

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

June 25, 2024

[REDACTED], REGIONAL VICE PRESIDENT
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 05/16/2024 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]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 125 **Waking Staff:** 94

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Monitoring **Exit Conference Date:** 05/16/2024

Inspection Dates and Department Representative

05/16/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 170 **Residents Served:** 89

Secured Dementia Care Unit

In Home: Yes **Area:** Life Guidance **Capacity:** 34 **Residents Served:** 21

Hospice

Current Residents: x

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 89
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 36 **Have Physical Disability:** 0

Inspections / Reviews

05/16/2024 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/08/2024

06/13/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 06/21/2024
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 06/24/2024

Inspections / Reviews *(continued)*

06/25/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/21/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

A Colgate toothpaste with a manufacture's label indicating "If more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away", was unlocked, unattended, and accessible in the bathroom of resident room #6. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept () - 06/13/2024

On 5/16/24 the Colgate toothpaste was removed and secured immediately. Administrator educated the Life Guidance Director on 5/16/24 on regulation 82.c. (Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials). On 5/16/24 Administrator/designee conducted an audit assuring all poisonous materials are secure and inaccessible to residents in resident apartments and common areas in the Life Guidance Neighborhood. Starting On 6/3/24 Life Guidance Director/or designee will train all Life Guidance staff on assuring all poisonous materials are secure and inaccessible to residents in resident apartments and common areas in the Life Guidance Neighborhood. For the next 90 days, Administrator and/or designee will conduct weekly audits of all apartments and common areas in the Life Guidance neighborhood to assure all poisonous materials are secure and inaccessible to residents. Completion date 6/30/2024

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented () - 06/25/2024

187a - Medication Record

2. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #1 is prescribed [redacted] and resident #2 is prescribed [redacted] and [redacted]. However, the residents' May medication administration records do not indicate the diagnoses for these medications.

Plan of Correction

Accept () 06/13/2024

- Resident Service Director/ designee will have medication records for Resident #1 and Resident #2 corrected with physician to indicate the diagnoses/purposes of all medications by 6/12/2024.
- Resident Service Director/designee will complete audit of all medication records to ensure all medication indicate the diagnoses/purposes by 6/30/2024. Any issues found will be corrected immediately.
- The Regional Care Director will provide training by 6/15/2024 to the Executive Director and Resident Services Director/designee on the med cart audit process, order verification process to ensure understanding of policies and

187a Medication Record (continued)

processes related to all medications orders indicating diagnoses/purposes for use. The Resident Service Director/designee will conduct in service on this training to all medication staff by 6/30/2024.

- The Resident Services Director/designee will audit order verification forms and med cart audits weekly starting 6/17/2024 to ensure proper documentation in medication record of diagnoses/ purposes for all medication for the next 90 days.

Completion Date: 6/30/2024

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented (████) - 06/25/2024)

231c - Preadmission Screening

3. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #3 was admitted to the Secured Dementia Care Unit (SDCU) on ██████████. However, the resident's written cognitive preadmission screening dated ██████████ is missing the determination that the needs of the resident require secured care.

Plan of Correction

Accept (████) - 06/13/2024)

- Regional Care Director will provide education to the Executive Director/designee and Resident Services Director/designee to ensure compliance with regulation 2600 231.c to make sure Preadmission Screening is completed in full and within the required timeframe according to regulation. Regional Care Director will provide additional training to Executive Director/designee and Resident Service Director/designee on move in process to ensure understanding of requirements for obtaining Preadmission Screening 72 hours prior to move in for all residents requiring secured dementia care unit by 6/15/2024.

- Executive Director/designee will be meeting with the Resident Services Director weekly starting 6/17/2024 to review preadmission screening for all new admissions for next 90 days to ensure compliance with regulation 2600 231.c. Resident Services Director will be responsible to ensure continue compliance with regulation.

- New Preadmission screening was completed for resident #3 on 6/6/24 to capture need for memory care.

Completion Date: 6/17/2024

Licensee's Proposed Overall Completion Date: 06/17/2024

Implemented (████) - 06/25/2024)