

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

April 25, 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 01/31/2023, 02/03/2023, 02/06/2023, 02/07/2023, 02/13/2023, 02/17/2023 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: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: 11 **Date:** 04/20/2020 **Issued By:** Township of Springfield

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 132 **Waking Staff:** 99

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 02/17/2023

Inspection Dates and Department Representative

01/31/2023 On Site [REDACTED]
 02/03/2023 Off Site [REDACTED]
 02/06/2023 Off Site [REDACTED]
 02/07/2023 Off Site [REDACTED]
 02/13/2023 Off Site [REDACTED]
 02/17/2023 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 170 **Residents Served:** 89

Secured Dementia Care Unit

In Home: Yes **Area:** Life Guidance **Capacity:** 34 **Residents Served:** 24

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 89
Diagnosed with Mental Illness: 4 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 43 **Have Physical Disability:** 1

Inspections / Reviews

01/31/2023 - Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/09/2023

03/14/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/25/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/11/2023

04/25/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/25/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

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, whose first day of work was [REDACTED]/22, did not receive orientation on the following topics:

- Evacuation procedures
- Staff duties and responsibilities during fire drills , emergency evacuation, transportation and at an emergency location if applicable
- The designated meeting place outside the building or within the fire-safe area in the event of an actual fire
- Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable
- The location and use of fire extinguishers
- Smoke detectors and fire alarms
- Telephone use and notification of emergency services

Plan of Correction

Accept ([REDACTED] - 03/14/2023)

- [REDACTED]
- Executive Director/Designee and Community Business Director (CBD) will audit the files of all direct care employees, ancillary staff, substitute personnel and volunteers for general fire safety and emergency preparedness training by 3/14/23. Personnel not in compliance will be in-serviced by the Executive Director/Designee and the Maintenance Director by 3/21/23.
- Executive Director/Designee and Community Business Director (CBD) have implemented Agency Staff Onboarding Checklist for new temp/substitute workers and volunteers effective 2/28/23.
- Executive Director/Designee and Community Business Director (CBD) will audit the Agency Staff Onboarding Checklist weekly for 90 days for fire safety and emergency preparedness compliance for all new staff including temp/substitute workers and volunteers.

Licensee's Proposed Overall Completion Date: 03/21/2023

Implemented ([REDACTED] - 04/25/2023)

66c - Training Documentation

2. Requirements

2600.

66.c. Documentation of compliance with the staff training plan shall be kept.

66c - Training Documentation (continued)

Description of Violation

The home does not maintain documentation of the completion of courses in the staff training plan including fire safety and emergency preparedness for the agency staff working in the home.

Plan of Correction

Accept [redacted] 03/14/2023)

- By 3/14/23, Executive Director/Designee and Community Business Director will audit the files of all temp/substitute personnel and volunteers to determine whether training including fire safety and emergency preparedness has been completed, documented and placed in the employee, substitute personnel or volunteer file. Executive Director/Designee will in-service any agency personnel not in compliance by 3/21/23.
- Beginning 3/10/23, the Executive Director/Designee and Community Business Director will ensure the Agency Staff Onboarding Checklist is updated to include providing, documenting, and placing all training completion documents for all training including fire safety and emergency preparedness trainings in the employee file.
- Regional Vice President will audit all new agency personnel files weekly for the next 90 days to ensure the proper documentation contains the completion of training including fire safety and emergency preparedness training.

Licensee's Proposed Overall Completion Date: 03/21/2023

Implemented [redacted] 04/25/2023)

85a - Sanitary Conditions

3. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 1/31/23, at 12:31 pm there was a strong urine smell in room [redacted] of the Life Guidance unit.

Plan of Correction

Accept [redacted] - 03/14/2023)

- The Maintenance Director thoroughly cleaned Apartment [redacted] in Life Guidance including deep cleaning of the carpet on 2/18/23.
- Executive Director/Designee, Memory Care Director and Maintenance Director will in-service all SDU employees regarding Sanitary Conditions 2600 – 85.a. by 3/14/23.
- Executive Director/Designee and Memory Care Director will inspect every Memory Care apartment to ensure sanitary conditions are maintained including ensuring there is no smells indicating unsanitary conditions daily for the next 2 weeks and then weekly for the next 90 days.

Licensee's Proposed Overall Completion Date: 03/21/2023

Implemented [redacted] - 04/25/2023)

201 - Positive Interventions

4. Requirements

2600.

201 - Positive Interventions (continued)

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Resident #1, eloped from the home on [redacted] 23; by leaving from the window of room [redacted] Resident #1, had a previous routine of walking outside while residing in personal care. The home did not implement positive interventions to modify or eliminate the behavior. On [redacted] 23, staff person A, was unaware of the elopement and attending to several other residents' in the common area. The home failed to utilize safety interventions.

Plan of Correction

Accept ([redacted] - 03/14/2023)

- Resident Service Director updated Resident #1 Assessment and Support Plan on [redacted] /2023 to include walks in the courtyard as a positive intervention.
- Regional Care Director will provide education to the Executive Director/designee and Resident Service Director/designee by 3/14/2023 on the importance of ensuring service plans are updated with any changes to ensure residents needs are met and including safe management techniques.
- Executive Director/designee will meet with Resident Services Director/designee weekly starting 3/06/2023 for the next 90 days to review resident service plan/support plans that have had behaviors to ensure they are updated with any changes to ensure resident needs are met and safe management techniques/positive interventions are included. Resident Services Director/Designee will be responsible for compliance with regulation.

Licensee's Proposed Overall Completion Date: 03/21/2023

Implemented ([redacted] - 04/25/2023)

234b - Support Plan Needs Elements

5. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan, dated [redacted] 2022, for resident #1, does not address [redacted] tendency to enjoy walking routinely, and the need for more engagement type of activities.

Plan of Correction

Accept ([redacted] - 03/14/2023)

- Resident Service Director updated Resident #1 Assessment and Support Plan on [redacted] 2023.
- Regional Care Director will provide education to the Executive Director/designee and Resident Service Director/designee by 3/14/2023 on the importance of ensuring service plans are updated with any changes to ensure residents needs are met in accordance with regulation 2600 - 234.b.
- Executive Director/Designee will meet with Resident Services Director/Designee weekly starting 3/06/2023 for the next 90 days to review all new resident service plan/support plans to ensure they are updated with any changes to ensure resident needs are met. Resident Services Director/Designee will be responsible for compliance with regulation.

Licensee's Proposed Overall Completion Date: 03/21/2023

Implemented ([redacted] - 04/25/2023)