



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

ADULT RESIDENTIAL LICENSING

OCT 13 2011

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

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

RE: Atria South Hills
5300 Clairton Boulevard
Pittsburgh, Pennsylvania 15236

Dear Mr. Hudson:

As a result of the Department of Public Welfare's licensing inspection on August 17, 2011 and August 19, 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 SOUTH HILLS, 5300 CLAIRTON BOULEVARD PITTSBURGH, PA 15236		CURRENT LICENSE NUMBER 442841	
INSPECTION DATES (Include all dates of the inspection) 08/17/2011 , 8/19/11		REGIONAL REPRESENTATIVE A. Schumacher, J. Cutter, A. Schumacher, J. Cutter	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;">Christine Cummins Executive Director</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 9/9/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 9-28-11

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
95 Furniture and equipment shall be in good repair, clean and free of hazards.	Resident #4 had an enabler on the side of his/her bed which had an opening that measured about 18 inches by 11 inches and was an entrapment hazard.	8/22/11	Per inspectors recommendation a piece of fabric was purchased and placed over the enabler covering the opening so that it no longer is an entrapment hazard. Enabler removed 9/28/11 Executive Director or her designee will monitor for continued compliance. *Checking on a daily basis	9-28-11 g
<p style="font-size: 1.5em; font-weight: bold;">Western Region</p> <p>SEP 9 2011</p>				


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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.	<p style="font-size: 1.2em; margin: 0;">Western Region</p> <p style="margin: 0;">SEP 9 2011</p> <p style="margin: 0;">Adult Residential Licensing</p>	8/20/11	<p>A daily inspection of all rooms will be completed by the house keeping dept. They will check each apt. to ensure a working lamp is within reach of the resident when the resident is in bed. It will be documented on the appropriate sign off sheet and initialed.</p> <p>The Executive Director or her designee will monitor for continued compliance. Monitoring on a daily basis</p>	9-28-11 g

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132f Alternate exit routes shall be used during fire drills.	<p>The exits front door, side door and back door were used during three consecutive fire drills from 3/29/11 to 5/30/11.</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/20/2011</td><td>08:35 PM</td><td>7min 19sec</td><td>No</td></tr> <tr><td>Feb</td><td>02/25/2011</td><td>08:50 AM</td><td>7min 56sec</td><td>No</td></tr> <tr><td>Mar</td><td>03/29/2011</td><td>08:10 PM</td><td>7min 40sec</td><td>No</td></tr> <tr><td>Apr</td><td>04/25/2011</td><td>06:00 AM</td><td>7min 37sec</td><td>No</td></tr> <tr><td>May</td><td>05/30/2011</td><td>08:30 PM</td><td>7min 44sec</td><td>No</td></tr> <tr><td>Jun</td><td>06/06/2011</td><td>10:30 AM</td><td>7min 57sec</td><td>Yes</td></tr> <tr><td>Jul</td><td>07/22/2011</td><td>09:15 AM</td><td>7min 48sec</td><td>No</td></tr> <tr><td>Aug</td><td>08/12/2010</td><td>06:00 AM</td><td>7min 47sec</td><td>No</td></tr> <tr><td>Sep</td><td>09/29/2010</td><td>02:00 PM</td><td>7min 47sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/04/2010</td><td>04:30 AM</td><td>7min 36sec</td><td>No</td></tr> <tr><td>Nov</td><td>11/19/2010</td><td>09:15 AM</td><td>7min 43sec</td><td>No</td></tr> <tr><td>Dec</td><td>12/20/2010</td><td>02:25 PM</td><td>5min 56sec</td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/20/2011	08:35 PM	7min 19sec	No	Feb	02/25/2011	08:50 AM	7min 56sec	No	Mar	03/29/2011	08:10 PM	7min 40sec	No	Apr	04/25/2011	06:00 AM	7min 37sec	No	May	05/30/2011	08:30 PM	7min 44sec	No	Jun	06/06/2011	10:30 AM	7min 57sec	Yes	Jul	07/22/2011	09:15 AM	7min 48sec	No	Aug	08/12/2010	06:00 AM	7min 47sec	No	Sep	09/29/2010	02:00 PM	7min 47sec	No	Oct	10/04/2010	04:30 AM	7min 36sec	No	Nov	11/19/2010	09:15 AM	7min 43sec	No	Dec	12/20/2010	02:25 PM	5min 56sec	No	8/22/11	<p>When running monthly fire drills alternating blocked exits will be used and noted on our paperwork</p> <p>The Executive Director or her designee will monitor for continued compliance.</p> <p>Will monitor monthly</p>	<p>Steps have been taken to correct violation full compliance is not verifiable</p> <p>9-28-11</p> <p>Date: _____ Initials (DPW): _____</p>
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181d If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.	Resident #5 self administers medications and stores medications in his/her room. On 8/19/11 the following medications were unlocked in his/her room with the room door unlocked: Aspirin 81mg, Hydroxychloroquine 200mg, Isosorbide 60mg, Lisinopril 20mg, Folic Acid 0.4mg, Vitamin E 400 units, Asacol 400mg, Simvastatin 40mg, Miralax 25mL, Furosemide 20mg, Nitrostat 0.4mg, Poptosol-HC 2.5% Resident #6 self administers medications and stores medications in his/her room. On 8/19/11 the following medications were unlocked in his/her room with the room door unlocked: Aspirin 81mg, Ferrous Sulfate 325mg, Levothyroxine 50mcg, Daily Vitamin, Levetiracetam 500mg, Metoprolol 100mg, Simvastatin 20mg, Advil Liqgel 200mg, Oxycodone w/APAP 5/325, Senna-Gen 8.6mg, Clonidine HCL 50mg	9/14/11	Discussed with the residents that self administer their medications why their door must be locked at all times. Will hold two different inservices for these residents as well 9/9/11 at 2:00 pm 9/14/11 at 10:00 am Resident service director will audit residents self administering their meds to ensure they are kept in an area that is locked.	9-28-11

Western Regional Adult Residential Licensing

The Executive Director or her designee shall be responsible for continued compliance.

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187d The home shall follow the directions of the prescriber.	<p>Resident #2's Milk of Magnesia (30mL daily as needed) and Ondanestron HCL (4mg tablet every 6 hours as needed) were not available in the home for administration.</p> <p>Resident #3's Acetaminophen (325mg, 2 tabs every 4 hours as needed) was not available in the home for administration.</p> <p style="text-align: center; font-size: 1.2em; margin-top: 20px;">Western Region</p> <p style="text-align: center; margin-top: 20px;">SEP 9 2011</p> <p style="text-align: center; margin-top: 20px;">Adult Residential Licensing</p>	8/17/11	<p>Corrected at time of inspection</p> <p>Resident 2 was on hospice and they had placed the order but we were awaiting delivery</p> <p>Resident 3 order was placed as well and were awaiting delivery. All meds were delivered by end of day of inspection</p> <p>Charge person of shift will ensure all medication is ordered in a timely manner so all meds are available at all times.</p> <p>The Executive Director or her designee will monitor for continued compliance.</p>	9-28-11

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<p>227d</p> <p>Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.</p>	<p>Resident #1's support, dated 6/17/11, plan does not indicate any behavioral care needs or services; however, the resident's medical evaluation, dated 6/10/11, indicates a diagnosis of major depressive disorder and the resident's assessment, dated 6/10/11, indicates depression: severe problem that requires intervention.</p> <p>Resident #7's support plan, dated 6/13/11, does not indicate the care needs or services including checks of the resident which are stated in the resident's medical evaluation dated 5/20/11.</p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">Western Region</p> <p style="text-align: center; font-size: 1.2em;">SEP 8 2011</p> <p style="text-align: center;">Adult Residential Licensing</p>	<p style="font-size: 1.5em;">8/19/11</p>	<p>Depression was noted under Mental Health on Support Plan. Changed to include it under both Mental Health and Behavioral Care</p> <p>Resident #7's support plan was updated to include that this resident does have a Defibrillator w/a permanent pacemaker.</p> <p>Resident Service Director will ensure that all resident needs and conditions are addressed on resident support plans</p> <p>The Executive Director or her designee shall be responsible for continued compliance.</p>	<p>9-28-11</p>