

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

April 26, 2024

[REDACTED]
SQR OPCO LLC
[REDACTED]

RE: ATRIA LAFAYETTE HILL
9303 RIDGE PIKE
LAFAYETTE HILL, PA, 19444
LICENSE/COC#: 14665

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/12/2024 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: *06/01/2024*
 Address: *9303 RIDGE PIKE, LAFAYETTE HILL, PA 19444*
 County: *MONTGOMERY* 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: *I-2* Date: *04/20/2020* Issued By: *Township of Springfield*

Staffing Hours

Resident Support Staff: Total Daily Staff: *120* Waking Staff: *90*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Provisional, Monitoring* Exit Conference Date: *02/12/2024*

Inspection Dates and Department Representative

02/12/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *170* Residents Served: *82*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Life Guidance* Capacity: *34* Residents Served: *17*

Hospice
 Current Residents: *3*

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: *38* Have Physical Disability: *1*

Inspections / Reviews

02/12/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/09/2024*

03/11/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/26/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/26/2024*

Inspections / Reviews *(continued)*

04/26/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/26/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

81a - Accomodation

1. Requirements

2600.

81.a. The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

Description of Violation

At 11:31am, the bedside mobility device attached to the hospital bed in room [redacted] had potentially dangerous, uncovered gaps. There was a space within the rail roughly eight inches wide and six inches high. Another space under the rail was roughly two feet in length and six inches wide, spanning from the rail support to the bottom of the bed. FDA guidelines state both these spaces must be less than 120mm (4 3/4 inches).

Plan of Correction

Accept [redacted] - 03/11/2024)

Lafayette Hill POC 3.5.2024

81b. Accommodations

- Resident Services Director will work with resident in 406, responsible party, and DME company to remove and replace the current hospital bed bedside mobility device with a compliant device by 3/22/2024.
- Resident Services Director/designee will audit all hospital bed bedside mobility devices for compliance with this regulation by 3/22/2024 and will work with residents and respective responsible parties to replace if device is not meeting the requirements.
- Regional Care Director will train Executive Director and Resident Services Director on specific requirements for these devices by 3/15/2024. Resident Services Director / designee will provide training to direct care staff and housekeeping on these requirements by 3/22/2024 and to report immediately any noncompliant devices to their supervisor to address.
- Executive Director will do spot checks of hospital bed bedside mobility devices weekly starting 3/25/2024 for the next 90 days to ensure compliance.

Completion Date 3/22/2024

Proposed Overall Completion Date: 03/22/2024

Licensee's Proposed Overall Completion Date: 03/22/2024

Implemented [redacted] - 04/26/2024)

81b - Resident Personal Equipment

2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On [redacted] between 11:00 am and 12:00 pm, bedside mobility devices in rooms [redacted], and [redacted] were not securely attached to their beds. The device in [redacted] was tied to its bed with straps but shifted and wobbled when touched. Bedside mobility devices that slide under the mattress and are not securely attached to the structure of the bed can move and create entrapment zones not always present upon inspection. These types of devices are not permitted under any circumstance.

81b - Resident Personal Equipment (continued)

Plan of Correction

Accepted [REDACTED] 03/11/2024)

82 b. Resident Personal Equipment

- Resident Services Director will work with residents in apartment [REDACTED], and [REDACTED] and responsible party to remove the bedside mobility device and replace with a compliant device by 3/22/2024.
- Resident Services Director will audit all bedside mobility devices for compliance with this regulation by 3/22/2024 and will work with residents and respective responsible parties to replace if device is not meeting the requirements. Community is working with outside DME company for purchasing of Halo bedside mobility devices to have installed by therapy company.
- Regional Care Director will train Executive Director and Resident Services Director on specific requirements for these devices by 3/15/2024. Resident Services Director / designee will provide training to direct care staff and housekeeping on these requirements by 3/22/2024 and to report immediately any noncompliant devices to their supervisor to address.
- Executive Director will do spot checks of the bedside mobility devices weekly starting 3/25/2024 for the next 90 days to ensure compliance.

Completion Date 3/22/2024

Licensee's Proposed Overall Completion Date: 03/22/2024

Implemented [REDACTED] - 04/26/2024)