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

November 1, 2023

[redacted], CEO
HOLY REDEEMER HEALTH SYSTEM
[redacted]

RE: THE LAFAYETTE
8580 VERREE ROAD, 2ND&3RD
FLRS
PHILADELPHIA, PA, 19111
LICENSE/COC#: 10192

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/31/2023 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: *THE LAFAYETTE* **License #**: *10192* **License Expiration**: *07/16/2023*

Address: *8580 VERREE ROAD, 2ND&3RD FLRS, PHILADELPHIA, PA 19111*

County: *PHILADELPHIA* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *HOLY REDEEMER HEALTH SYSTEM*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *Other* **Date**: *08/20/1981* **Issued By**: *Phila. L&I*

Staffing Hours

Resident Support Staff: *26* **Total Daily Staff**: *77* **Waking Staff**: *58*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *07/31/2023*

Inspection Dates and Department Representative

07/31/2023 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *150* **Residents Served**: *51*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *51*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *59*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *0* **Have Physical Disability**: *1*

Inspections / Reviews

07/31/2023 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/24/2023*

08/23/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *09/08/2023*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/28/2023*

Inspections / Reviews *(continued)*

08/28/2023 POC Submission

Submitted By: [redacted] **Date Submitted:** *09/08/2023*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *09/15/2023*

11/01/2023 Document Submission

Submitted By: [redacted] **Date Submitted:** *09/08/2023*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

62 - Contact List

1. Requirements

2600.
62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

Staff person A has been working for the home since [redacted] but was not listed on the staff list the home provided on 7/31.

Plan of Correction ***Accept ([redacted] - 08/28/2023)***

The Human Resources department was re-educated on 8/14/23 by the Administrator on this requirement. As an ongoing measure, a weekly new hire list will be sent to the Administrator and Nurse Manager by the Human Resources Director for LifeCare to ensure all employees will be captured so that a current employee list is available at all times to satisfy DHS regulations.

Licensee's Proposed Overall Completion Date: *08/24/2023*

Implemented ([redacted] - 11/01/2023)

65a - FS Orientation 1st Day

2. 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], was not trained on the following orientation topics until 4/13/23:

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.

Plan of Correction ***Accept [redacted] - 08/28/2023)***

Nurse Manager was re-educated on 8/14/23 by the Administrator on Direct Care Staff Person Training and Orientation Policy. Beginning 8/14/23 as an ongoing measure, the Administrator will review new hire paperwork

65a FS Orientation 1st Day (continued)

within 24 hours of start date for all new Personal Care employees.

Licensee's Proposed Overall Completion Date: *08/24/2023*

Implemented (- 11/01/2023)

141a 1-10 Medical Evaluation Information

3. 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

Resident #1's medical evaluation, completed , did not include Special Health or Dietary Needs (Section 4 was blank).

Plan of Correction ***Accept (- 08/28/2023)***

Nurse Manager was re educated on 8/14/23 by the Administrator on DME requirements. Beginning 8/14/23 as an ongoing measure, the Administrator and Nurse Manager will both review each new resident DME as well as current resident DME's for annual and significant change requirements, within 24 hours of receipt by resident's PCP to ensure they are correctly and fully completed. On 8/23/23 an audit of current resident DME's was completed.

Licensee's Proposed Overall Completion Date: *08/24/2023*

Implemented - 11/01/2023)

185a - Implement Storage Procedures

4. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On , at about , a bottle of prescribed to resident #1 contained more than its labeled starting volume of . The narcotic control log shows that four doses had been removed from the bottle, on and , which should have left remaining in the bottle. This discrepancy was not noted on the narcotic control log, which did not show the actual volume of liquid morphine remining in the bottle, but rather just subtracted after every administration of the medication.

185a Implement Storage Procedures *(continued)*

Plan of Correction ***Accept [redacted] - 08/28/2023)***

On 8/23/23 the Nurse Supervisor was verbally trained by the Administrator that going forward any [redacted] bottles received containing over 30ml of fluid should be returned to the pharmacy and the discrepancy should be documented along with, if any, other evidence of tampering. Nurse Manager will complete a formal training of all direct care staff that are med tech certified and all licensed practical nurses on 8/29/23 and 8/30/23 including the following: administration and documentation of narcotic medications; drug diversion prevention and identifying what evidence of tampering looks like and what should be documented such as, incorrect fluid amounts, the appropriate presence of the seal, fluid color, odor, and effectiveness of the medication; and the need to report suspicion/evidence of tampering/discrepancies immediately to the Nurse Manager who will implement an investigation and she will complete the necessary reporting to local authorities as well as to DHS. As an ongoing measure, beginning 8/14/23 the Nurse Manager will complete weekly audits of all our controlled substances documentation to review documentation errors; as an ongoing measure beginning 8/23/23 additionally the Nurse Manager will also audit counts and reports of any medications returned.

Licensee's Proposed Overall Completion Date: *08/24/2023*

Implemented [redacted] - 11/01/2023)

5. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The glucometer for resident #2 showed discrepancies in the resident's glucometer log between [redacted]. There was an ongoing variance between the times the resident's blood was measured and the times logged, due to a miscalibration of the glucometer and a lag in reporting the results. Two readings taken on [redacted], at [redacted] and at [redacted], were both recorded on [redacted], respectively; the former reading was transcribed as [redacted] mg/dL, but the glucometer history read [redacted] A reading of [redacted] was transcribed as [redacted] on the log.

Repeated violation: 6/15/2022

Plan of Correction ***Accept [redacted] - 08/28/2023)***

Nurse Manager completed re educated of all staffed licensed practical nurses on 8/15/23 on the process for re calibrating glucometers. As an ongoing measure, the Nurse Manager will also conduct weekly audits beginning 8/14/23 to ensure glucometers are properly reading correct dates/times and if there is an additional need to re calibrate.

Licensee's Proposed Overall Completion Date: *08/24/2023*

Implemented [redacted] - 11/01/2023)

187d - Follow Prescriber's Orders

6. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

187d Follow Prescriber's Orders *(continued)*

Description of Violation

Resident #1 is prescribed one [redacted] tablet of [redacted] every six hours. On [redacted], the resident did not receive this medication as prescribed.

Plan of Correction ***Accept [redacted] - 08/28/2023)***

Medication was placed "on hold" in our PointClickCare system at [redacted] because resident was sent out to the hospital but because there was no record for the [redacted] time slot of when it should have been administered there was no documentation by the software. Per guidance of our PointClickCare team, Nurse Manager on [redacted] verbally trained Nurse Supervisor 1:1 and will be conducting a formal education of the rest of the med tech certified direct care staff and licensed practical nurses on [redacted] that in these situations before placing a medication "onhold", if there was an administration time within the hour that the medication was not given it needs to be appropriately documented as not given and then the medication can be placed on hold. As an ongoing measure, eMAR monthly audits will be conducted by the Nurse Manager beginning 8/31/23 to ensure staff is correctly implementing new protocol.

Licensee's Proposed Overall Completion Date: *08/24/2023*

Implemented [redacted] - 11/01/2023)

251b - Record Entries Legible

7. Requirements

2600.
251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Several entries on resident #1's narcotic log, which documents the administration of the resident's [redacted] prescription were illegible as follows:

- *On [redacted] both the midnight and 6am dates were written over*
- *On [redacted] at midnight, the date was written over.*
- *The amount remaining was written over on [redacted] at [redacted] time on the log [redacted] at [redacted], and [redacted] at [redacted]*

Plan of Correction ***Accept [redacted] - 08/28/2023)***

Nurse Manager conducted brief re education of med tech certified direct care staff and licensed practical nurses on 8/14/23 and 8/15/23 on procedures for documentation errors made and how to correct that documentation properly. Additional education will be provided to this same staff with the formal education on controlled substances being provided on 8/29/23 and 8/30/23 by the Nurse Manager. As an ongoing measure, beginning 8/14/23 the Nurse Manager will complete weekly audits of all our controlled substance documentation to review errors, if any.

Licensee's Proposed Overall Completion Date: *08/24/2023*

Implemented [redacted] - 11/01/2023)