



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: September 14, 2015**

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 20<sup>th</sup> Street  
Philadelphia, Pennsylvania 19103  
License # 136570

Dear Mr. Hudson:

As a result of the Department of Human Services' licensing inspection on July 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 cursive script that reads "Roslyn Brewer".

Roslyn Brewer  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

<b>PCH Name:</b> Alria Center City		<b>License Number:</b> 13657
<b>Address:</b> 150 North 20th Street, Philadelphia, PA 19103		<b>County:</b> Philadelphia
<b>Administrator:</b> Joanna Manfeild		<b>Region:</b> SOUTHEAST
<b>Legal Entity Name:</b>		
<b>Legal Entity Address:</b> 401 S FOURTH STREET SUITE 1900, LOUISVILLE, KY		
<b>Certificate(s) of Occupancy</b> I-1 07/01/1999 City of Philadelphia		
<b>Staffing Hours</b>		
<b>Resident Support:</b>	<b>Total Daily Staff:</b> 171	<b>Waking Staff:</b> 128
<b>Type of Inspection:</b>	<b>BHA Docket Number:</b>	<b>Notice:</b> Unannounced
<b>Reason(s) for Inspection(s)</b> Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 07/03/2015: Brewer, Roslyn; Braswell, Natasha		
<b>Off-Site Inspection Dates and Inspectors, If Applicable</b>		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b>		<b>Random Indicators:</b>
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 135 <b>Number of Residents Served:</b> 124 <b>Secured Dementia Care Unit In Home:</b> No <b>Area:</b> <b>Secured Dementia Unit Capacity, If Applicable:</b> <b>Number of Residents Served In Secured Dementia Care Unit, If applicable:</b> <b>Number of Current Hospice Residents:</b> <b>Number of Hospice Residents In past year:</b> 5	<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 0 <b>Are 60 Years of Age or Older:</b> 122 <b>Have Mental Illness:</b> 1 <b>Have an Intellectual Disability:</b> 0 <b>Have a Mobility Need:</b> 47 <b>Have a Physical Disability:</b> 3	

Violation Report: 13657 - 07/03/2015 - Brewer, Roslyn  
 PCH Name: Atria Center City

1. REGULATION 55 Pa.Code §2600  
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B was called to assist resident # 1 to the commode. After being called to the room several times Direct care staff person B put resident #1 on the commode roughly then slammed the door leaving the room. Resident #1 screamed in pain during the service. Resident #1 felt intimidated and mistreated by the Direct care staff person.

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.*

Atria Center City submits this Plan of Correction in order to comply with the 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 Center City or an agreement by Atria Center City regarding the truth or accuracy of the facts alleged or conclusions drawn.

Atria Center City immediately reported the alleged actions Direct care staff person B to the Department of Human Services upon learning of the alleged incident. Direct care staff person B was disciplined as a result of the investigation and findings of the Department of Humans Services. In addition, on January 19, 2015, community care staff were in-serviced by a licensed physical therapist on safe transfer techniques, body mechanics, and communicating with residents. Community care staff were also in-serviced on Resident Rights and Responsibilities and treating residents with dignity and respect.

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) S. Joanna Mansfield, Ex Dir. Date 8/5/15

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

The above plan of correction is approved as of 8/6/15  
 (Date)

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

Plan of correction implementation status as of 8/6/15  
 (Date)

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