

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

June 7, 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 03/27/2023 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:** 1 1 **Date:** 04/20/2020 **Issued By:** Township Springfield

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 128 **Waking Staff:** 96

**Inspection Information**

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Monitoring **Exit Conference Date:** 03/27/2023

**Inspection Dates and Department Representative**

03/27/2023 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 170 **Residents Served:** 85

**Secured Dementia Care Unit**

**In Home:** Yes **Area:** Life Guidance **Capacity:** 23 **Residents Served:** 12

**Hospice**

**Current Residents:** 2

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 85  
**Diagnosed with Mental Illness:** 3 **Diagnosed with Intellectual Disability:** 1  
**Have Mobility Need:** 43 **Have Physical Disability:** 2

**Inspections / Reviews**

**03/27/2023 - Partial**

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/15/2023

**04/17/2023 - POC Submission**

**Submitted By:** [REDACTED] **Date Submitted:** 05/25/2023  
**Reviewer:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/22/2023

Inspections / Reviews *(continued)*

04/25/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/25/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/25/2023

06/07/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/25/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED]/23 at 5:45 pm, resident#1 had an unwitnessed altercation with resident#2, residents were overheard yelling and were separated at the time. On [REDACTED]/23 during morning care, resident #2 was noted with a red mark and some swelling across their nose. The resident was evaluated at the hospital on [REDACTED] 23 and was diagnosed with a fracture of the nasal bone. This incident was reported to staff person A on [REDACTED]/23. However, this allegation of abuse was not reported to the local area agency on aging.

On [REDACTED]/23 at [REDACTED] am, staff member B observed resident#1 walkover to resident#3 and punch then punch resident 3 on the left side of their jaw. This incident was reported to staff person A on [REDACTED]/23. However, this allegation of abuse was not reported to the local area agency on aging.

Plan of Correction

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

Divisional Care Director will provide education by 4/15/23 to the Executive Director/Designee on the proper way to report Resident Abuse in accordance with regulation 2600 – 15.a.

Effective 4/17/23, Regional Vice President will supervise submission of any Resident Abuse Reports for 90 days to ensure its compliance with regulation 2600 – 15.a.

Licensee's Proposed Overall Completion Date: 04/20/2023

Implemented ([REDACTED] - 05/30/2023)

103e - Left Overs

2. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 3/27/23 there was an unlabeled, undated bag of chicken in the kitchen's freezer.

On 3/27/23, there was an unlabeled, undated bag of mozzarella, a bag of lettuce, a block of cheese and a bag of carrots in the kitchen's refrigerator.

Plan of Correction

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

Director of Culinary Services will provide education to all culinary staff and Executive Director/Designee by 4/15/2023 on food handling and labeling of unused food items in accordance with regulation 2600 103.e.

Executive Director/Designee will meet with the Director of Culinary Services weekly starting 4/17/23 for the next 90 days to inspect and ensure left over food is stored and labeled correctly as per regulation 2600 103.e.

103e - Left Overs (continued)

Effective 4/17/23, the Executive Director/Designee will inspect storage areas twice a week for 90 days to ensure compliance with regulation 2600 103.e.

Effective 4/17/23, the Regional Vice President/Divisional Culinary Director will randomly spot check all storage areas weekly for 90 days to ensure compliance with regulation 2600 103.e.

Licensee's Proposed Overall Completion Date: 04/20/2023

Implemented ( ) - 05/30/2023)

231b Medical Evaluation

3. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician s assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident s diagnosis of Alzheimer s disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #4 was admitted to the Secure Dementia Care Unit (SDCU) on /23. Resident #4's medical evaluation was completed on /23 and did not specify the need for the resident to be served in a secured dementia care unit.

Plan of Correction

Accept ( ) 04/17/2023)

The Resident Service Director (RSD)/ designee will have Resident #4 DME updated to ensure it specifies the need for the resident to be served in a secured dementia care unit by 4/14/2023.

The Resident Service Director (RSD)/ designee will complete an audit of all current resident DMEs by 4/29/2023, to ensure compliance with regulation 231.b. Any issues found during the audit will be addressed immediately. Regional Care Director will provide additional education to the Executive Director and Resident Services Director/ designee to ensure compliance with regulation 231.b. to make sure DMEs are completed within the required timeframe and completed according to regulation and Atria expectations. Regional Care Director will provide additional training to Executive Director and Resident Service Director/designee on move in process to ensure understanding of requirements for obtaining DME and DME completeness prior to move in by 4/14/2023.

Executive Director will be meeting with the Resident Services Director/designee weekly starting 4/17/2023 to review new resident DMEs for next 90 days to ensure compliance with regulation 2600 141a. Resident Services Director will be responsible to ensure continue compliance with regulation.

Licensee's Proposed Overall Completion Date: 04/29/2023

Implemented ( ) - 05/30/2023)

234a - Admission Support Plan

4. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

234a - Admission Support Plan (continued)

**Description of Violation**

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] 22. However, the resident's initial support plan was completed on [REDACTED]/22.

**Plan of Correction**

Accept ([REDACTED] - 04/17/2023)

Regional Care Director will provide education to the Executive Director and Resident Service Director/ designee by 4/14/2023 on the importance of ensuring service plans are completed within 72 hours prior to the resident's admission to the secured dementia care unit in accordance with regulation 2600 234a.

Executive Director will meet with Resident Services Director/ designee weekly starting 4/17/2023 for the next 90 days to review all new resident service plan/support plans to ensure they are completed within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit per regulation 2600 234 a. Resident Services Director/ designee will be responsible for compliance with regulation.

Licensee's Proposed Overall Completion Date: 04/17/2023

Implemented ([REDACTED] - 05/30/2023)