



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

NOV 03 2015

Ms. Jessica Gonzalez, Executive Director  
WG Bethlehem SH LLC  
300 East Market Street, Suite 100  
Louisville, Kentucky 40202

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

Dear Ms. Gonzalez:

As a result of the Department of Human Services' annual licensing inspection on July 21, 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 that reads "Matthew Jones".

Matthew J. Jones  
Director  
/s/

Enclosure  
License Inspection Summary



Violation Report: 22281 - 07/21/2015 - Novak, Ryan  
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

6 large handfuls of lint were located behind the unimac dryer in the home's laundry room - this poses a possible fire hazard.

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 Bethlehem 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 Bethlehem or an agreement by Atria Bethlehem as to the truth or accuracy of the facts alleged or conclusions drawn by the Department of Human Services.

The Maintenance Director created a checklist, effective July 22, 2015, to ensure that lint is cleared from behind all dryers daily and that no combustible and/or flammable materials are located near heat sources or hot water heaters.

Adm or designee will perform periodic checks in order to ensure ongoing compliance.  
8/16/15

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)      Date

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

The above plan of correction is approved as of 10/6/15  
(Date)

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

Plan of correction implementation status as of 10-6-15  
(Date)

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

Violation Report: 22281 - 07/21/2015 - Novak, Ryan  
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 55 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)


2a. DESCRIPTION OF VIOLATION  
 Resident #1 's medical evaluation dated 6/23/2015 does not include the ability to self-medicate or not.

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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The community will implement a two-step review process effective July 22, 2015. The Resident Services Director will review all medical evaluations and assessments upon a resident's return to the community for completion and the ED will then provide a subsequent review to ensure compliance. All medical evaluations and assessments will be initiated by the reviewers upon completion.

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) Jessica Gonzalez, ED	Date 8/14/15
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Violation Report: 22281 - 07/21/2015 - Novak, Ryan  
 PCH Name: ATRIA BETHLEHEM

**1. REGULATION 55 Pa.Code §2600**  
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**2a. DESCRIPTION OF VIOLATION**  
 6 extinguished cigarette butts were located on the ground in the residents smoking area.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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Atria Bethlehem takes issue with this proposed violation. Atria Bethlehem complies with 55 Pa. Code Section 2600.144(c)(1) in that it has taken proper safeguards with regards to providing fireproof receptacles and/or ashtrays in designated smoking areas as well as taken all other necessary and applicable actions with respect to Pa Code Section 2600.144(c)(1). Accordingly, Atria Bethlehem requests the Department of Human Services reconsider the issuance of this violation on the grounds that Atria Bethlehem is in regulatory compliance. Violation stands Q 10-06-15

Nevertheless, the Executive Director will review the Smoking Policy with residents during Resident Council and will distribute the policy in writing to all residents and families.

The Maintenance Team will also inspect the smoking areas twice a day to ensure that all ashtrays and receptacles are properly maintained and the area is free of cigarette butts.

These actions will be implemented by 8/20/15.  
 Adm or designee will perform periodic checks to ensure ongoing compliance. Q 10-6-15

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)	Date
Jessica Gomez-Perez, ED	8/14/15

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Violation Report: 22281 - 07/21/2015 - Novak, Ryan  
 PCH Name: ATRIA BETHLEHEM

**1. REGULATION 55 Pa.Code §2600**  
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:  
 (1) The resident's name.  
 (2) The name of the medication.  
 (3) The date the prescription was issued.  
 (4) The prescribed dosage and instructions for administration.  
 (5) The name and title of the prescriber.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #2's lantus solostar and humalog insulin pens did not have a pharmacy label attached.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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The Resident Services Director notified all pharmacies of the need for prescription medications to be labeled with a pharmacy label and contain the necessary information set forth in 55 Pa. Code Section 2600.184(a) including, but not limited to, pharmacy labels on all insulin pens. Prescription medications delivered to the community will be checked by the Resident Services Director or other qualified designee upon receipt to ensure regulatory compliance.

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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Jessica Gonzalez, ED Date 8/14/15

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Violation Report: 22281 - 07/21/2015 - Novak, Ryan  
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 55 Pa.Code §2600  
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.


2a. DESCRIPTION OF VIOLATION  
 Resident #3's preadmission screening was completed in pencil.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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The Resident Services Director will audit resident records to confirm all entries are permanent, legible, and dated. The Resident Services Director will also ensure that all entries in the residents record are completed in compliance with 55 Pa. Code Section 2600.251(b).

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