



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: July 1, 2015

Mr. Bryan Hudson, EVP
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
#442840

Dear Mr. Hudson:

As a result of the Department of Human Services' licensing inspection on April 2, 2015 and April 3, 2015, 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,

A handwritten signature in black ink, appearing to read "Janine Wenzig".

Janine Wenzig
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 BLVD., PITTSBURGH, PA 15236		County: Allegheny
Administrator: Beverly Bowser		Region: WEST
Legal Entity Name: WG SOUTH HILLS SH LLC		
Legal Entity Address: 5300 CLAIRTON BLVD., PITTSBURGH, PA 15236		RECEIVED
Certificate(s) of Occupancy C-2 LP 02/04/1999 Labor & Industry		APR 17 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 105	Waking Staff: 79
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 04/02/2015: Miller-Linhart, Alden; Park, Beth 04/03/2015: Miller-Linhart, Alden; Park, Beth		
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 who:	
Number of Residents Served: 94	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 92	
Area:	Have Mental Illness: 7	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 11	
Number of Current Hospice Residents: 5	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 14		

APR 17 2015

Violation Report: 44284 - 04/02/2015 - Miller-Linhart, Alden

PCH Name: ATRIA SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 11/25/13, did not receive training in any of the topics as specified under 2600.65a prior to or during the first work day.

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 Atria South Hills submits 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, liability, or wrongdoing on the part of Atria South Hills or an agreement by Atria South Hills as to the truth or accuracy of the facts alleged or conclusions drawn by the Department of Human Services.

Direct Care Staff person A's first day training was completed prior to returning to regular duties. (see attached) 4/3/15

Community Business Director will schedule and ensure new hire training is completed and documented prior to or the first day of hire. 4/3/15

The Executive Director will audit each new hire file to ensure first day of work training is completed timely and documented on all on new hires 4/3/15 ongoing

The Resident Services Director and Resident Service Director were in- serviced on the Regulation 55 Pa. Code 2600.65 (a) covering training required prior to or during the first work day. (attached) 4/14/15

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 BOWSER, Exec. Dir.

Date 4/15/15

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

The above plan of correction is approved as of

4/21/15
(Date)

Plan of correction implementation status as of

4/21/15
(Date)

The above plan of correction was approved by

(Initials)

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

Violation Report: 44284 - 04/02/2015 - Miller-Linhart, Alden
PCH Name: ATRIA SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 11/25/13, did not receive training in any of the topics as specified under 2600.65b within the first 40 hours of scheduled work.

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.

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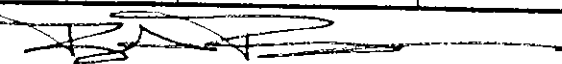
Direct Care staff person A received first 40 hour training prior to returning to regular duties (see attached) 4/3/15

Community Business Director will schedule and ensure required training is completed and documented within the first 40 hours of scheduled work. 4/3/15 ongoing

The Executive Director will audit each new hire file to ensure training required during the first 40 hours of work is completed timely and documented on all on new hires. 4/3/15 ongoing

The Resident Services Director and Resident Service Director were in-serviced on the Regulation 55 Pa. Code 2600.65 (b) covering training required within 40 scheduled working hours (see attached). 4/14/15

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 BOWSER, EXECUTIVE DIR Date 4/15/15

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Violation Report: 44284 - 04/02/2015 - Miller-Linhart, Alden
PCH Name: ATRIA SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

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) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (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 B, hired 3/21/15, did not successfully complete the Department-approved direct care training course or pass the competency test until 4/3/15. Direct care staff person B provided unsupervised ADL services from 3 p.m. to 11 p.m on 3/27/15, 3/30/15, 3/31/15, and 4/1/15, and from 7 a.m. to 3 p.m. on 4/2/15.

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.

See Page 4A of 5

(SEE ATTACHED)

Immediately - The administrator or designee will review the training records of all current direct care staff to ensure training under 2600.65d is documented and completed.

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 BOWSER, EXECUTIVE DIR

Date 4/15/15

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

Page 4A of 5
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WEST REGION FIELD OFFICE
Human Services Licensing

Addendum to Page 4 of 5

Plan of Correction: 2600.65(d)

Please note Atria South Hills submits 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, liability, or wrongdoing on the part of Atria South Hills or an agreement by Atria South Hills as to the truth or accuracy of the facts alleged or conclusions drawn by the Department of Human Services.

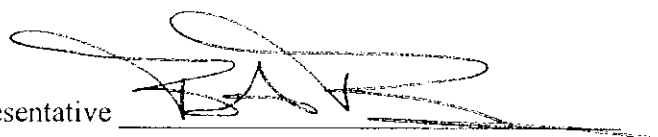
Direct care staff person B, completed the Department-approved direct care training course and passed the competency test (attached). 4/2/15

The Resident Services Director and Resident Service Director were in-serviced on the Regulation 55 Pa. Code 2600.65 (d) which includes the requirement covering annual training requirements (see attached) 4/14/15

Resident Services Director/ Resident Services Supervisor will ensure all new direct care hires will complete the Department approved direct care training course and pass the competency test prior to staff member providing unsupervised ADL services . 4/3/15

Community Business Director will audit each file to ensure a certificate of completion is present in each direct care staff employee's file. 4/20/15.

Legal Entity Representative _____



Printed Name and Title

Beverly Bowser, Exec Dir Date 4/15/15

Handwritten initials and date: JB 4/20/15

Violation Report: 44284 - 04/02/2015 - Miller-Linhart, Alden
PCH Name: ATRIA SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 11/25/13, did not receive annual training in the following topics under 2600.65g during training year 2014:

- * Emergency preparedness procedures, and recognition and response to crises and emergency situations
- * Resident rights
- * OAPSA (Older Adult Protective Services Act)

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.

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Direct Care staff person A received Emergency Preparedness Procedure, Resident rights and OAPSA annual training prior to returning to regular duties 4/3/15

Annual training is offered monthly, Community Business Director will monitor attendance records to ensure required staff completes training annually and documentation of attendance is present on the Adult Residential Licensing record of training 4/3/15 ongoing

The Resident Services Director and Resident Service Director were in-serviced on the Regulation 55 Pa. Code 2600.65 (g) which includes the requirement covering annual training requirements. (see attached) 4/14/15

Executive Director will routinely audit individual training records to ensure annual training is complete and documented. 4/3/15 ongoing

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) BEVERLY BOWSER, Executive DIR. Date 4/15/15

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The above plan of correction was approved by <u>(initials)</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