

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 October 16, 2011 until October 16, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 222810

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

OCT 07 2011

Ms. Jessica Gonzalez, Executive Director
WG Bethlehem SH, LLC
401 South Fourth Street, Suite 1900
Louisville, Kentucky 40202

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

Dear Ms. Gonzalez:

As a result of the Department of Public Welfare's licensing inspection on August 23, 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 "R. Melusky".

Ronald Melusky
Director

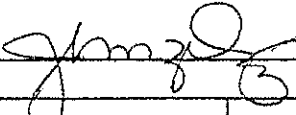

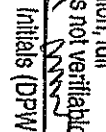
Enclosures
License
Violation Report

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


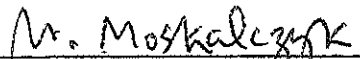
NAME AND ADDRESS OF PERSONAL CARE HOME Atria Bethlehem, 1745 West Macada Road, PA		CURRENT LICENSE NUMBER 222811	
INSPECTION DATES (Include all dates of the inspection) 08/23/2011		REGIONAL REPRESENTATIVE Leslie Patton, Ryan Novak	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jessico Gonzalez Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>9/16/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. M. Skoloznik</i>	DATE <i>9/19/11</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
65e Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	Staff person A (hired 12/1/09) completed 10.75 hours of the mandatory 12 hours of annual staff training for the 2010 training year.	10/1/11	<p>Staff Person A will be retrained on all required topics listed in regulation 65e relating to their job duties.</p> <p>Executive Director will create an audit form to ensure that all Direct Care staff complete at least 12 hours of annual training related to their job duties.</p> <p>Executive Director and or designee will audit training monthly to ensure that training is complete.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>AAAA</i></p> <p>Initials (DPW)</p>

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


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88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	Room #241 had a peach rectangular rug outside of the shower. The rug did not have a slip resistant backing. This creates a fall risk.	9/15/11	8/23/11 Resident and Responsible Party were notified by the Executive Director of the potential fall risk created by the rug located outside the shower. Responsible Party purchased a new rug with slip resistant backing. Maintenance Director or designee will inspect resident apartments on a monthly basis to ensure that they are clean, in good repair and free from hazards.	<div style="text-align: center;"> <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: _____ Initials (DPW): </p> </div>

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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.	Rooms #257 and #305 did not have a lamp or light source that is accessible from the bedside.	8/23/11 (corrected on date of inspection)	<p>Maintenance Director placed a bedside lamp in apartment 257 and 305 prior to the completion of the inspection.</p> <p>Maintenance Director has added bedside lamps to his monthly audit of resident apartments to ensure that the are no hazards.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);"> Steps have been taken to correct violation; full compliance is not verifiable Date _____ Initials (DPW) _____ </p>

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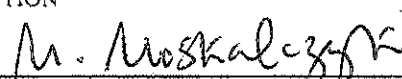
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107c The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.	The home did not have an adequate supply of water on-hand for the 86 residents being served at the time of the inspection. Based upon the number of residents being served at the time of the inspection, the home is required to have 264 gallons but had only 126. The letter provided by Sysco (dated 3/12/11) did not indicate that water would be provided immediately upon request or that the water would be delivered as a priority even in the event of a regional general emergency. The letter stated, "Please be aware that Sysco Food Services of Central PA will make good faith efforts to supply you facility within 24 hours of an internal or external emergency with ample food and water." Sysco's disaster planning policy also states, "Sysco Food Services does not have the stock available to meet all of your water requirements."	9/15/11	The Community has purchased an additional 282 gallons to comply with regulation 107c. Executive Director or designee will audit monthly and ongoing to ensure that there is a 3 day water supply for each resident in the event of an emergency.	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="text-align: center; margin: 0;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center; margin: 0;">Date <u>9/19/11</u> Initials (DPW) <u>MM</u></p> </div>

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182b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic. (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.	The following staff persons routinely administer medication but are not properly trained to do so: Staff person B completed the initial test to administer medication on 11/19/09. Staff person B completed only 1 of 4 required Medication Administration Record reviews and 1 of 2 required medication administration observations to be completed for 2010. Staff person C completed the initial test to administer medication on 4/28/09. Staff person C completed only 2 of 4 required Medication Administration Record reviews to be completed for 2010. Staff person D completed the initial test to administer medication on 11/17/10. The staff person scored 88% and completed only 1 of 4 medication administration observations. A score of 90% or higher is required to administer medication.	10/1/11	Staff person B, C and D have been removed from the medication administration schedule and will not administer medications to Facility residents until they attend the two-day state-approved medication administration training scheduled for 9/26/11-9/27/11 and have been recertified. Executive Director or designee will regularly audit all training records of those staff members who are scheduled to administer medications to residents to confirm that they have met all training requirements set forth in Regulation 182b prior to administering medications to residents.	Steps have been taken to correct violation; full compliance is not verifiable 9/19/11 M.M. Initials (DPW)

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(3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home. (4) A staff person who has completed the medication administration training in 190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.			<i>Cont. from previous page</i>	