



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

SEP 03 2014

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

RE: Atria Bethlehem
1745 West Macada Road
Bethlehem, Pennsylvania 18017
License #: 222810

Dear Mr. Hudson:

As a result of the Department of Public Welfare's licensing inspection on July 29, 2014, 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.

Your regular license for the period October 16, 2014 to October 16, 2015 was issued on July 7, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director

13H

Enclosure
License Inspection Summary

Violation Report: 22281 - 07/29/2014 - Foulkes, Kimberli
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 55 Pa.Code §2600
 2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION
 At approximately 2:00pm on the date of inspection three 5 gallon ice cream containers were being stored directly on the floor of the home's walk in freezer located in the kitchen. Other frozen food items were stacked on top of these items.

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.

Regulations 2600.103 (d) Food should be stored off the floor

POC: The community has purchased crates to ensure that all food is located off the floor. Food Delivery Company has been notified by the Director of Culinary services that all food is to be placed on crates to ensure that no food is stored on the floor. Culinary Staff will be trained that food is not to be stored on the floor. Director of Culinary services will routinely check food storage areas to ensure that community is in compliance. Training to be completed by August 30, 2014

The administrator shall monitor and assure ongoing compliance.
m
8/27/14

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jessica Gonzalez</i>	Date <i>8/25/14</i>
---	---------------------

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

The above plan of correction is approved as of <u>8/27/14</u> (Date)	Plan of correction implementation status as of <u>8/27/14</u> (Date)
---	---

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

The above plan of correction was approved by *m*
 (Initials)

Violation Report: 22281 - 07/29/2014 - Foulkes, Kimberli
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 55 Pa.Code §2600
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
 At approximately 2:10 pm a 20 lb. size propane tank was observed in the staff designated smoking area near the cigarette extinguishing tower.

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.

Regulations 2600.125 (a) Combustible and flammable materials may not be located near heat sources or water heaters.

POC: The propane tank was removed immediately from the employee smoking area at the time of inspection. Staff will be trained that propane shall not be stored in smoking areas or areas of heat sources but in the community shed. The Maintenance Director and Director of Culinary Services will ensure that the propane tank be stored in community shed which is located approximately 75 feet from the building. Training to be completed by August 30, 2014

The administrator shall monitor and assure ongoing compliance.
m
 8/27/14

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jessica Gonzalez*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jessica Gonzalez</i>	Date <i>8/25/14</i>
---	---------------------

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

The above plan of correction is approved as of <u>8/27/14</u> (Date)	Plan of correction implementation status as of <u>8/27/14</u> (Date)
The above plan of correction was approved by <u><i>m</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22281 - 07/29/2014 - Foulkes, Kimberil
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

On 7/16/14, at 2:00 pm, resident #2's PRN, as needed, Lorazepam 0.5mg was administered. Staff person A did not record their initials, date of administration or time of administration on the residents medication administration record. This staff person had only documented the administration on the home's controlled drug record.

On 7/25/14, at 9:00 pm, resident #3's Metoprolol 25mg was administered. Staff person B did not initial or record the date and time of administration.

On 7/25/14, at 5:00pm, resident #3's 40mg was administered. Staff person B did not initial or record the date and time of administration.

As of 8/15/14, the community implemented the use of a Nurse/Med Tech Accountability Sheet to prevent the absence of documentation at the time a medication is administered to a resident. The accountability sheet will be reviewed by the Resident Services Director or other designee on a weekly basis. The accountability sheet is attached.

- Employees that administer medications to residents will also be retrained to record medication administration on the community's controlled drug record as well as the resident's medication administration record. This training will include recording the date and time of the medication administration as well as the employee's initials that performed the administration. This retraining will be conducted by the Resident Services Director or other designee and completed by August 30, 2014

• The administrator shall monitor and assure ongoing compliance.

Repeat Violation: No Date(s) of Previous Violation(s): 8/27/14

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jessica Gonzalez*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jessica Gonzalez* Date *8/25/14*

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

The above plan of correction is approved as of 8/27/14
 (Date)

The above plan of correction was approved by *Jm*
 (Initials)

Plan of correction Implementation status as of 8/27/14
 (Date)

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