

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

May 15, 2023

[REDACTED]
LAFAYETTE MANOR INC LMI
145 LAFAYETTE MANOR ROAD
UNIONTOWN, PA, 15401

RE: BEECHWOOD COURT AT LAFAYETTE
MANOR
145 LAFAYETTE MANOR ROAD
UNIONTOWN, PA, 15401
LICENSE/COC#: 40961

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/07/2023 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: BEECHWOOD COURT AT LAFAYETTE MANOR License #: 40961 License Expiration: 09/21/2023

Address: 145 LAFAYETTE MANOR ROAD, UNIONTOWN, PA 15401

County: FAYETTE Region: WESTERN

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: LAFAYETTE MANOR INC LMI

Address: 145 LAFAYETTE MANOR ROAD, UNIONTOWN, PA, 15401

Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP Date: 09/27/2000 Issued By: Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 62 Waking Staff: 47

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:

Reason: Complaint Exit Conference Date: 04/07/2023

Inspection Dates and Department Representative

04/07/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 64 Residents Served: 48

Secured Dementia Care Unit

In Home: Yes Area: 1st floor Capacity: 23 Residents Served: 14

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 48

Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0

Have Mobility Need: 14 Have Physical Disability: 1

Inspections / Reviews

04/07/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/04/2023

05/05/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/15/2023

Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/12/2023

Inspections / Reviews *(continued)*

05/12/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/15/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/19/2023

05/15/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/15/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4/7/23, at approximately 11:39 a.m., the following unsanitary conditions were found in private bedroom # [redacted], occupied by resident #1, [redacted], to include:

* There was a very strong odor of urine throughout the entire room; however, stronger in the front right corner [redacted]. A bedside commode was placed in the corner to try and correct the issue.

* The green wall to wall carpet in room smells of urine [redacted] in the front right corner of the room. The smell is embedded in the carpet and paddings. The carpet has a sticky residue over it, concentrated in the front half of the room [redacted]. Shoes stick to the carpet when walked on.

* The lid to the bedside commode in the front right corner was closed; however, there was urine covering approximately 1/8" of the basin with a fecal smear in the bottom middle of the basin. The staff reported last checking the bedside commode was between 6:00 a.m. and 7:00 a.m., this morning when the resident got up this morning.

Plan of Correction

Accept ([redacted] - 05/12/2023)

Administrator on 4/19/23 called Ferris Carpets to get proposal for vinyl flooring to be installed in resident #1 bedroom.

Ferris Carpets on 4/27/23 submitted proposal See attachment #2. The proposal was accepted on 4/27/23. New flooring will be installed by May 31, 2023. Administrator developed on 4/26/23 a form that staff will do checks of bedside toilet every 2 hours to ensure that bedside toilet is empty and clean . see attachment #1. Staff are also to encourage Resident #1 to use the bathroom every 2 hours during awake hours.

These checks will be for 2 months from 4/26/23-6/26/23.

Administrator will do weekly walk throughs for one month to ensure Sanitary conditions are being maintained.

These checks will be documented by administrator with the first check being done on May 8, 2023. see attachment #10

Training for sanitary conditions was done on May 8, 2023 . See attachment #12

Licensee's Proposed Overall Completion Date: 06/26/2023

Implemented ([redacted] - 05/15/2023)

183e - Storing Medications

2. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #2 is prescribed [redacted].- Instill one drop into affected eye(s) by ophthalmic routine once daily as needed. However, there was no open date indicated on the bottle or box. The medication guidelines indicate discard after 9/23.

Resident #3 is prescribed [redacted] Inhale one puff twice a day as directed. However, there was no open date indicated on the box or inhaler. The box has an expiration date of April/2024. The manufactures direction indicates discard 30 days after open foil pouch or when disk reads "0" whichever, comes first.

183e - Storing Medications (continued)

The following medications prescribed for resident #4 were not dated when open, to include:

* [redacted] – Instill one drop in each eye as needed. Manufactures instructions indicate discard 90 days after open.

* [redacted] – Instill one drop in both eyes twice a day. Per manufactures instructions, do not store in bathroom. Discard any unused single-use containers 15 days after opening the pouch. Discard the solution if it changes color, becomes cloudy, or develops particles.

* [redacted]. Instill one drop in each eye at bedtime. Per manufactures instructions, store unopened bottle in refrigerator. Doe not Freeze. Store open bottle in refrigerator or at room temperature for up to 6 weeks after open.

Plan of Correction

Accept ([redacted]) 05/12/2023)

RN supervisor reordered [redacted] Resident # 2 on 4/10/2023. RN placed open date to new bottle and old bottle was discarded on 4/11/2023 See attachment # 3.

RN supervisor reordered Resident #3 [redacted] on 4/27/23 and open date was 4/28/23. Medication without open date was discarded. See attachment # 4.

RN supervisor reordered Resident # 4 [redacted] on 4/10/23 and open date 04/11/23 was applied. All eye drops with no open dates were discarded. See attachment # 5a- 5c. The RN supervisor on 4/11/23 checked all med carts for any eye drops, nasal sprays and inhalers that did not have open dates.

RN supervisor ordered any undated medication and open dates were applied. See attachments 6a-e.

RN supervisor will recheck medication carts on May 11, 2023 to ensure that open dates are being applied.

Documentation of the check will be retained in administrative records. See attachment #11

Administrator will retrain staff on the proper storage of medications, this training was finished on 4/5/23.

Documentation of this training will be kept in staffs training file. See attachment # 9

Licensee's Proposed Overall Completion Date: 05/12/2023

Implemented ([redacted]) - 05/15/2023)

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 4/7/23, there was a bottle of [redacted] Lubricating eye drops on the second-floor medication cart prescribed for resident #4, that was not labeled with the resident's name.

Repeat Violation: 6/9/22

Plan of Correction

Accept ([redacted]) 05/12/2023)

Administrators on 4/10/23 purchased plastic baggies to place all OTC meds in with the name of resident placed on the baggie.

Resident # 4's [redacted] was placed in a baggie on 4/10/23 with Residents name and med order on label. See attachment # 7.

Beginning 4/11/23 all OTC meds will be delivered to RN Supervisor to be placed in plastic bag with Residents name before being put into appropriate med cart.

184b - Labeling OTC/CAM (continued)

Administrator / administrative assistant, and RN will be going through all med carts and placing OTC meds in baggies with resident names. This check of the med carts will be completed by May 30, 2023, this check will be documented on a sign off sheet as each cart is completed. RN supervisor will monthly for 2 months check all med carts to ensure that OTC meds are in baggies with Residents name attached. Staff was retrained on labeling OTC meds with residents name. Training of staff took place on 5/5/23. See attachment # 9

Licensee's Proposed Overall Completion Date: 07/28/2023

Implemented (█) - 05/15/2023

227c - Support Plan Revision

4. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

The support plan dated █/22, for resident #1 indicates the resident is independent of incontinence of bladder and no plan in place to monitor. N/A indicated for frequency and responsible party. However, the resident has a diagnosis of █ and █ and resides in memory care unit. Interviews indicate the resident wears pull ups and had been urinating in the front corner of his/her bedroom. A bedside commode was put in the corner where frequently urinates to rectify the issues. The residents support plan was not updated to address the resident's behavior of urinating in the corner of the bedroom or a positive intervention to modify or to eliminate the behavior except the placement of the bedside commode in the corner of the bedroom. There is no plan in place for incontinence checks, indicating frequency and responsible party of the checks. There is no plan in place to address the checking, cleaning of the bedside commode, frequency, or responsible party.

Plan of Correction

Accept (█) - 05/12/2023

Administrator on 4/10/23 revised resident #1's support plan to indicate that █ is █ requires assistance to use the restroom. See attachment # 8A-G

Staff are to encourage Resident #1 to use the bathroom every 2 hours during awake hours.

Staff will sign off every 2 hours that the bedside toilet is empty and clean. see attachment #1. These checks will be for 2 months from 4/26/23-6/26/23.

Administrative Assistant will check all support plans for accuracy beginning 4/30/23.

Administrative assistant will have recheck of support plans finished on 5/30/23.

Checks of the support plans will be documented. See attachment #11

Licensee's Proposed Overall Completion Date: 06/26/2023

Implemented (█) - 05/15/2023