



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: March 24, 2016**

Mr. Mark D. Jessee, President & Chief Administrative Officer  
WG Center City SH, LLC  
300 East Market Street, Suite 100  
Louisville, Kentucky 40202

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

Dear Mr. Jessee:

As a result of the Department of Human Services' licensing inspection on January 14, 2016 and January 18, 2016 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 "Roslyn Brewer".

Roslyn Brewer  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 65 Pa.Code Chapter 2600**

<b>PCH Name:</b> ATRIA CENTER CITY		<b>License Number:</b> 13857
<b>Address:</b> 160 NORTH 20TH STREET, PHILADELPHIA, PA 19103		<b>County:</b> Philadelphia
<b>Administrator:</b> Joanna Mansfield		<b>Region:</b> SOUTHEAST
<b>Legal Entity Name:</b> WG CENTER CITY SH LLC		
<b>Legal Entity Address:</b> 401 S FOURTH STREET SUITE 1900, LOUISVILLE, KY 40202		
<b>Certificate(s) of Occupancy</b>		
<b>Staffing Hours</b>		
<b>Resident Support:</b>	<b>Total Daily Staff:</b> 129	<b>Working Staff:</b> 97
<b>Type of Inspection:</b> Partial	<b>BHA Docket Number:</b>	<b>Notice:</b> Unannounced
<b>Reason(s) for Inspection(s)</b> Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 01/18/2016: McHale, Christine; Braswell, Natasha		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b> 01/14/2016: McHale, Christine		
<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> 126 <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> 4 <b>Number of Hospice Residents in past year:</b> 9	<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 0 <b>Are 60 Years of Age or Older:</b> 126 <b>Have Mental Illness:</b> 0 <b>Have an Intellectual Disability:</b> 0 <b>Have a Mobility Need:</b> 3 <b>Have a Physical Disability:</b> 3	

Violation Report: 13657 - 01/14/2016 - McHale, Chrisline  
 PCH Name: ATRIA CENTER CITY

**1. REGULATION 65 Pa.Code §2600**  
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

**2a. DESCRIPTION OF VIOLATION**  
 On 1/1/16, an allegation of abuse against resident #1 was reported to staff person A by staff member B. The home did not report the allegation to the local area agency on aging until 1/5/16.

**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 that Atria Center City has submitted 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 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.

The Resident Services Director will in-service all shift nurses on the State Reportable Incident Process to ensure all state reportable incidents are submitted within the 24 hour guideline. This in-service training will be completed on or before March 15th, 2016.

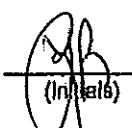
All Department Heads complete an in-service training on or before March 15th that reviews state incident reporting guidelines. There is management coverage in the community 7 days a week. The manager on duty will be responsible to review all incident reports and complete the DHS reporting requirements if needed. This training will be included to the Manager on Duty training checklist for newly hired managers.

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)      Joanna Mansfield      Date      2/4/16

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

The above plan of correction is approved as of <u>3/8/16</u> (Date)	Plan of correction implementation status as of <u>3/8/16</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13857 - 01/14/2016 - McHale, Chrisline  
 PCH Name: ATRIA CENTER CITY

1. REGULATION 56 Pa.Code §2600  
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION  
 On 1/1/16, direct care staff member B reported to staff member A that they witnessed staff member C hit resident #1. The home did not submit an incident report to the Department until 1/5/16.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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 All Department Heads complete an in-service training on or before March 15th that reviews state incident reporting guidelines. There is management coverage in the community 7 days a week. The manager on duty will be responsible to review all incident reports and complete the DHS reporting requirements if needed. This training will be included to the Manager on Duty training checklist for newly hired managers.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *JA*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Joanna Mansfield*      Date *3/9/16*

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The above plan of correction is approved as of *3/9/16*  
 (Date)

Plan of correction implementation status as of *3/9/16*  
 (Date)

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

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

Violation Report: 13657 - 01/14/2016 - McHale, Christine  
 PCH Name: ATRIA CENTER CITY

**1. REGULATION 55 Pa.Code §2600**  
 2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 16 (relating to protective services for older adults) and other applicable regulations.

**2a. DESCRIPTION OF VIOLATION**

- Resident #1 has resided in the home since [redacted] 08. [redacted] has received services from staff person C as a private duty aide for the past six years. The home did not request staff person C's criminal background check from their agency until 1/13/16. Staff person C has criminal charges for CS13A16 - Possession of a Controlled Substance by an Unregistered Person except by Prescription is Lawful and CS13A30 - Manufacture Etc. of Controlled Substance by Person Not Registered, or a Practitioner Not Registered Creating, Etc. A Counterfeit Controlled Substance. The grade of these charges were not listed on the staff person's criminal record. If these charges are a felony grade, these would be prohibitive offenses under the Older Adult Protective Services. The home allowed staff person C access to resident #1 on 1/14/16 without obtaining proof that these charges were not felony offenses.

- Resident #2, who was admitted to the home on [redacted] 06, utilizes 24 hour private duty aides. The home did not obtain a copy of their criminal background checks from their agency until 1/13/16.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**  
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As of 1/13/16, all private duty aides employed through a licensed agency have background screenings on file and available for review at the community. The Community Business Director/Administrative Assistant completes a weekly reconciliation with the agencies of all employed Private Duty Aides to confirm background screenings are on file.

A letter to current residents and families is to be mailed out on or by March 20th, 2016 providing a reminder about the community's policy regarding the need for background screenings of all agency employed Private Duty Aides be submitted prior to the aide starting services at the building. This is also reviewed with all incoming residents and their families while signing the Residency Agreement.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Joanna Mansfield* Date *3/4/16*

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The above plan of correction was approved by <i>[Signature]</i> (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

Violation Report: 13857 - 01/14/2016 - McHale, Christine  
 PCH Name: ATRIA CENTER CITY

**1. REGULATION 55 Pa.Code §2800**

2800.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**

- The most recent assessment for resident #1 was completed on 10/9/16. The home did not assess the resident's needs associated with orientation to person, place, and time, agitation, aggression, judgment, short term memory, and long term memory.

- The most recent assessment for resident #2 was completed on 11/20/15. The home did not assess the resident's needs associated with caring for personal possessions, agitation, aggression, judgment, short term memory, and long term memory.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

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The Executive Director/Resident Relations Director/Resident Services Director shall complete assessments on all residents prior to move in, at the time of move in, 30 days after move in, quarterly or with change in condition. All residents with mental health needs shall have documentation of their needs documented on their assessment. An In-service will be completed on or by March 20th 2016 with all LPNs/Resident Relations Director regarding state guidelines of assessments, when to complete a change in condition assessments and documentation of mental health needs. Resident #1 and #2's assessment was updated to reflect their mental health needs on 3/5/16.

The Resident Services Director or Executive Director will review all residents' notes prior to completion of the RASP to ensure a comprehensive assessment.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Joanna Mansfield	Date 3/4/16
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