

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

June 5, 2025

[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 04/10/2025 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:** 07/09/2025
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-1 **Date:** 04/20/2020 **Issued By:** Springfield Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 141 **Waking Staff:** 106

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Monitoring **Exit Conference Date:** 04/10/2025

Inspection Dates and Department Representative

04/10/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 170 **Residents Served:** 102

Secured Dementia Care Unit

In Home: Yes **Area:** Life Guidance **Capacity:** 33 **Residents Served:** 27

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 102
Diagnosed with Mental Illness: 3 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 39 **Have Physical Disability:** 0

Inspections / Reviews

04/10/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/08/2025

05/08/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 05/28/2025
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 05/29/2025

Inspections / Reviews *(continued)*

06/05/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/28/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On [REDACTED] the home's copy of 55 Pa. Code Chapter 2600, and current violation report, dated [REDACTED], was not posted in a conspicuous and public place in the home. Information was only available at request,

Plan of Correction

Accept [REDACTED] - 05/08/2025)

- On 04/10/25, Executive Director put a copy of the current license inspection summary issued by the Department and a copy of this chapter compliance guide in the library.
- On 4/10/25, Executive Director put a sign in the display case in the main hallway alerting all residents and families that a copy of the current license inspection summary issued by the Department and a copy of this chapter compliance guide are in the library.
- Executive Director or Designee will audit weekly starting on 4/29/025 and continuing for the next 90 days to ensure compliance with regulation 2600.3.C.
- Documentation will include: weekly audit sheets, photo of sign

Licensee's Proposed Overall Completion Date: 05/07/2025

Implemented [REDACTED] - 06/05/2025)

17 - Record Confidentiality

2. 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 9:46 AM, a white binder labeled "Resident Schedule and Needs List" was unlocked, unattended, and accessible on the dining room counter in memory care in between two residents eating breakfast.

Plan of Correction

Accept [REDACTED] 05/08/2025)

- Resident schedule and needs list was immediately removed and placed in the secured medication room for Memory Care during the inspection.
- Regional Care director will provide education to the Executive Director and Resident Service Director/Designee on the importance of ensuring resident information is kept secured in the medication room by 5/13/2025. Executive Director or Resident Service Director/Designee will provide this education to all care staff by 5/27/2025.
- Resident Service Director/Designee will conduct weekly audits to ensure all resident information in Memory Care is being kept secured in the medication room for the next 90 days.
- Executive Director will do spot checks to ensure all resident information in Memory Care is being kept secured in the medication room for the next 90 days.
- Documentation will include: training sign-in sheets, weekly audit log.

Licensee's Proposed Overall Completion Date: 05/27/2025

17 Record Confidentiality (continued)

Implemented [redacted] - 06/05/2025)

91 Telephone Numbers

3. Requirements

2600.

91. Emergency Telephone Numbers Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in room [redacted]

Plan of Correction

Accept [redacted] 05/08/2025)

- On 4/10/25, Life Guidance Director placed the emergency phone numbers to include the nearest hospital and fire department in room [redacted].
- Beginning on 05/12/2025 and for the next 90 days, the Maintenance Director or Designee will complete weekly room audits to ensure all emergency numbers to include the nearest hospital and fire department are in rooms with outside lines.
- Executive Director and Maintenance Director/Designee will meet weekly to review room audits starting week of 5/19/2025 and continuing for the next 90 days to ensure compliance with regulation 2600.91.
- Documentation will include: weekly audit sheets, photo of emergency numbers in room [redacted]

Licensee's Proposed Overall Completion Date: 05/07/2025

Implemented ([redacted] 06/05/2025)

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 [redacted] resident [redacted] narcotic count sheet indicated a pill count of [redacted] tablets; however, there was 23 pills remaining in the blister card. Resident [redacted] narcotic count sheet indicated a pill count of [redacted] tablets; however, there was 63 pills remaining. 38 in a pill bottle and 25 in a blister card.

Plan of Correction

Accept [redacted] 05/08/2025)

- On 4/10/2025, Resident Services Director submitted state reportable for the medication error per Atria policy and state regulations.
- Medication Technician involved with the medication error was retrained by Resident Services Director on the Controlled Substance policy (WI) MED-0003-08 to ensure understanding of policy and processes related to controlled substances.
- Resident Service Director will complete audit of all controlled substance orders to ensure medication is available in the correct amount in medication carts by 5/13/2025. Any issues found will be addressed immediately.
- The Regional Care Director will provide training to the Executive Director and Resident Services Director/designee on the Controlled Substance policy (WI) MED-0003-08 by 5/13/2025 to ensure understanding of policy and

185a - Implement Storage Procedures (continued)

processes related to controlled substances. The Resident Services Director/designee will conduct in-service on this training to medication staff to include all new medication staff by 5/27/2025.

- The Resident Services Director/designee will review controlled substance count weekly beginning 5/13/2025 and continuing for the next 90 days to ensure proper controlled substance count.
- Documentation will include: Training sign-in sheets, audit logs

Licensee's Proposed Overall Completion Date: 05/27/2025

Implemented [REDACTED] 06/05/2025)

187a - Medication Record

5. Requirements

2600.

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

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] take 1 tablet by mouth twice daily for 7 days. . However, resident's [REDACTED] medication administration record does not indicate diagnosis or purpose for the medication, including pro re nata (PRN).

Repeat Violation: [REDACTED] and [REDACTED] et al

Plan of Correction

Accept [REDACTED] 05/08/2025)

- Resident [REDACTED] has been discontinued.
- Resident Service Director/designee will complete audit of all medication records to ensure all medication indicate the diagnoses/purposes by 5/27/2025. Any issues found will be corrected immediately.
- The Regional Care Director will provide training by 5/13/2025 to the Executive Director and Resident Services Director/designee on the med cart audit process, order verification process to ensure understanding of policies and 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 5/27/2025.
- Resident Service Supervisor/designee will review order verification forms daily starting on the week of 5/13/2025 and for the next 90 days.
- Resident Service Director/Designee will audit the MAR weekly starting 5/13/2025 to ensure proper

187a Medication Record (continued)

documentation in medication record of diagnoses/ purposes for all medication for the next 90 days.

- Documentation will include: training sign in sheets, medication cart audit log

Licensee's Proposed Overall Completion Date: 05/27/2025

Implemented [REDACTED] - 06/05/2025)

187b - Date/Time of Medication Admin.

6. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] tablet every morning for [REDACTED] and [REDACTED] tablet every evening for anxiety. However, resident [REDACTED] was administered [REDACTED] tablet on [REDACTED] at 9 AM. Staff person A incorrectly initialed [REDACTED] as being administered on [REDACTED] at 9 AM on the residents [REDACTED] MAR when it was not administered and failed to initial [REDACTED] as administered.

Repeat Violation: [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 05/08/2025)

- On 4/10/2025, Resident Services Director submitted state reportable for the medication error per Atria policy and state regulations.
- Medication Technician involved with the medication error was retrained by Resident Services Director on the Controlled Substance policy (WI) MED 0003 08 to ensure understanding of policy and processes related to controlled substances.
- The Regional Care Director will provide training to the Executive Director and Resident Service Director/Designee on work instruction MED 0002 01 Assistance with/ Supervision of Self Administration of Medication Electronic Medication Administration Record (EMAR) by 5/13/2025.
- The Executive Director or Resident Service Director will provide additional training to all medication staff on work instruction MED 0002 01 Assistance with/ Supervision of Self Administration of Medication Electronic Medication Administration Record (EMAR) by 5/27/2025.
- The Executive Director and Resident Service Director will audit the Electronic Medication Administration Record weekly starting 5/13/2025 to ensure all medication administration is completed accurately for the next 90 days.
- Documentation will include: training sign in sheets, audit logs

Licensee's Proposed Overall Completion Date: 05/27/2025

Implemented [REDACTED] - 06/05/2025)

187d - Follow Prescriber's Orders

7. Requirements

2600.

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

187d - Follow Prescriber's Orders (continued)

Description of Violation

Resident [redacted] is prescribed [redacted] tablet every morning for [redacted] and [redacted] tablet every evening for anxiety. However, resident [redacted] was administered [redacted] tablet on [redacted] at 9 AM.

Repeat Violation: [redacted] et al

Plan of Correction

Accept [redacted] 05/08/2025)

- On 4/10/2025, Resident Services Director submitted state reportable for the medication error per Atria policy and state regulations.
- Medication Technician involved with the medication error was retrained by Resident Services Director on the Controlled Substance policy (WI) MED-0003-08 to ensure understanding of policy and processes related to controlled substances.
- The Regional Care Director will provide training to the Executive Director and Resident Service Director/Designee on work instruction MED-0002-01 Assistance with/ Supervision of Self-Administration of Medication- Electronic Medication Administration Record (EMAR) by 5/13/2025.
- The Executive Director or Resident Service Director will provide additional training to all medication staff on work instruction MED-0002-01 Assistance with/ Supervision of Self-Administration of Medication- Electronic Medication Administration Record (EMAR) by 5/27/2025.
- The Resident Services Supervisor/Designee will ensure daily that the control substance count is accurate starting on week of 5/13/2025 for the next 90 days.
- The Executive Director and Resident Service Director will monitor the Electronic Medication Administration Record weekly starting 5/13/2025 to ensure all medication administration is completed accurately for the next 90 days.
- Documentation will include: training sign-in sheets and audit logs

Licensee's Proposed Overall Completion Date: 05/27/2025

Implemented [redacted] - 06/05/2025)

234a - Admission Support Plan

8. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, the resident's initial support plan was completed on [redacted]

Plan of Correction

Accept [redacted] 05/08/2025)

- Regional Care Director will provide education to the Executive Director/designee and Resident Service Director/designee by 5/13/2025 on the importance of ensuring service plans are completed within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit in accordance with regulation 2600 234a.
- Executive Director/designee will meet with Resident Services Director/designee weekly starting 5/13/2025 for the next 90 days to review all new resident service plan/support plans to ensure they are completed within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit per regulation 2600 234 a.

234a - Admission Support Plan (continued)

- Documentation will include: training sign-in sheets

Licensee's Proposed Overall Completion Date: 05/13/2025

Implemented [REDACTED] - 06/05/2025)