

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WG BETHLEHEM SH, LLC

LEGAL ENTITY

To operate ATRIA BETHLEHEM

NAME OF FACILITY OR AGENCY

Located at 1745 WEST MACADA ROAD, BETHLEHEM, PA 18017

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 150
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967 P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from April 15, 2011 until October 15, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 222811

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
FAX: (717) 783-5662

APR 15 2011

Mr. Joseph D. Lambert, Vice President
WG Bethlehem SH, LLC
401 South Fourth Street, Suite 1900
Louisville, Kentucky 40202

RE: Atria Bethlehem
1745 West Macada Road
Bethlehem, Pennsylvania 18017

Dear Mr. Lambert:

As a result of the Department of Public Welfare's licensing inspection on March 9, 2011 of the above personal care home, we have found that your personal care home is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed Violation Report were found. All violations specified on the Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in cursive script that reads "Ronald Melusky" followed by a stylized flourish.

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

Joe Jedowski 3/25/2011

| | | | |
|--|---|--|----------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME ATRIA BETHLEHEM, 1745 WEST MACADA ROAD BETHLEHEM, PA 18017 | | CURRENT LICENSE NUMBER 22281 | |
| INSPECTION DATES (Include all dates of the inspection) 03/09/2011 | REGIONAL REPRESENTATIVE GERALD DUMAS, MARYANN DOMANSKI | | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>JOE JEDOWSKI - Regional VICE PRESIDENT</i> | | | |
| SIGNATURE OF LEGAL ENTITY <i>Joe Jedowski</i> | DATE 4-1-2011 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C. Valence</i> | DATE 4-5-11 |

| REGULATION 55 Pa Code §2600 | VIOLATION | DATE COMPLIANCE VERIFIED BY | PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | DATE COMPLIANCE VERIFIED BY |
|---|--|--|--|-----------------------------|
| 185a 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. | P.R.N. medication for resident # 7 was discontinued on 2/9/11 but was still on hand in the medication cart on this inspection date. The home is not following its own procedures by not destroying discontinued medications. | <i>3-9-11 Per Tel call with Regional VP Joe Jan 4-5-11</i> | <i>Darvocet was destroyed by [redacted] RN, RSD and LPN on 3-9-11</i> | <i>DCV 4-5-11</i> |
| | | | <i>Education on policy to be reviewed with all nurses and Med Tech by APRIL 1, 2011</i> | <i>DCV 4-5-11</i> |
| | | <i>3-25-11</i> | <i>Resident Service Director or Designee will audit Narcotic count sheet and Med Cart for all discontinued medications or unused medications weekly.</i> | <i>DCV 4-5-11</i> |

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

Joe Jedlowski 3/28/2011

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|---|--|---|--|
| NAME AND ADDRESS OF PERSONAL CARE HOME ATRIA BETHLEHEM, 1745 WEST MACADA ROAD BETHLEHEM, PA 18017 | | CURRENT LICENSE NUMBER 22281 | |
| INSPECTION DATES (Include all dates of the inspection) 03-09-2011 | | REGIONAL REPRESENTATIVE GERALD DUMAS, MARYANN DOMANSKI | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>JOE JEDLOWSKI Regional Vice President</i> | | | |
| SIGNATURE OF LEGAL ENTITY <i>Joe Jedlowski</i> | | DATE <i>4-1-2011</i> | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>James Valera</i> |
| | | | DATE <i>4-5-11</i> |

| REGULATION 55 Pa Code §2600 | VIOLATION | DATE COMPLIANCE VERIFIED BY | PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | DATE COMPLIANCE VERIFIED BY |
|--|---|-----------------------------|---|---|
| 187a 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 | Staff did not sign or initial the Medication Administration Record for the following residents to indicate if medications were administered on the prescribed dates and times: Resident # 1 Letanoprosil 1 drop in eye at hour of sleep on 3/4/11 at 9:00 p.m. Resident # 2 Alphagan 1 drop into right eye 2 times a day on 3/4/11 at 5:00 p.m. Resident # 6 Prandin 2 mg. 1 tab by mouth 2 times daily at meals on 3/4/11 at 4:00 p.m. Resident # 6 Vitamin 1000 count tablet 2 tabs by mouth daily on 3/4/11 at 5:00 p.m. | <i>3-25-11</i> | <i>Re-educate nurses & Med-Tech on Medication Administration and Documentation by APRIL 1st 2011</i> | <i>3-25-11</i> |
| | | <i>3-25-11</i> | <i>Resident service Director / Designer will Audit book 2 TIMES WEEK FOR Four WEEKS, then weekly</i> | |
| | | | <i>Medication Tech's will audit opposite Med book for each staff to ensure completion. Resident Service Director / Designer will Audit this process Daily x 4 weeks, then weekly x 4 weeks, then monthly.</i> | |
| | | | | <i>Steps have been taken to correct violation; full compliance is not verifiable</i> <i>4-5-11</i> Date Initials (DPW) |

for Jean Johnston

VIOLATION REPORT
PERSONAL CARE HOMES -- 55 Pa. Code Chapter 2600

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|---|--|---|--|----------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME ATRIA BETHLEHEM, 1745 WEST MACADA ROAD BETHLEHEM, PA 18017 | | CURRENT LICENSE NUMBER 23281 | | |
| INSPECTION DATES (Include all dates of the inspection) 03-09-2011 | | REGIONAL REPRESENTATIVE GERALD DUMAS, MARYANN DOMANSKI | | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) | | | | |
| SIGNATURE OF LEGAL ENTITY | | DATE | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Juan C. Salmeron</i> | DATE 4-5-11 |

| REGULATION 55 Pa. Code §2600 | VIOLATION | DATE COMPLIANCE VERIFIED BY | PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | DATE COMPLIANCE VERIFIED BY |
|--|-----------|-----------------------------|---|-----------------------------|
| 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 | | | | <i>See page 2 of 3</i> |