



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE:**

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

JUN 19 2013

RE: Atria South Hills  
5300 Clairton Boulevard  
Pittsburgh, Pennsylvania 15236  
Certificate/License #442840

Dear Mr. Hudson:

As a result of the Department of Public Welfare's licensing inspection on October 9, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

Jon Kimberland  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

PCH Name: ATRIA SOUTH HILLS		License Number: 44284
Address: 5300 CLAIRTON BOULEVARD, PITTSBURGH, PA 15236		County: Allegheny
Administrator: Beverly Bowser		Region: WEST
Legal Entity Name: WG SOUTH HILLS SH LLC		
Legal Entity Address: 401 S FOURTH STREET SUITE 1900, LOUISVILLE, KY 40202		
<b>Certificate(s) of Occupancy</b> C-2 LP 03/08/1999 Dept L&I		RECEIVED APR 30 2014 <b>WEST REGION FIELD OFFICE</b> <b>Human Services Licensing</b>
<b>Staffing Hours</b> Resident Support: 0		Total Daily Staff: 114 Waking Staff: 86
Type of Inspection: Partial		BHA Docket Number: Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 10/09/2013: Pfaff, Vicki; Williams, Jason		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b> 12/26/2013: Pfaff, Vicki 12/27/2013: Pfaff, Vicki		
<b>Other Details</b> Partial or Full Triggers: _____ Random Indicators: _____		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 139 Number of Residents Served: 102 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 8 Number of Hospice Residents in past year: 12	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 102 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 12 Have a Physical Disability: 1	

Violation Report: 44284 - 10/09/2013 - Pfaff, Vicki  
PCH Name: ATRIA SOUTH HILLS

APR 30 2014

**WEST REGION FIELD OFFICE**  
**Human Services Licensing**

**1. REGULATION 55 Pa.Code §2600**  
2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

**2a. DESCRIPTION OF VIOLATION**  
Resident #2's support plan, dated 5/8/13, indicates the resident "has been wandering some night. Going into other apartments if unlocked. Supervision provided on the nights he/she wanders by the RSA." On 8/3/13 at approximately 1:00 a.m. staff persons A and B entered resident #3's bedroom, in response to the residents call bell, to find resident #3 lying on the floor near the bed with a bloody nose and approximate 1" bruise on the left, lower leg. Resident #2 was also in the room and was unsupervised. When resident #3 attempted to have resident #2 leave his/her bedroom, resident #2 pushed resident #3 to the floor.

**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.

Executive Director and Residence service Director met with resident the Family of Resident #2 issuing a 30 day notice due to increased wandering 8/2/13

Staff provided 1:1 of resident #2 monitoring following the incident. Community to assist family with placement needs. 8/3/14

Resident #2 was moved out of the community to her daughter's home at 4:00PM per daughters preference. 8/3/14

A plan of supervision will be implemented if a resident begins to wander. The plan will include a 30 day notice of discharge if appropriate and/or supplemental staff will be obtained to monitor resident during wandering episodes. The plan will include level and frequency of supervision provided. The plan will be documented on the residents support plan. The Residents Service Director will audit support plans to ensure appropriate documentation is present. 4/22/14

Residents will be encouraged, at monthly resident council meeting, to lock their apartment doors when retiring for the evening 4/22/14

*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.*

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) **BEVERLY A BOWSER** Date **4/25/14**

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

The above plan of correction is approved as of 6-17-14 (Date)

Plan of correction implementation status as of 6-17-14 (Date)

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

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

*Immediately - if a resident has been assessed as needing excessive supervision which the home cannot provide the Administrator or designated staff person will notify the physician who will assess the level of care needed. If a higher level of care is needed the Administrator or designated staff person will assist the resident in finding a placement that will meet their needs in accordance with regulation 2600.230 (b). 6-17-14*

APR 30 2014

Violation Report: 44284 - 10/09/2013 - Pfaff, Vicki

PCH Name: ATRIA SOUTH HILLS

**WEST REGION FIELD OFFICE  
Human Services 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**

Resident #2's support plan, dated 5/8/13, indicates the resident "has been wandering some night. Going into other apartments if unlocked. Supervision provided on the nights he/she wanders by the RSA." Resident #2's support plan does not indicate the proper level of supervision including the frequency to protect the resident and other residents in the home.

**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.*

Executive Director and Residence service Director met with resident the 8/2/13  
Family of Resident #2 issuing a 30 day notice due to increased wandering

Staff provided 1:1 of resident #2 monitoring following the incident. 8/3/14  
Community to assist family with placement needs.

Resident #2 was moved out of the community to her daughter's home at 4:00PM 8/3/14  
per daughters preference.

A plan of supervision will be implemented if a resident begins to wander. The plan 4/22/14  
will include a 30 day notice of discharge if appropriate and/or supplemental staff will  
be obtained to monitor resident during wandering episodes. The plan will include level  
and frequency of supervision provided. The plan will be documented on the residents  
support plan. The Residents Service Director will audit support plans to ensure appropriate  
documentation is present.

Residents will be encouraged, at monthly resident council meeting, to lock their 4/22/14  
apartment doors when retiring for the evening

***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.***

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)

BEVERLY A. BOWSER

Date

4/25/14

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The above plan of correction is approved as of 6-17-14  
(Date)

Plan of correction implementation status as of 6-17-14  
(Date)

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

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

*7-15-14 - The administrator or designated staff person will review all resident support plans to ensure the proper level of supervision and the home's plan to meet the resident's proper level of supervision are documented. 6-17-14 g*