



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 06 2017

Mr. W. Bryan Hudson,
EVP, General Counsel and Secretary
WG South Hills SH, LLC
300 East Market Street, Suite 100
Louisville, Kentucky 40202

RE: Atria South Hills
5300 Clairton Boulevard
Pittsburgh, Pennsylvania 15236
License #: 442840

Dear Mr. Hudson:

As a result of the Department of Human Services' annual licensing inspections on May 10, 2016 and May 11, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

FCH Name: ATRIA SOUTH HILLS		License Number: 44284
Address: 5300 CLAIRTON BOULEVARD, PITTSBURGH, PA 15236		County: Allegheny
Administrator: RON GARDNER		Region: WEST
Legal Entity Name: WG SOUTH HILLS SH LLC		RECEIVED
Legal Entity Address: 300 EAST MARKET ST SUITE 100, LOUISVILLE, KY 40202		
Certificate(s) of Occupancy C-2 LP 02/04/1999 Labor and Industry		DEC 22 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 92	Working Staff: 69
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 05/10/2016: Bartlett, Patricia; McConnell, Deb; Sutherland, Brent 05/10/2016: Bartlett, Patricia; McConnell, Deb; Sutherland, Brent		
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 Served: 86 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: 3 Number of Hospice Residents in past year: 8		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 83 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 6 Have a Physical Disability: 0

JAN 16 2017

Violation Report: 44284 - 05/10/2016 - Bartlett, Patricia
PCH Name: ATRIA SOUTH HILLS

1. REGULATION 55 Pa.Code §2600
2600.55(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 A started working in the home on [redacted] 16 and provides unsupervised direct care services to residents. The home has no documentation that direct care staff person A completed the Department-approved direct care training course and passed the competency test.

Direct care staff person B started working in the home on [redacted] 6 and provides unsupervised direct care services to residents. The home has no documentation that direct care staff person b completed the Department-approved direct care training course and passed the competency test.

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.

Direct care staff persons A and B were hired temporarily through a staffing agency. Training was provided but was not documented. Neither staff member works in the community at this time. Community Business Director will set up training on first day of employment and keep completed records on file. Executive Director will review and audit all files to assure all necessary requirements have been 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)		Date
Michelle Mitdam, Executive Director		1-16-17

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

The above plan of correction is approved as of	1-20-17 (Date)	Plan of correction implementation status as of	1-20-17 (Date)
The above plan of correction was approved by	[Signature] (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

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JAN 16 2017

Violation Report: 44284 - 05/10/2016 - Bartlett, Patricia
PCH Name: ATRIA SOUTH HILLS

WEST HARTFORD FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION
On 5/10/16, at approximately 10:05 a.m., the temperature of the front glass face plate, enclosing the gas fireplace, measured 160.6 degrees Fahrenheit. In front of the glass plate is a mesh screen with an opening measuring approximately 42 inches by 9 inches, allowing access to the glass face plate.

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 South Hills submits the Plan of Correction to comply with PA 2600 and all other applicable regulations and statutes. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of Atria South Hills or an agreement by Atria South Hills as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

Atria South Hills ordered a new fireplace screen that provides the requisite safeguards pursuant to 2600.84.

Pursuant to the request made by the DHS on January 5, 2017, Atria South Hills submits this additional information regarding the measures it will take to ensure compliance with 2600.84. Specifically the Maintenance Director installed the screen referenced above and implemented monthly temperature checks to ensure regulatory compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Nichole Mitcham

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Nichole Mitcham, Executive Director

Date

1-20-17

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The above plan of correction is approved as of 1-20-17
(Date)

Plan of correction implementation status as of 1-20-17
(Date)

The above plan of correction was approved by *SM*
(Initials)

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

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JAN 16 2017

NORTH REGIONAL FIELD OFFICE
Human Services Licensing

Violation Report: 44284 - 05/10/2016 - Bartlett, Patricia
PCH Name: ATRIA SOUTH HILLS

1. REGULATION 55 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 5/11/16, there was a hole measuring approximately 1" x 1" by the light plate in the bathroom of bedroom #334,
On 5/11/16, there was a hole measuring approximately 8 1/2" x 7" in the wall in the bathroom doorway of bedroom #334.

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 South Hills submits the Plan of Correction to comply with PA 2600 and all other applicable regulations and statutes. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of Atria South Hills or an agreement by Atria South Hills as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

All identified areas were repaired. The Maintenance Director or other designee will continue to survey and monitor the community for any necessary repairs. The Executive Director will ensure compliance with 2600.88(a).

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Nichole Mitcham

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Nichole Mitcham, Executive Director

Date

1-2-17

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The above plan of correction is approved as of

1-2-17
(Date)

Plan of correction implementation status as of

1-2-17
(Date)

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

The above plan of correction was approved by

cc
(Initials)

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JAN 16 2017

Page 8 of 12

Violation Report: 44284 - 05/10/2016 - Bartlett, Patricia
PCH Name: ATRIA SOUTH HILLS

WEST REGIONAL FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
On 5/11/16, the telephone numbers for emergency management and the personal care home complaint hotline were not posted on or by the telephone on the nightstand in bedroom #330.

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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Atria South Hills respectfully takes issue with regards to the deficiencies issued pursuant to PA 2600.91. The requisite telephone numbers for emergency management and the personal care home complaint hotline were posted next to the telephone located in Apartment No. 330. However, the resident elected to remove the numbers at their own discretion. The numbers have since been reposted. Accordingly, the deficiency issued pursuant to 2600.91 was issued in error and Atria South Hills respectfully requests this deficiency be reconsidered and withdrawn.

Despite the request that the deficiency for direct care staff A be withdrawn, Atria South Hills will ensure continued compliance with PA 2600.91 by having the Maintenance Director or other appropriate designee confirm all required numbers are located on or by each telephone with an outside line. The Executive Director will also review to ensure regulatory compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Nichole Mitcham

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Nichole Mitcham, Executive Director

Date

1-16-17

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(Date)

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(Initials)

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JAN 16 2017

WEST REGION FIELD OFFICE Page 9 of 12
Human Services Licensing

Violation Report: 44284 - 05/10/2016 - Bartlett, Patricia
PCH Name: ATRIA SOUTH HILLS

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
On 5/11/16, the towel rack behind the bathroom door of bedroom #330 was not secured. The towel rack is pulled approximately 1" away from the door.

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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All identified areas were repaired. The Maintenance Director or other designee will continue to survey and monitor the community for any necessary repairs. The Executive Director will ensure compliance with 2600.95.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Michelle Mitcham, Executive Director		1-16-17

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Violation Report: 44284 - 05/10/2016 - Bartlett, Patricia
PCH Name: ATRIA SOUTH HILLS

WEST REGIONAL FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION

On 5/10/16, the exit door leading from the living room to the courtyard is not labeled as an exit.

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 South Hills submits the Plan of Correction to comply with PA 2600 and all other applicable regulations and statutes. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of Atria South Hills or an agreement by Atria South Hills as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

An "Exit" sign was posted on the exit leading from the living room to the courtyard. The Maintenance Director or other appropriate designee shall be responsible for monitoring the community for compliance with 2600.133(a)(1). The Executive Director will also be responsible for regulatory compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Michelle Mitcham

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Michelle Mitcham, Executive Director

Date

1-16-17

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1-20-17
(Date)

Plan of correction implementation status as of

1-20-17
(Date)

The above plan of correction was approved by

K
(Initials)

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