



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
Norristown State Hospital  
1001 Sterigere Street  
Bldg 2 Rm. 161  
Norristown, Pennsylvania 19401

ADULT RESIDENTIAL LICENSING

1-866-711-4115  
610-270-1137

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**Mailing Date: July 21, 2011**

Mr. John A. Moore, VP & CFO  
OLSL Center City, LLC  
Attn: Legal Department  
401 South 4<sup>th</sup> Street Suite 1900  
Louisville, Kentucky 40202


Re: Atria Center City  
150 North 20<sup>th</sup> Street  
Philadelphia, Pennsylvania 19103

Dear Mr. Moore:

As a result of the Department of Public Welfare's licensing inspection on April 27, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed 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.

Sincerely,

  
Chevon Mitchell  
Regional Licensing Administrator

Enclosure(s)  
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME ATRIA CENTER CITY, 150 NORTH 20TH STREET PHILADELPHIA, PA 19103		CURRENT LICENSE NUMBER 136571	
INSPECTION DATES (Include all dates of the inspection) 04/27/2011		REGIONAL REPRESENTATIVE Christine McHale, Justin Trupp	
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 <i>Christine Cummings</i>	DATE 6-20-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherwon White Hill</i>	DATE 7/15/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
187d The home shall follow the directions of the prescriber.	On 4/19/11, resident #1 was prescribed Vancomycin 250 mg four times daily for 10 days to treat Clostridium Difficile. The resident did not receive this medication on 4/22/11 at 12:00 pm as prescribed.	4/27/11 (corrected on the same day as inspection)	<p>Please note that Atria Center City has submitted this Plan of Correction in order to comply with state regulatory provisions. The preparation and submission of this Plan of correction does not constitute an admission of fault or liability on the part of Atria Center City or an agreement by Atria Center City regarding the truth or accuracy of the facts alleged or conclusions drawn.</p> <p>Resident Service Director added another day to the regiment of antibiotics. Employee was reeducated on the importance of giving all medicines to the residents as prescribed.</p>	<p>Initials (DPW)  <i>[Signature]</i>            Date            7/15/11</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps taken to correct violation: 1. Staff reeducated on importance of giving all medicines to residents as prescribed.</p>