



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 26, 2016

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 November 23, 2015 and November 25, 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 "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 BOULEVARD, PITTSBURGH, PA 15236		County: Allegheny
Administrator: Beverly Bowser		Region: WEST
Legal Entity Name: WG SOUTH HILLS SH LLC		
Legal Entity Address: 300 EAST MARKET ST SUITE 100, LOUISVILLE, KY 40202		RECEIVED
Certificate(s) of Occupancy C-2 LP 02/04/1999 Thomas J. Flaherty		JAN 13 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 99	Waking Staff: 74
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
11/23/2015: Barry, Courtney; Flinner-Alman, Lisa		
11/25/2015: Barry, Courtney; Flinner-Alman, Lisa		
Off-Site Inspection Dates and Inspectors, if Applicable		
11/20/2015: Barry, Courtney		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 139 Number of Residents Served: 90 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 11	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 87 Have Mental Illness: 6 Have an Intellectual Disability: 0 Have a Mobility Need: 9 Have a Physical Disability: 0	

Violation Report: 44284 - 11/20/2015 - Barry, Courtney
PCH Name: ATRIA SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
The medical evaluation, dated 9/17/15, for resident #1 is blank in the area of cognitive functioning.

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.

The physician was contacted and the medical evaluation dated 9/17/15 was corrected to reflect Cognitive Functioning level. 11/25/15-completed

The Resident Services Director will audit all medical evaluations upon receipt to ensure necessary information is present. If additional information is needed, the RSD will contact the attending physician to obtain the information needed to complete the DME 11/25/15 completed /ongoing

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.

By 4/30/16 - The administrator or designee will review the medical evaluations of all current residents to ensure they are complete.

Handwritten initials/signature

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 A BOWSER, EXECUTIVE DIRECTOR** Date **1-7-16**

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

The above plan of correction is approved as of 2/25/16 (Date)
The above plan of correction was approved by [Signature] (Initials)
Plan of correction implementation status as of 2/25/16 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

JAN 13 2016

Violation Report: 44284 - 11/20/2015 - Barry, Courtney
PCH Name: ATRIA SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 11/23/15, multiple medications prescribed to residents #1 and #3 were unlocked and accessible in the residents' unlocked shared bedroom including Atorvastatin 10 mg, Hydrochlorothiazide 12.5mg, Lisinopril 40mg, Senna 50 tablets, Stool Softener 100mg, in the resident's dresser drawer, and Lumigan 0.01% and Azopt 1% eye drops, on top of the dresser.

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

Residents educated on requirement to secure all medications 11/25/15 completed

Resident has a metal lock box to store all medication in [redacted] room 11/25/15 completed

The care staff was notified of need for resident to secure medication. The staff will monitor for any medications left unsecured and notify the Resident Services Director immediately if medication is not in the lock box or resident leaves [redacted] room without locking [redacted] door. If this occurs, the community will provide alternate storage if necessary, to ensure medications are kept locked at all times. 1/9/16 completed

daily and on each shift

2/25/16

Jan 2/25/16

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.

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 A BROWSE, EXECUTIVE DIRECTOR Date 1-7-16

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

The above plan of correction is approved as of 2/5/16 (Date)

Plan of correction implementation status as of 2/5/16 (Date)

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

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

Violation Report: 44284 - 11/20/2015 - Barry, Courtney
 PCH Name: ATRIA SOUTH HILLS

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #2 is ordered Tramadol HCL 50mg, 1 tablet every 6 hours as needed for pain. According to the controlled drug record/count sheet, the medication was administered to the resident on 11/1/15 at 9 a.m.; however, the staff person who administered the medication did not initial the medication administration record (MAR).

Resident #2 is ordered Alprazolam 0.25 mg, 1 tablet every 6 hours as needed for anxiety. According to the controlled drug record/count sheet, the medication was administered at 6 p.m. on 11/8/15, 11/16/15, and 11/21/15, and at 9 a.m. on 11/18/15 and 11/21/15, and 6:30 p.m. on 11/20/15; however, the staff person who administered the medication did not initial the MAR.

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.

Wellness staff and Med. Techs were re-educated on proper documentation on the MAR for any medication provided to residents. 1/16/15 education completed

Wellness staff will check MAR with oncoming shift to ensure all medication administered is documented on the MAR. 1/16/15 complete/ongoing

Resident Services Director/Designee will check MAR's daily to ensure all medication given is documented on the MAR. 11/25/15 complete/ ongoing

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.

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 A. BOUSLER, EXECUTIVE DIRECTOR

Date

1-7-16

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

The above plan of correction is approved as of

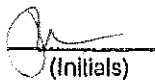
2/25/16
 (Date)

Plan of correction implementation status as of

2/25/16
 (Date)

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- Not Implemented

The above plan of correction was approved by


 (Initials)