



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

NOV 24 2014

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

RE: Atria Center City
150 North 20th Street
Philadelphia, Pennsylvania 19103
License #: 136570

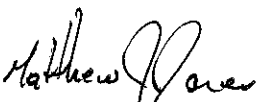
Dear Mr. Hudson:

As a result of the Department of Public Welfare's licensing inspection on September 18, 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 December 2, 2014 to December 2, 2015 was issued on August 19, 2014. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director
/s/

Enclosure
License Inspection Summary

Violation Report: 13657 - 08/18/2014 - Braswell, Natasha
 PCH Name: ATRIA CENTER CITY

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The preadmission screening for resident # 1 admitted on 3/7/14 was not dated, unable to determine the completion date.

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.

Preparation, execution and submission of this Plan of Corrections does not constitute an admission of fault or liability on the part of the Facility, nor agreement by the Facility as to the truth of the facts alleged or conclusions drawn in the Statement of Deficiencies. The Facility prepared and submitted this Plan of Correction in order to comply with applicable State Regulation and Law

The Executive Director will complete a new prescreen dated 10/29/2014 and place it in the chart with a note explaining it was completed for POC compliance. The Resident Services Director or Resident Relations Director will review all prescreens prior to admission to ensure they have been completed properly to ensure state compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

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

Executive Director
 Jody Thompson Date 10/29/2014

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

The above plan of correction is approved as of 11/10/14
 (Date)

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

Plan of correction implementation status as of 11/10/14
 (Date)

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