



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: January 8, 2013**

Mr. W. Bryan Hudson, Sr. VP  
WG Center City SH, LLC  
401 S. Fourth Street, Suite 1900  
Louisville, Kentucky 40202

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

Dear Mr. Hudson:

As a result of the Department of Public Welfare's licensing inspection on November 15, 2013 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 black ink that reads "Chevon Miller". The signature is written in a cursive, flowing style.

Chevon Miller  
Regional Licensing Administrator



Violation Report: 13867 - 11/15/2012 - Kurtz, Andrea  
 POH Name: ATRIA CENTER CITY

**1. REGULATION 68 Pa. Code §2800**

2800.16(o) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2800.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

On 11-5-12, Resident #1 was taken to the hospital and died. The resident's death was unexpected. The home did not submit an incident report to the Department until 11-9-12. The home did not report the incident by telephone

**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.*

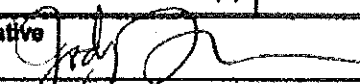
Please note that Atria Center City has submitted this plan of correction in order to comply with the state regulator provisions. The preparation and submission of this plan of correction does not constitute an admission of fault or liability on the part of Atria Center City or an agreement by Atria Center City regarding the truth or accuracy of the facts alleged or conclusions drawn.

On 12/11/2012 an inservice was completed with the managers that outlined the state reportable incidents. There is a manager on duty in the community 7 days per week. The manager on duty will be responsible to review all incident reports and complete the DPW reporting requirements if needed. This training will be added to the manager on duty training check-list for all newly hired managers.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)



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

Jody Thompson Executive Director

Date 12/15/2012

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

The above plan of correction is approved as of

12/21/12  
 (Date)

Plan of correction implementation status as of

12/21/12  
 (Date)

The above plan of correction was approved by

JEM  
 (Initials)

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