

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

December 6, 2024

[REDACTED]
HOLY REDEEMER HEALTH SYSTEM
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/13/2024 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: THE LAFAYETTE License #: 10192 License Expiration: 07/16/2025
 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: 08/20/1985 Issued By: City of Philadelphia, L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 44 Waking Staff: 33

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Monitoring Exit Conference Date: 11/13/2024

Inspection Dates and Department Representative

11/13/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 150 Residents Served: 44

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 1

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 43
 Diagnosed with Mental Illness: 20 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

11/13/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/01/2024

12/04/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/06/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/09/2024

Inspections / Reviews *(continued)*

12/06/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/06/2024

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

12/06/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/06/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED], at approximately 11:00 AM, a staff person walked away from their computer and out of the Nurse's Office with resident information on the computer screen. The Nurse's Office was empty and the door was open.

Plan of Correction

Accept [REDACTED] - 12/06/2024)

Nurse Manager conducted education of active Redeemer Health direct care staff on 9/2/2024, 9/4/2024, 11/15/2024 and 11/22/2024 on HIPPA and record confidentiality. Staff member who was cited on 11/13/2024 was re-educated on 11/13/2024 by Administrator. As an ongoing measure, the Administrator has added confidentiality reminders to the chart room, nurses' office and medication cart computers, implemented on 9/6/2024; and the nurses' office computer implemented on 11/15/2024. The Nurse Manager and Administrator will randomly observe those staff areas for compliance issues on a monthly basis beginning December 4, 2024 for one year at which time it will be determined if continued observations are required. HIPPA/privacy education is completed annually in the month of January. This education is already part of our facility's annual training requirements.

Licensee's Proposed Overall Completion Date: 12/04/2024

Implemented [REDACTED] - 12/06/2024)

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

Resident [REDACTED] has a bedside mobility device that is not attached to the bed frame but slides under the resident's mattress. The strap used to secure the device was either not attached or was not tightened properly to secure the device to the frame, creating an entrapment hazard in zone 3, that is larger than the FDA recommended guidelines of 4.75in between the edge of the mattress and the rails of the device.

Plan of Correction

Accept [REDACTED] - 12/04/2024)

Resident [REDACTED] bed enabler bar was immediately secured. On 11/15/2025 Nurse Manager did an audit of all residents who currently utilize a bed enabler for secure proper placement and cover. Nurse Manager conducted education of active Redeemer Health direct care staff on 9/2/2024, 9/4/2024, 11/15/2024 and 11/22/2024 on procedures for assessing bed enabler devices for safety and proper, secure placement. As an ongoing measure, an order was created by the Nurse Manager on 9/4/2024 in the treatment administration record for any residents with bed enablers for our direct care staff to do an assessment of these bed enablers each shift to ensure they are properly placed, secured and covered. This process started on 9/4/2024 and is a permanent part of each shift's duties.

Licensee's Proposed Overall Completion Date: 11/27/2024

81b Resident Personal Equipment (*continued*)*Implemented* [REDACTED] - 12/06/2024)

183e Storing Medications

3. 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

- On [REDACTED] resident [REDACTED] - Instill 1 drop in both eyes twice daily for dry eyes, was opened and not dated in medication cart #3. According to the manufacturer's instructions the unused medication should be discarded 3 months after opening.

- On [REDACTED] resident [REDACTED] - Instill 1 drop left eye at bedtime for [REDACTED], was opened and not dated in medication cart #3. According to the manufacturer's instructions; After opening, the product me be kept at two to twenty-five degrees Celsius for up to 6 weeks.

Plan of Correction

Accept [REDACTED] - 12/04/2024)

Nurse Manager conducted an audit of each medication cart on 11/14/2024. Nurse Manager conducted education of active Redeemer Health med-tech certified direct care staff and licensed practical nurses on 9/2/2024, 11/15/2024 and 11/22/2024 on procedures for appropriate labeling related to eye drops, eye ointments, nasal sprays, inhalers and nebulizer solutions and their expiration. Overnight shift active Redeemer Health med-tech certified direct care staff and licensed practical nurses, were re-education on process on 11/15/2024 and 11/22/2024. As an ongoing measure, an order has been created by the Nurse Manager on 9/2/2024 in the treatment administration record for any residents with eye drops, eye ointments, nasal sprays, inhalers and nebulizer solutions for our overnight shift staff to do an audit of these medications weekly (Thursdays) to ensure they are properly labeled and not expired. This process started 9/5/2024 and is a permanent part of the overnight shift duties.

Licensee's Proposed Overall Completion Date: 11/27/2024

Implemented [REDACTED] - 12/06/2024)

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

Resident [REDACTED] is prescribed [REDACTED] - take 1 tablet by mouth with meals as needed for dairy products in meals for [REDACTED]. On 11/13/24 this medication was not available in the home.

Plan of Correction

Accept [REDACTED] - 12/04/2024)

Nurse Manager conducted an audit of each medication cart on 11/14/2024 to ensure all PRN medications were available. During audit Nurse Manager discovered missing Lactose medication was stuck behind another medication and was not seen during inspection. We will continue our ongoing measure implemented on 9/30/2024; there is an

185a Implement Storage Procedures (continued)

order in the treatment administration record for the overnight shift staff to do an audit of these medications weekly (Mondays) to ensure they are available.

Licensee's Proposed Overall Completion Date: 11/27/2024

Implemented [REDACTED] - 12/06/2024)