med Techs and LPNs on regulation 2600 - 141.a. regarding a complete DME by 2/16/23.*
- *Resident Service Director or Designee will audit all residents’ files to ensure compliance with regulation 2600 – 141.a. with completed DME by 2/28/23.*

**Licensee's Proposed Overall Completion Date: 02/28/2023**

**Implemented (MJ - 03/02/2023)**