



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE**

11 Stanwix Street
Room 230
Pittsburgh, Pennsylvania 15222

ADULT RESIDENTIAL LICENSING

Phone: (412) 565-5616/5614
Toll Free: 1-888-322-3664
Fax: (412) 565-5633/565-2840
www.dpw.state.pa.us

Mailing Date: **Aug** 2 2012

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 June 1, 2012, 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.

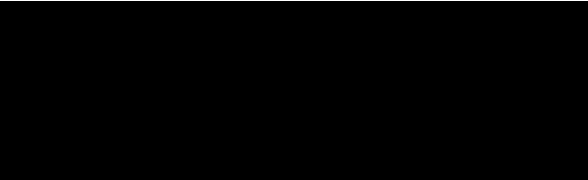

Sincerely,

A handwritten signature in cursive script that reads "Janine Wenzig".

Janine Wenzig
Regional Licensing Administrator

Enclosure(s)

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

PCH Name: ATRIA SOUTH HILLS	JUL 24 2012	License Number: 442840
Address: 5300 CLAIRTON BOULEVARD, PITTSBURGH, PA 15236		County: Allegheny
Administrator: CHRISTINE CUMMINS	Western Field Office Adult Residential Licensing	Region: WEST
Legal Entity Name: WG SOUTH HILLS SH LLC		
Legal Entity Address: 401 S FOURTH STREET SUITE 1900, LOUISVILLE, KY 40202		
Certificate(s) of Occupancy C-2 LP 02/04/1999 Labor & Industry		
Staffing Hours Resident Support: 72 Total Daily Staff: 168 Waking Staff: 126		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 06/01/2012: Flinger-Alman, Lisa		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 139 Number of Residents Served: 81 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	



Please note that Atria South Hills 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 South Hills or an agreement by Atria South Hills regarding the truth or accuracy of the facts alleged or conclusions drawn.

ATRIA SOUTH HILLS

5300 clinton boulevard route 51 • pittsburgh pennsylvania 15236 | 412.384.1200

www.atriasouthhills.com

Violation Report: 44284 - 06/01/2012 - Flinner-Alman, Lisa
PCH Name: ATRIA SOUTH HILLS

2 4 2012

1. REGULATION 55 Pa.Code §2600

Western Field Office
Adult Residential Licensing

2600.54(a) - Direct care staff persons shall have the following qualifications:
(1) Be 18 years of age or older, except as permitted in § 2600.54(b).
(2) Have a high school diploma, GED diploma, 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 services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All direct care staff shall have the proper documentation in their employee files prior to beginning work. Proper documentation for staff person A attached.

The Executive Director and Community Business Director will monitor for continued compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Christine Cummins

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Christine Cummins Executive Director

Date

7/23/2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____ (Date)

Plan of correction implementation status as of _____ (Date)

The above plan of correction was approved by _____ (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Worthman
8/12

Violation Report: 44284 - 06/01/2012 - Flinner-Alman, Lisa

PCH Name: ATRIA SOUTH HILLS

JUL 24 2012

1. REGULATION 55 Pa.Code §2600

2600.65(d) - 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) 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 following: (i) through (xvi)
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual 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.
 - (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 (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 1/21/11, began providing unsupervised ADL services after being hired. The staff person did not successfully complete the Department-approved direct care training course and pass the competency test until 7/27/11.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All direct care staff persons shall successfully complete the Department approved training for direct care and pass the competency test prior to providing unsupervised ADL services for residents. The Executive Director and Community Business Director will monitor for continued compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Christine Cummins

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

Christine Cummins Executive Director

Date

7/23/2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

8/1/12 (Date)

Plan of correction implementation status as of

8/1/12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

(Initials)

JUL 24 2012

Violation Report: 44284 - 06/01/2012 - Flinner-Alman, Lisa
PCH Name: ATRIA SOUTH HILLS

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There were several large stains on the carpeting in room #G-01.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

By 8/15/12 A resident apartment carpet cleaning schedule will be followed as well as any spot cleaning will be performed on carpets on an as needed basis.

By 8/13/12 The Executive Director and Maintenance Director will monitor for continued compliance, at least monthly.
By 8/11/12

By 7/21/12 Room G-01 carpet cleaned.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Christine Cummins*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christine Cummins Executive Director* Date *7/23/2012*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/1/12</u> (Date)	Plan of correction implementation status as of <u>8/1/12</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44284 - 06/01/2012 - Flinner-Alman, Lisa
PCH Name: ATRIA SOUTH HILLS

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted on 3/16/12. The resident's medical evaluation was not completed until 4/19/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Resident Service Director will ensure that all Medical Evaluations are completed within the mandated time.

The Executive Director and Resident Service Director will monitor for continued compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Christine Cummins

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Christine Cummins Executive Director Date 7/23/2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

8/1/12
(Date)

Plan of correction implementation status as of

8/1/12
(Date)

The above plan of correction was approved by

Ch
(Initials)

- Fully Implemented *2*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

JUL 24 2012

Violation Report: 44284 - 06/01/2012 - Flinner-Alman, Lisa

PCH Name: ATRIA SOUTH HILLS

1. REGULATION 55 Pa. Code §2600

Western Field Office

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10) Residential Licensing

2a. DESCRIPTION OF VIOLATION

The medical evaluation for Resident #1, dated 4/19/12, does not include a list of medications.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Resident Service Director will ensure that all Medical Evaluations received from physicians are filled out in their entirety.

The Executive Director and Resident Service Director will monitor for continued compliance, at least quarterly.

Jsk/12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Christine Cummins

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

Christine Cummins Executive Director

Date

7/23/2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

8/1/12 (Date)

Plan of correction implementation status as of 8/1/12 (Date)

The above plan of correction was approved by

J (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

JUL 24 2012

Violation Report: 44284 - 06/01/2012 - Flinner-Alman, Lisa
PCH Name: ATRIA SOUTH HILLS

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The assessment for Resident #2, completed 4/21/12, was not signed by staff person B, the person who completed the assessment.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Upon completion of the assessment, the person who completes it will sign off on it immediately.

The Executive Director and Resident Service Director will monitor for continued compliance, at least quarterly.

J. Shl...

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Christine Cummins*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christine Cummins Executive Director* Date *7/23/2012*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

<p>The above plan of correction is approved as of <u>8/1/12</u> (Date)</p> <p>The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)</p>	<p>Plan of correction implementation status as of <u>8/1/12</u> (Date)</p> <p><input checked="" type="checkbox"/> Fully Implemented <i>[Signature]</i></p> <p><input type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
---	--

JUL 24 2012

Violation Report: 44284 - 06/01/2012 - Flinner-Alman, Lisa
PCH Name: ATRIA SOUTH HILLS

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - 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.

2a. DESCRIPTION OF VIOLATION

The assessment for Resident #1 indicates the resident has a severe problem with irritability, agitation and aggression and a moderate problem with judgement. The resident's support plan does not document how these needs will be met.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

7/30/12: All support plans will include documentation on how to meet residents' needs. Resident #1's Support Plan has been updated and is attached.

By 8/3/12 - All staff who prepare support plans shall be educated on keeping the plan current and to address all service needs.
J. Stiller

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Christine Cummins

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Christine Cummins Executive Director

Date

7/23/2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

8/1/12
(Date)

Plan of correction implementation status as of

8/1/12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

JUL 24 2012

Violation Report: 44284 - 06/01/2012 - Flinner-Alman, Lisa
PCH Name: ATRIA SOUTH HILLS

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Staff person B participated in the development of Resident #2's support plan on 4/21/12. Staff person B did not sign the support plan.

Staff person C and Resident #1 participated in the development of Resident #1's support plan on 4/20/12. Staff person C and Resident #1 did not sign the support plan.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

7/23/12 Upon completion of the Support Plan, the staff person who developed it will sign it immediately, and then review it with the resident and have them sign off on it once it is reviewed with them.

The Executive Director and Resident Service Director shall monitor for continued compliance, at least quarterly.

8/6/12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Christine Cummino*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christine Cummino Executive Director* Date *7/23/2012*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *8/1/12* (Date)

Plan of correction implementation status as of *8/6/12* (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]* (Initials)