

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WG CENTER CITY SH, LLC

LEGAL ENTITY

To operate ATRIA CENTER CITY

NAME OF FACILITY OR AGENCY

Located at 150 NORTH 20TH STREET, PHILADELPHIA, PA 19103

(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 160
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 December 2, 2011 until December 2, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 136570

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

DEC 02 2011

Mr. W. Bryan Hudson, Sr. VP, General Counsel and Secretary
WG Center City SH, LLC
401 South Fourth Street, Suite 1900
Louisville, Kentucky 40202

RE: Atria Center City
150 North 20th Street
Philadelphia, Pennsylvania 19103

Dear Mr. Hudson:

As a result of the Department of Public Welfare's licensing inspection on August 15, 2011, August 16, 2011 and November 21, 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

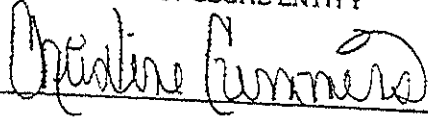
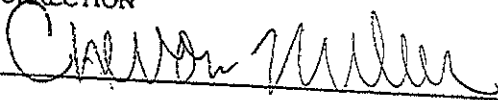
Sincerely,


A handwritten signature in black ink, appearing to read 'Ronald Melusky'.

Ronald Melusky
Director

Enclosures
License
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) 08/15/2011		REGIONAL REPRESENTATIVE Roslyn Brewer, Patricia Adams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Christine Cummins Executive Director			
SIGNATURE OF LEGAL ENTITY 		DATE 10/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 11/14/11	

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
3c The personal care home shall post the current license, a copy of the current Violation Report (VR) issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home	On 08/15/2011 the home's current license was not posted in a conspicuous and public place in the home. The license that was posted belonged to the previous legal entity. On 8/15/11, the most recent Violation Report was not posted.	8/16/2011	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. 3c Current violations report and current community license has been posted in the lobby area. Posting will be checked weekly by Executive Director or designee.	 11/21/11 11/18/11 error

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) 08/15/2011	REGIONAL REPRESENTATIVE Roslyn Brewer, Patricia Adams	
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 10/23/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherwon Miller</i>	DATE 11/14/11
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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
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contracts for resident #1 and #2 were not signed by the residents. Repeated Violations: 03/09/2011	10/31/2011	25b Resident 1 had signed lease on 6/30/2011 (see attachment 1) and resident is [redacted] own responsible party. Resident 2 is no longer a resident at the community. Executive Director or designee will review all executed agreements to ensure they are signed by both resident and resident's designated person if the resident agrees.	<i>(Signature)</i> 11/21/11

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
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SIGNATURE OF LEGAL ENTITY <i>Christina Cummings</i>	DATE 10/22/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Miller</i>
		DATE 11/14/11

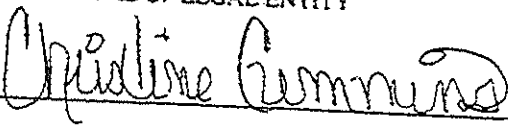
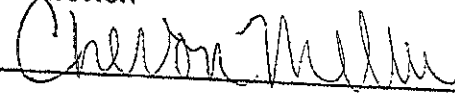
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28f1 Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home.	Resident #3 moved from the home on 06/30/2011. The home did not provide the resident with an itemized account of the resident's funds until 8/16/11.	10/22/2011	28f1 A complete audit of the resident funds was completed on 10/22/2011. No additional refunds were needed at this time. As part of the move out process the Community Business Office Director or designee will audit and refund any monies due to the resident within allowed time frame.	<i>Cheron Miller</i> 11/21/11


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) 08/15/2011	REGIONAL REPRESENTATIVE Roslyn Brewer, Patricia Adams	
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SIGNATURE OF LEGAL ENTITY <i>Christine Cummins</i>	DATE 10/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherron Miller</i>
		DATE 11/14/11

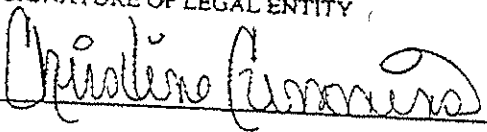
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
41c A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.	Resident #4's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.	10/28/2011	41e Resident #4 signed residents rights acknowledgement on 10/28/2011 (see attachment 2) Executive Director or designee will review move-in checklist to ensure resident's rights acknowledgement has been signed. (See attachment 3)	11/14/11 <i>(Signature)</i>

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
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SIGNATURE OF LEGAL ENTITY 	DATE 10/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 11/14/11

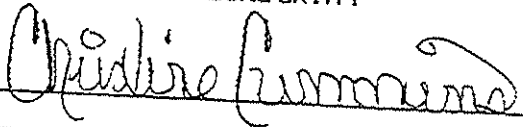
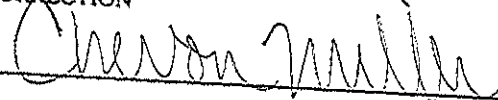
REGULATION 55 Pa Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
51/52 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults). Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15	Contract staff person A has a criminal history background clearance indicating that the staff person has a criminal record in Pennsylvania. The home did not have the record of the offenses and was therefore unable to demonstrate that the staff person did not have a prohibited offense and is eligible to work in a personal care home. Direct care staff person B did not have a background check on file.	11/15/2011	51/52 Contract staff person is no longer working in the community. All contract staff persons will be cleared by community prior to being scheduled to work to ensure they are eligible to work in a personal care home. Records of the contract staff persons background checks will be maintained at the community. Staff person B is no longer an employee if the community. No employee will be hired by the community prior to receiving the proper criminal background clearance.	 11/16/11


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
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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 10/08/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION DATE

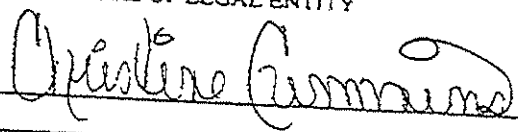
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(relating to protective services for older adults) and other applicable regulations				

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
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		DATE 11/24/11

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
54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care	Direct care staff persons C and G do not have a high school diploma/GED, or an active registration status on the Pennsylvania nurse aide registry.	10/28/11	54a Copies of staff person C and G nurse aide registration have been added to employee file. Executive Director or designee will ensure copies of high school diploma/GED or proof of active registry status will be obtained prior to hiring. (See attachment 4 and 5)	 11/21/11

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
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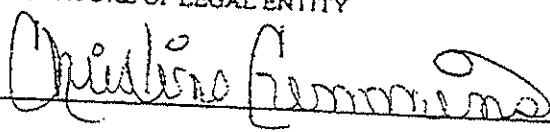
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services with reasonable skill and safety				

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) 02/15/2011	REGIONAL REPRESENTATIVE Roslyn Brewer, Patricia Adams	
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>Cherline Commans</i>	DATE 10/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherline Miller</i>
		DATE 11/29/11

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
65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency	-Staff person D, whose first day of work was 11/08/2010, did not receive orientation in any of the required elements. -Staff person E, whose first day of work was 4/11/2011, did not receive orientation in any of the required elements.	8/16/2011	65A Staff person D completed training on 8/16/2011 Staff person E is no longer an employee. New Hire PA specific training checklist is currently being utilized to ensure future compliance. (See attachment 6) with oversight from Community Business office Manager & Executive Director	11/29/11 <i>AK</i>

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

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location if applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services				

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

INSPECTION DATES (Include all dates of the inspection)
 08/15/2011

CURRENT LICENSE NUMBER
 136571

REGIONAL REPRESENTATIVE
 Roslyn Brewer, Patricia Adams

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
Christine Gammans

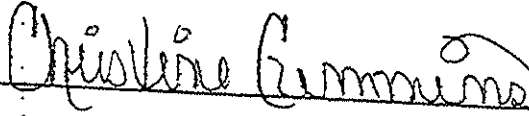
DATE
 10/28/11

REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
Cheryl Miller

DATE
 11/29/11

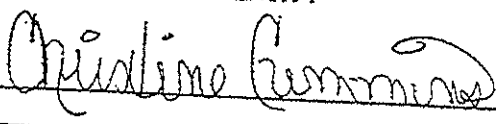
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65d Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following: (1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the	Direct care staff persons C and G did not receive this training prior to providing unsupervised ADL services to residents.	11/30/2011	65D Direct care Staff orientation check-list is being utilized to ensure compliance in all areas for new hires. A training review will be scheduled and completed by 11/30/2011 for all existing Direct care Staff members. (See attachment 7) will be completed by Resident Services Director w/oversight from Executive Director Staff persons C and G are CNA's and exempt from this training <i>Jan 11/29/11</i>	11/29/11 <i>CKM</i>

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

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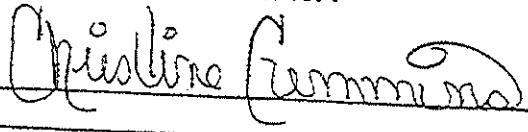
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following: (i) Safe management techniques. (ii) ADLs and IADLs. (iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual				

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

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assessment and support plan. (vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (ix) Gerontology (x) Staff person supervision, if applicable (xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention.				

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

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		DATE

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
(xiii) Universal precautions. (xiv) The requirements of this chapter (xv) Infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.				

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)
08/15/2011

REGIONAL REPRESENTATIVE
Roslyn Brewer, Patricia Adams

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

Cristine Commons

DATE

10/28/11

REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION

Cheron Miller

DATE

11/29/11

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
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	In the third floor laundry room, there was one 12 ounce bottle of Goo Gone, with a manufacturer's label indicating, "call physician immediately if swallowed," and one bottle of Zep heavy duty cleaner, with a manufacturer's label indicating, "call poison control center if swallowed." None of the residents in the home have been assessed capable of recognizing and using poisons safely.	11/30/2011	Direct Care staff will check 82c throughout their daily shifts for unlocked poisonous materials. Staff inservices will be conducted on 11/4 & 11/18/2011 about the proper storage of poisonous materials to ensure resident safety. Maintenance Director and departmental staff will monitor daily. Items were removed & locked up immediately. All residents will be evaluated by the Resident Services Director no later than December 15th, 2011 for their ability to safely use poisonous materials. Residents found unable to safely use poisonous materials will have any poisonous materials removed from their apartments. Housekeeping will monitor the presence of the poisonous materials weekly & the Resident Services Director will evaluate residents to	Steps have been taken to correct violation; full compliance is not verifiable 11/29/11 Date Initials (DPW)

to safely use poisonous materials will have any poisonous materials removed from their apartments. Housekeeping will monitor the presence of the poisonous materials weekly & the Resident Services Director will evaluate residents to

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) 08/15/2011	REGIONAL REPRESENTATIVE Roslyn Brewer, Patricia Adams	
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 Cummins</i>	DATE 10/22/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Channon Miller</i>
		DATE 11/29/11

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
85a Sanitary conditions shall be maintained.	<p>-There was a strong smell of urine in resident #4's bedroom.</p> <p>-According to records, staff at the home assisted resident #7 by taking the resident's blood sugar reading on 8/15/11 at 9:00am and 5:00pm, and on 8/16/11 at 9:00am. On 8/16/11, the last blood sugar reading recorded in resident #7's glucose meter was on 8/14/11. These meters record the blood sugar readings automatically indicating that if resident #7's blood sugar was checked as recorded, another resident's glucose meter was used. Staff were unable to verify which meter was used for the readings.</p>		<p>85a</p> <p>Resident 4's carpet was cleaned and the smell has been removed. Carpet condition and cleanliness will be monitored by housekeeping staff during the weekly apartment cleaning. Staff will be inserviced on or before 11/25 to review the regulations requirement and expectations.</p> <p>Unlabeled glucose meter was discarded. The Resident Services Supervisor will spot check glucose meters daily to ensure regulation compliance with oversight from the Resident Services Director.</p> <p><i>Every diabetic Resident does have their own glucose meter.</i></p>	<p><i>11/29/11</i></p>

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) 08/15/2011		REGIONAL REPRESENTATIVE Roslyn Brewer, Patricia Adams	
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>Cristine Commings</i>		DATE 10/08/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherbon Miller</i>
			DATE 11/14/11

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
96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aid kit on the first floor does not include gauze pads.	10/1/2011	96a Gauze were added to the first floor first aid kit. All first aid kits are checked weekly by Assistant Executive Director or designee to ensure they are properly stocked. Check list system currently in place. (See attachment 8)	<i>(Signature)</i> 11/21/11

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
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SIGNATURE OF LEGAL ENTITY <i>Christine Commisso</i>	DATE 10/02/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheryl Muller</i>
		DATE 11/29/11

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
101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	The bed in room #406 does not have a source of light that can be turned on/off from bedside. Repeated Violations: 03/09/2011	8/19/2011	101j7 A bedside lamp was placed in apartment 406 on 8/19/2011. A supply of lamps was purchased for resident use to ensure compliance. Apartments are checked by Executive Director or designee upon move-in to ensure compliance with this regulation. This will be checked quarterly & reviewed by MD & Executive Director. Housekeeping will check weekly for bedside lamps in resident rooms. <i>Com</i>	11/29/11 <i>Com</i>

11/29/11

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) 08/15/2011		REGIONAL REPRESENTATIVE Roslyn Brewer, Patricia Adams	
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>Orchard Communities</i>	DATE 10/08/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherise Miller</i>	DATE 11/14/11

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
1010 Bedrooms shall have walls, floors and ceilings, which are finished, clean and in good repair	There were black rings on the carpet in resident #4's bedroom.	11/25/2011	1010 Carpet in resident 4's apartment was cleaned on 8/20/2011 and the black rings were removed. Carpet condition and cleanliness will be monitored by housekeeping staff during the weekly cleaning apartment cleaning. Staff will be inserviced on or before 11/25 to review the regulations requirement and expectations.	11/21/11 <i>Clg</i>

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)
08/15/2011

REGIONAL REPRESENTATIVE
Roslyn Brewer, Patricia Adams

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

Patricia Adams

DATE

10/28/11

REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION

Cherise Melby

DATE

11/29/11

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
102d1 Toilet and bath areas shall have grab bars, hand rails or assist bars.	There is no grab bar, hand rail or assist bar in the first floor mens' public bathroom. Repeated Violations: 03/09/2011	10/24/11	102d1 Grab bar was installed in the first floor men's room next to the urinal on 10/24/2011. All other public restrooms were inspected by Executive Director on 10/26/2011 to ensure compliance. Housekeeping will check daily during the cleaning process to ensure bars are present in good repair	11/29/11 <i>dep</i>

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) 08/15/2011		REGIONAL REPRESENTATIVE Roslyn Brewer, Patricia Adams	
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>Opelina Gammara</i>		DATE 10/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheryl Miller</i>
		DATE 11/29/11	

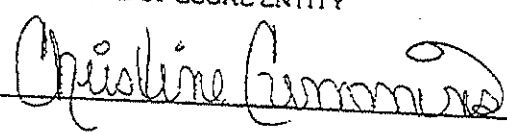
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
105g1 To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryer after each use.	On 8/16/11, there was an accumulation of lint in the lint trap of the dryers on the second and third floors.	10/19/11	105g1 Regulation and expectation were reviewed with staff on 10/19/2011. Laundry room lint traps are being monitored by care and housekeeping staff throughout the day and spot checked by Maintenance Director and Executive Director. Lint will be removed after each use.	11/29/11 <i>(Signature)</i>

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	
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SIGNATURE OF LEGAL ENTITY <i>Christine Gammard</i>	DATE 10/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Miller</i>	DATE 11/14/11

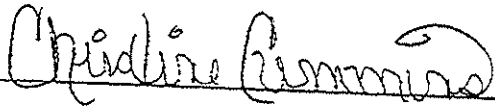
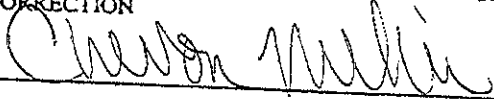
REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	The medical evaluation for resident #6, dated 6/16/11, does not include immunization history.	10/6/2011	141a New ME received for resident 6 on 10/6/2011 with immunization history completed. Resident Services Director will review ME to ensure all areas are completed with oversight from Executive Director in allowed time frame. (See attachment 9)	<i>dep</i> 11/21/11


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) 08/15/2011	REGIONAL REPRESENTATIVE Roslyn Brewer, Patricia Adams	
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SIGNATURE OF LEGAL ENTITY 	DATE 10/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION DATE

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
history (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate (9) Health status. (10) Mobility assessment, updated annually or at the Department's request				

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

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SIGNATURE OF LEGAL ENTITY 		DATE 10/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
			DATE 10/27/11

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
171b5 If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96.	The home's car, used to transport residents, did not have a first aid kit.	8/19/2011	171b5 First aid kit was placed in community car on 8/19/2011 and is inspected weekly by the Assistant Executive Director or designec. (See Attachment #10)	Steps have been taken to correct violation; full compliance is not verifiable.  Date 11/21/11 Initials (DPW)

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	
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SIGNATURE OF LEGAL ENTITY <i>Christine Commiano</i>		DATE 10/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mullin</i>
			DATE 11/14/11

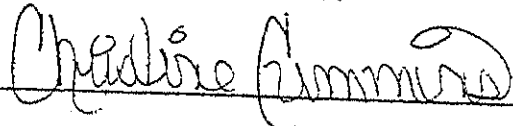
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171c The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents: (1) Vehicle registration. (2) Valid driver's license for each vehicle operator. (3) Vehicle insurance. (4) Current state inspection. (If vehicle is registered in Pennsylvania) (5) Commercial Driver's License for vehicle operator, if applicable.	The home does not have a copy of the registration or an insurance card for the home's bus, used to transport residents.	<i>8/15/2011</i>	171c Current insurance and registration cards were placed in the community car on 8/15/2011. Insurance cards are checked weekly by Assistant Executive Director or designee.	<i>11/21/11</i>

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

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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>Chester Community</i>	DATE 10/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Miller</i>	DATE 11/14/11

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
183f1 Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person,	Resident #9's Furosemide 20 mg was discontinued on 8/8/11. On 8/16/11, the medication was still present in the home.	11/20/2011	183f1 Medication for resident #9 was destroyed on 10/13/2011. Staff will be inserviced on proper procedures for discontinued or expired medication on or before 11/20/2011. Monthly cart audits are being completed by Resident Services Director or Resident Services Supervisor. A three check system is now in place to better ensure a timely address of discontinued medications.	<i>RL</i> 11/21/11

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	
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			DATE

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
If any, or the person or entity taking responsibility for the new placement on the day of departure from the home.				

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	
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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>Cherline Commins</i>	DATE 10/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherline Commins</i>	DATE 11/14/11

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
190a A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies	On 8/16/11, staff person F, who has not successfully completed the Department-approved medications administration course, administered medications to residents of the home.	11/30/2011	190a Staff person F is no longer passing resident medications until the DPW course has been successfully completed. Resident Services Director and Assistant Executive Director are scheduled to complete the DPW Train the Trainer course before 11/15/2011. Going forward no staff person will pass medications without the successful completion of the DPW required course.	11/21/11 <i>(Signature)</i>

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	
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SIGNATURE OF LEGAL ENTITY <i>Christine Cummings</i>		DATE 10/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherwon Miller</i>
			DATE 11/14/11

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
224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	The pre-admission screening forms for residents #1, 6, 10, and 11 do not include a determination that the home can meet the service needs of the resident.	10/28/2011	224a All four residents 1, 6, 10 and 11 pre-admission screenings have been updated to include determination that home can meet the service needs of the resident. RSD to review pre-admissions screening with oversight from Executive Director or designee prior to resident admission to home. (See attachment 11)	<i>PK</i> 11/21/11