

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395795	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 08/12/2025
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NAME OF PROVIDER OR SUPPLIER: LAFAYETTE MANOR, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE: 147 LAFAYETTE MANOR ROAD UNIONTOWN, PA 15401
STATE LICENSE NUMBER: 120202	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT	F 0000		
F 0558 SS=D	Based on an Abbreviated Survey in response to a complaint, completed on August 12, 2025, it was determined that Lafayette Manor was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations	F 0558		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0558 SS=D	Continued from page 1 483.10(e)(3) Reasonable Accommodations Needs/Preferences §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by:	F 0558	1.R1,2,3,4 and 5 were assessed for incontinence and brief size 2.Current residents will be assessed for incontinence episodes by director of nursing / designee by 8/25/2025 3.Current residents will be measured for appropriate size briefs by director of nursing / designee by 8/25/2025. Director of Nursing/Designee will complete audit of current residents to ensure adequate amount of incontinence supplies available. 4.Director of Nursing / designee will educate nursing staff and agency on inventory control/supplies/Storage location of Incontinence supplies. 5.Director of Nursing / designee will complete audit to ensure sufficient incontinence supplies and appropriate brief size are stored in resident rooms weekly for 4 weeks and monthly for 2 months 6.Findings of audits will be reviewed in QAPI	Completion Date: 09/10/2025 Status: APPROVED Date: 08/25/2025

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F 0558 SS=D	Continued from page 2 Based on observations, review of clinical records, and staff interview it was determined that the facility failed to provide reasonable accommodation of needs for five of 25 residents reviewed (Resident R1, R2, R3, R4 and R5). Findings include: During observations of resident rooms on the first and second floors on 8/12/25, from 9:40 a.m., through 11:45 a.m., incontinence diapers were being placed in rooms. During an interview on 8/12/25, at 10:22 a.m., Licensed Practical Nurse (LPN) Employees E1 and E2 confirmed that the facility only allows eight incontinence diapers per resident, and they were told they are not to get any more, if they run out, they have to wait for the Supervisor to get them. Staff stated, "residents are to be changed every two hours, we need 12 then at least and what happens if the resident goes through more because of diarrhea?"	F 0558		

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F 0558 SS=D	Continued from page 3 During an interview on 8/12/25, at 10:42 a.m., Nurse Aide (NA) Employee E4 stated that you only have eight incontinence diapers for each resident. During an interview on 8/12/25, at 11:10 NA Employees E5 and E8 stated that "the facility only allows eight incontinence diapers per resident, and we used to be able to get more now you have to hunt down the Supervisor to get them or you get into trouble." During an interview on 8/12/25, at 11:20 a.m., NA Employees E7 and E9 stated that they the facility "does not allow no more than eight incontinence diapers for each resident in 24 hours. There are no wipes and washcloths are used and "at times the washcloths don't look clean and we're using a rag that may have been used on someone's behind now using it on a resident's face." During an interview on 8/12/25, at 11:35 a.m., Housekeeper/central/custodian Employee E11	F 0558		

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F 0558 SS=D	<p>Continued from page 4</p> <p>stated that "places the supplies of diapers in each resident room, if there are four, I put in four more, the extra-large users only get four at a time."</p> <p>During an interview on 8/12/25, at 11:40 a.m., LPN Employee E7 and NA Employee E9 stated Resident R6 has small diapers in her room but requires extra-large, when observed, there were four small diapers in her drawer.</p> <p>Review of Resident R5's clinical record indicated her weight as being 169 pounds, incontinence of bowel and bladder and recently having a healed pressure ulcer of her sacrum that started as shearing and had developed and worsened while in the facility. On 8/12/25, she had developed a urinary tract infection.</p> <p>Review of the facility pressure ulcer list indicated four residents (Residents R1, R2, R3 and R4) with "Incontinence Associated Dermatitis" and staged as partial thickness and all developing in the facility.</p>	F 0558		

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F 0558 SS=D	Continued from page 5 During an interview on 8/12/25, at 11:45 a.m., the Nursing Home Administrator confirmed that the facility failed provide reasonable accommodation of needs for five of 25 residents reviewed (Resident R1, R2, R3, R4 and R5). 28 Pa. Code 201.29 (a) Resident Rights. 28 Pa. Code 211.10 (d) Resident care policies.	F 0558		
F 0584 SS=E		F 0584		

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F 0584 SS=E	Continued from page 6 483.10(i)(1)-(7) Safe/Clean/Comfortable/Homelike Environment §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all	F 0584	1.Resident rooms inspected by NHA / designee and torn blankets, washcloths and towels removed and replaced if necessary. 2.Torn linens were removed from laundry, facility ordered new linen for resident care. Audit performed to ensure adequate supply of linens available for resident care. 3.NHA/designee educated housekeeping and nursing staff on home like environment. Housekeeping educated on sufficient and appropriate supplies availability for resident care 4.Housekeeping will complete audit of linens and remove torn linens weekly for 4 weeks and monthly for 2 months. Director of Nursing / designee will complete audits of resident care supplies in residents room to ensure linens are in good repair weekly for 4 weeks and monthly for 2 months. 5.Findings of audits will be reviewed through QAPI	Completion Date: 09/10/2025 Status: APPROVED Date: 08/25/2025

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F 0584 SS=E	Continued from page 7 areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by:	F 0584		
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F 0584 SS=E	<p>Continued from page 8</p> <p>Based on observations, review of facility policy, resident, and staff interviews, it was determined that the facility failed to provide a safe, clean, comfortable, and homelike environment on two of two nursing units (First and Second Floor Nursing Units). Findings included:</p> <p>Review of the facility policy "Homelike Environment" dated 1/28/25, indicated in part The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include clean bed and bath linens that are in good condition.</p> <p>During an observation on 8/12/25, from 9:40 a.m., through 11:20 a.m., of the first floor nursing unit identified:</p> <p>Observation of the linen carts identified torn towels and bed blankets and ripped washcloths being provided from laundry as washcloths.</p>	F 0584		

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F 0584 SS=E	Continued from page 9 During an interview on 8/12/25, at 10:22 a.m., Licensed Practical Nurses E1 and E2 confirmed that the facility utilizes torn towels, blankets and ripped washcloths to clean residents for washcloths due to not having wipes and the only wash cloths being provided. During an interview on 8/12/25, at 11:20 a.m., Nurse Aide Employees E7 and E8 stated that they use the ripped washcloths and pieces of blankets and towels as washcloths and that is what facility provides. During an interview on 8/12/25, at 11:22 a.m., Maintenance Director Employee E3 stated that those were being provided as washcloths. Stated the facility has new washcloths and showed them to the surveyor still packaged. During an interview on 8/12/25, at 11:30 a.m., the Nursing Home Administrator confirmed the ripped washcloths and torn blankets and towels were what	F 0584		

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F 0584 SS=E	Continued from page 10 was being provided. The facility failed to provide a safe, comfortable and homelike environment for the residents of the first and second floor nursing units. 28 Pa. Code: 207.2(a) Administrator's responsibility. 28 Pa. Code: 201.29(k) Resident rights.	F 0584			



Certified End Page

LAFAYETTE MANOR, INC.

STATE LICENSE NUMBER: 120202

SURVEY EXIT DATE: 08/12/2025

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY