

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

April 5, 2023

[REDACTED], LEGAL COUNSEL
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 02/08/2023 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

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 128 **Waking Staff:** 96

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Fine **Exit Conference Date:** 02/08/2023

Inspection Dates and Department Representative

02/08/2023 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 170 **Residents Served:** 86

Secured Dementia Care Unit

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

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 86
Diagnosed with Mental Illness: 4 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 42 **Have Physical Disability:** 1

Inspections / Reviews

02/08/2023 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 02/24/2023

02/22/2023 POC Submission

Submitted By: [REDACTED] **Date Submitted:** 03/10/2023
Reviewer: [REDACTED] **Follow Up Type:** Document Submission **Follow Up Date:** 03/10/2023

Inspections / Reviews *(continued)*

04/05/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/10/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [REDACTED], [REDACTED], 1 tablet by mouth every day x 3 days prn starting [REDACTED], prescribed for resident 1, was in the home's medication cart; however, the medication was discontinued on [REDACTED].

Plan of Correction

Accept [REDACTED] - 02/22/2023)

Community nurse removed Resident #1 discontinued [REDACTED] from the cart immediately on [REDACTED] and destroyed per state and regulatory guidelines.

Resident Service Director/Designee completed audit of all medication carts to ensure removal of all discontinued medication for release to resident/family or proper disposal according to state and regulatory guidelines by 2/16/2023.

The Regional Care Director will provide training to the Executive Director and Resident Services Director/designee on the med cart audit process, releasing of medications to responsible party or resident policy MED-0003-09, and medication destruction using and electronic medication administration record policy MED-0003-05 by 2/22/2023 to ensure understanding of policies and processes related to removal of discontinued medications from medication cart. The Resident Service Director/designee will conduct in-service on this training to medication staff by 2/28/2023.

Executive Director/designee will monitor medication cart audits to confirm no discontinued meds are kept on the cart weekly for the next 90 days and if so to remove them to ensure compliance

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

Implemented [REDACTED] - 03/15/2023)

184a - Resident's Meds Labeled

2. 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 1 is prescribed [REDACTED] by mouth everyday as needed. However, the medication label reads take 1 tablet by mouth twice a day as needed.

Resident 2 is prescribed [REDACTED] 1 tab by mouth every day. However, the medication label reads take 2 tablets by mouth in the morning.

Plan of Correction

Accept [REDACTED] - 02/22/2023)

Resident Service Director/Designee will obtain order clarification for Resident #1 and Resident #2 medication from physician by [REDACTED] and ensure medication label is corrected immediately to physician order clarification.

184a Resident's Meds Labeled (continued)

Resident Service Director/ designee audited all medication carts to ensure medication labels match order on MAR by 2/17/2023. Any issues found will be corrected immediately.

The Regional Care Director will provide training to the Executive Director and Resident Services Director on work instruction MED 0003 07 Medication Controls Access, Storage, and Labeling and Medication Cart Audit Process by 2/22/2023. The Resident Service Director/designee will conduct in service on this training to all medication staff by 2/28/2023.

The Executive Director/designee will monitor med cart audits weekly to ensure there are no discrepancies between the physician's order and the medication labels the next 90 days, and get physician clarification if so.

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

Implemented (████) - 03/15/2023)

184b - Labeling OTC/CAM

3. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On █████ a package of █████ belonging to resident Resident 3 was in the medication cart and was not labeled with the resident's name.

On █████, a package of █████ belonging to resident Resident 4 was in the medication cart and was not labeled with the resident's name.

Plan of Correction

Accept (████) - 02/22/2023)

Community nurse labeled Resident #3 and Resident #4 OTC medication immediately with resident name on 2/8/2023.

Resident Service Director/ designee audited all carts for any OTC medication, verify resident and ensure resident name on medication package 2/17/2023. Any issues found will be corrected immediately.

The Regional Care Director will provide training to the Executive Director and Resident Services Director on work instruction MED 0003 07 Medication Controls Access, Storage, and Labeling and Medication Cart Audit Process by 2/22/2023. The Resident Service Director/designee will conduct in service on this training to all medication staff by 2/28/2023.

The Executive Director/designee will monitor med cart audits weekly to ensure all OTC medication have resident name on packaging for the next 90 days.

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

Implemented (████) - 03/15/2023)

185b - Medication Procedures

4. Requirements

2600.

185.b. At a minimum, the procedures must include:

Description of Violation

Resident 5 is prescribed [redacted] tablet take 1 tablet twice daily. On [redacted] at [redacted] PM, there were 23 pills in the blister pack. However, the controlled substance log documents negative 145 pills remaining.

Plan of Correction

Accept ([redacted] - 02/22/2023)

Resident Service Director/Designee corrected the controlled substance count in the electronic Medication administration record to reflect the accurate number of medication and ensure count is correct to the documented administrations for Resident #5 by 2/17/2023.

Resident Service Director/Designee completed audit of all prescribed controlled substance medications to ensure medication count is accurate and documented properly using the EMAR system by 2/17/2023. Any issues found will be corrected immediately.

The Regional Care Director will provide training to the Executive Director and Resident Services Director/designee on work instruction MED-0003-08 Controlled Substances by 2/22/2023 to ensure understanding of policies and processes related to controlled substances. The Resident Service Director/designee will conduct in-service on this training to all medication staff by 2/28/2023.

The Resident Services Director/designee will review controlled substance counts weekly to ensure controlled substance log is accurate and accurately reflected in the EMAR system for the next 90 days and if not to correct it immediately.

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

Implemented ([redacted] - 03/15/2023)

187d - Follow Prescriber's Orders

5. Requirements

2600.

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

Description of Violation

Resident 1 is prescribed [redacted] tablet take 1 tablet by mouth every day. However, this was not administered on [redacted] because it was unavailable in the home.

Resident 1 is prescribed [redacted] tablet take 1 tab by mouth every day. However, this was not administered from 1/10/23-1/22/23 because it was unavailable in the home.

Resident 1 is prescribed [redacted] tablet- one by mouth daily. However, this was not administered from [redacted] because it was unavailable in the home.

Resident 1 is prescribed [redacted] 1 tab by mouth every morning. [redacted] at 1 [redacted] this medication was unavailable in the home.

187d - Follow Prescriber's Orders (continued)

Resident 2 is prescribed [REDACTED] tablet give 1 tab by mouth every day. However, this was not administered on [REDACTED] because it was unavailable in the home.

Resident 5 is prescribed [REDACTED] tablet take 1 mouth daily. However, this medication was not administered on [REDACTED], because it was unavailable in the home

Resident 5 is prescribed [REDACTED] tablet take 1 tablet daily. However, this was not administered on [REDACTED] because it was unavailable in the home.

Resident 6 was prescribed [REDACTED] tablet [REDACTED] by mouth at bedtime. However, this was not administered on [REDACTED] because it was unavailable in the home

Resident 6 was prescribed [REDACTED] tablet one by mouth daily. However, this was not administered on [REDACTED] because it was unavailable in the home.

Resident 6 was prescribed [REDACTED] one by mouth daily. However, this was not administered on [REDACTED] because it was unavailable in the home.

Resident 6 was prescribed [REDACTED] by mouth 3 times weekly. However, this was only administered twice on the week of [REDACTED] because it was unavailable in the home.

Resident 6 was prescribed [REDACTED] - one by mouth at bedtime. However, this was not administered on [REDACTED] because it was unavailable in the home.

Resident 6 was prescribed [REDACTED] by mouth at bedtime. However, this was not administered on [REDACTED] because it was unavailable in the home.

Resident 6 was prescribed [REDACTED] inhale 2 puff by mouth twice daily. However, this was not administered on [REDACTED] and [REDACTED] because it was unavailable in the home.

Resident 7 is prescribed [REDACTED] tablet give 1 tab by mouth at bedtime effective 1/4/23. However, this medication was not administered from [REDACTED] to [REDACTED] because it was unavailable in the home.

Resident 8 is prescribed [REDACTED] tab chew take 1 tab daily. However, this was not administered on [REDACTED] and [REDACTED] because it was unavailable in the home.

Resident 9 was prescribed [REDACTED] tablet 1 tablet by mouth at bedtime. However, this was not administered on [REDACTED], and [REDACTED] because it was unavailable in the home.

Repeated Violations- 4/26/22

Plan of Correction

Accept ([REDACTED] - 02/22/2023)

As of [REDACTED], Resident Service Director/designee ensured the medications for Residents #1, 2, 5, 6, 7, 8, and 9 were available in community. Resident #1 never had a missed dose of the Bupropion. Medication was given that AM and new medication arrived in community same day prior to next dose.

187d - Follow Prescriber's Orders (continued)

Resident Service Director will complete audit of all prescribed orders to ensure medication is available in medication carts by [REDACTED]. 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, and ordering and receiving medication policy MED-0003-03 by 2/22/2023 to ensure understanding of policies and processes related to ordering and receiving medications. The Resident Service Director/designee will conduct in-service on this training to medication staff by 2/28/2023.

The Executive Director/designee will monitor med cart audits weekly to ensure proper medication reordering and timely receipt of medications and all prescribed medication is on the med cart to ensure they are provided timely to residents for the next 90 days.

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

Implemented [REDACTED] - 03/15/2023)