



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 0 1 2016

Ms. Arielle Allen, Executive Director  
WG Bethlehem SH, LLC  
Attn: Legal Dept.  
300 East Market Street, Suite 100  
Louisville, Kentucky 40223

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

Dear Ms. Allen:

As a result of the Department of Human Services' annual licensing inspection on July 20, 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 that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 22281 - 07/20/2016 - Hummel, Jesse  
 PCH Name: ATRIA BETHLEHEM

**1. REGULATION 55 Pa.Code §2600**  
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:  
 (1) Medication self-administration training.  
 (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.  
 (3) Care for residents with dementia and cognitive impairments.  
 (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.  
 (5) Personal care service needs of the resident.  
 (6) Safe management techniques.  
 (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

**2a. DESCRIPTION OF VIOLATION**  
 Direct care staff person A, hired on [redacted] 13 did not receive annual training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan during the 2015 calendar year.  
 Direct care staff person B, hired on [redacted] 13 did not receive annual training in Medication Self Administration training or instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during the 2015 calendar year.

**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 Bethlehem 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 Bethlehem or an agreement by Atria Bethlehem regarding the truth or accuracy of the facts alleged or conclusions drawn.

Staff required trainings are posted by the time clock a year in advance. Coworkers reminded at monthly meeting on 8/9/16 that trainings are posted and offered three times per month. Our Administrative Assistant will schedule one make-up training on a weekend per month for those who cannot make the other three offered training times.

Staff was reminded at August monthly trainings that these sessions are mandatory, and failing to attend could result in corrective action, up to being removed from the schedule.

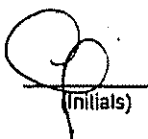
Executive Director to follow up monthly with Administrative Assistant to ensure progress and compliance in this area.

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) Arpile Allen - E.D. Date 8/11/16

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

The above plan of correction is approved as of <u>9-20-16</u> (Date)	Plan of correction Implementation status as of <u>9-20-16</u> (Date)
The above plan of correction was approved by  (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: 22281 - 07/20/2016 - Hummel, Jesse  
 PCH Name: ATRIA BETHLEHEM

- 1. REGULATION 55 Pa.Code §2600**  
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
  - (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
  - (3) Resident rights.
  - (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
  - (5) Falls and accident prevention.
  - (6) New population groups that are being served at the home that were not previously served, if applicable.

**2a. DESCRIPTION OF VIOLATION**  
 Direct care staff person B, hired on [redacted] 13 did not receive annual training in Resident Rights or the Older Adult Protective Services Act during the 2015 calendar year.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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Staff required trainings are posted by the time clock a year in advance. Coworkers reminded at monthly meeting on 8/9/16 that trainings are posted and offered three times per month. Our Admin Assistant will schedule one make-up training one weekend per month for those who cannot make the other three offered training times.

This staff member, in addition to all staff were reminded at August monthly trainings that these sessions are mandatory, and failing to attend could result in corrective action, up to being removed from the schedule.

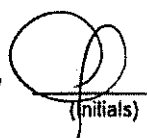
Executive Director will follow up with Administrative Assistant monthly to ensure compliance.

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) Anelle Allen - E.D.	Date 8/11/16
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Violation Report: 22281 - 07/20/2016 - Hummel, Jesse  
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 55 Pa.Code §2600  
 2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION  
 Direct care staff person C was hired on [redacted] 13. The 2015 record of training for staff person C does not include the date, or length of the following courses completed: Fire Protection, Safety and Use of Fire Extinguishers, Emergency Plans and Evacuations.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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All Departments Heads are responsible for conducting state required annual trainings. Each Department Head was re-trained on how to fully complete each record of training, to include the date and length of the completed course. Administrative Assistant will audit monthly after each training. ED will also follow up monthly to ensure compliance. - and report findings to the Administrator.

Administrator will ensure ongoing compliance.  
 Q. 9-20-16

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Arielle Allen - E.D.*      Date *8/11/16*

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Violation Report: 22281 - 07/20/2016 - Hummel, Jesse  
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 55 Pa.Code §2600  
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed the following food items located in the main kitchen that were not stored in closed or sealed containers: An open bag of rice krispies, corn flakes, and raisin bran and frozen popcorn shrimp.

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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Our Director of Culinary Services re-inserviced staff on proper labeling and dating of all food items, in addition to the proper storage and shelf life for all foods on 7/21/16.

Director of Culinary Services to do daily walk through of refrigerator, freezer, and dry storage to ensure proper storage of food items.

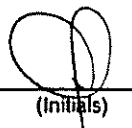
*Adm will ensure ongoing compliance. 9-20-16*

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Arielle Allen - E.D.*      Date *8/11/16*

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Violation Report: 22281 - 07/20/2016 - Hummel, Jesse  
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 55 Pa.Code §2600  
 2600.103(h) - Food shall be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process.

2a. DESCRIPTION OF VIOLATION  
 Department Representatives observed six packs of frozen salmon located on a tray on a rack in the main kitchen. Based upon staff interviews it was determined that these salmon were thawing. Thawing frozen food at room temperature puts food at risk of dangerous bacteria.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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Staff was immediately re-serviced by the Director of Culinary Services on proper thawing of frozen food items on 7/21/16.

Director of Culinary Services to observe compliance via daily walk throughs of the kitchen area. All new culinary staff will be trained on this moving forward.

ED to ensure ongoing compliance in this area.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Anette Allen - E.D.</i>	Date <i>8/11/16</i>
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Violation Report: 22281 - 07/20/2016 - Hummel, Jesse  
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 55 Pa.Code §2600  
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed the following food items that were not stored in the original packaging; a bag of carrots, lettuce and frozen popcorn shrimp, located in the kitchen walk in refrigerator and freezer. These items were not labeled and or dated.

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

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Our Director of Culinary Services re-inserviced staff on proper labeling and dating of all food items, in addition to the proper storage and shelf life for all foods on 7/21/16. He also reviewed that items are required to be stored in their original packaging.

Director of Culinary Services to do a daily walk through of refrigerator, freezer, and dry storage to ensure proper storage of food items.

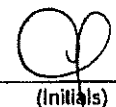
ED to follow up through daily spot checks to ensure compliance in this area.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Anelle Allen - E.D.</i>	Date <i>8/11/16</i>
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Violation Report: 22281 - 07/20/2016 - Hummel, Jesse  
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 55 Pa.Code §2600  
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION  
 The facility's letter from a fire safety expert dated 7/8/15 indicates 13 minutes as a maximum safe evacuation time based upon the design and construction of the facility. On 3/13/16 at 4:56am the facility held a fire drill in which it took 15 minutes and 30 seconds to fully evacuate the residents.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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On 3/13/16, the fire drill did exceed the maximum allotted evacuation time of 13 minutes.

As per regulation, an additional successful drill was held during the same month on 3/27/16 at 12:45AM with an evacuation time of 10 minutes and 21 seconds, within our safe evacuation time frame.

All additional drills since that date have been successful, with all residents evacuating within a safe evacuation time frame.

Maintenance Director and ED to monitor all drills moving forward to ensure compliance. -  
 including a post fire drill review to ensure ongoing compliance. RP. 10-20-16

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Arielle Allen - Executive Director* Date *10/20/16*

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Violation Report: 22281 - 07/20/2016 - Hummel, Jesse  
 PCH Name: ATRIA BETHLEHEM

**1. REGULATION 55 Pa.Code §2600**  
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

**2a. DESCRIPTION OF VIOLATION**  
 On 3/13/16 at 4:56am the facility held a fire drill. During the drill there were 78 residents present in the facility when the alarm sounded, however only 77 residents evacuated.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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On 3/13/16, the fire drill did exceed the maximum allotted evacuation time of 13 minutes, and one resident refused to evacuate. The resident was spoken to and reminded of Atria Policy that they must participate in every fire drill for safety reasons.

As per regulation, an additional successful drill was held during the same month on 3/27/16 at 12:45AM with an evacuation time of 10 minutes and 21 seconds, within our safe evacuation time frame. 82 residents were in house at the time of the drill, and all 82 residents evacuated safely.

All additional drills since that date have been successful, with all residents evacuating within a safe evacuation time frame.

Maintenance Director and ED to monitor all drills moving forward to ensure compliance. -including a post fire drill review to ensure ongoing compliance.  
 Cp. 10-20-16

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Antelle Allen - Executive Director* Date *10/20/16*

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Violation Report: 22281 - 07/20/2016 - Hummel, Jesse  
 PCH Name: ATRIA BETHLEHEM

**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**

Department Representatives observed a bottle of Tums and refresh eye drops unlocked and accessible in Room #242. Resident #1's Medical evaluation completed on 7/10/15 and Resident #2's Medical Evaluation completed on 11/17/15 indicates each of these residents cannot self-administer medications.

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

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Orders were obtained from Resident #1's doctor stating that he could self-administer Tums and Refresh eye drops and keep them at bedside.

The facility provided a lock box immediately for Resident #1 so that he could safely keep the medications in his room, as Resident #2 cannot self-administer.

Nurse and/or Med Tech to spot check weekly to ensure meds are remaining locked in the lock box.


See attachment A for orders from Resident #1's physician with permission to self-administer and store medications at bedside.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Arielle Allen - E.D. Date 8/11/16

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Violation Report: 22281 - 07/20/2016 - Hummel, Jesse  
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Advair 100/50 Mcg Diskus. The medication manufacturer's instructions indicate to discard any unused medication 30 days after removing from the foil packaging. The resident's medication was not dated when it was removed from the packaging and therefore it cannot be determined if this medication is expired.

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

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Resident #3 recieved a new Advair Diskus from the pharmacy following inspection and it was labeled and dated properly.

Staff was re-inserviced at the Wellness Meeting on 7/27/16 regarding the proper opening and dating of this medication when removed from the foil packaging.

Nurse to monitor for compliance during monthly cart audits.


*Adm will oversee process and outcomes to ensure ongoing compliance. Cp. 9-20-16*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Arielle Allen - E.D.* Date *8/11/16*

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Violation Report: 22281 - 07/20/2016 - Hummel, Jesse  
 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 #4 is prescribed Tramadol 50mg tablet - 1 tablet daily in the morning. The medication label incorrectly indicates to administer Tramadol 50mg tablet - 1 tablet every 6 Hours as needed for pain.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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On 5/20/16, an order change for Tramadol was made by Resident #4's physician. The old PRN blister pack had a change order sticker on it, however, did not have the new pharmacy label attached. The MAR did have the correct updated order.

New labels were requested from Hartzell's Pharmacy to correct the issue immediately.

Moving forward, cart audits are done weekly by the 3-11 Nurse and Med Techs to ensure ongoing compliance with this.


*Adm will be responsible to oversee ongoing compliance. 9-20-16*

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

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Violation Report: 22281 - 07/20/2016 - Hummel, Jesse  
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 55 Pa.Code §2600  
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed Nitrostat .4mg - 1 tab as needed for chest pain every 5 minutes up to 3 doses. This medication is not on hand at the facility. In the event the resident requested/required this medication it would not be available.

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 Bethlehem 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 Bethlehem or an agreement by Atria Bethlehem regarding the truth or accuracy of the facts alleged or conclusions drawn.

Resident #4's Nitrostat was not available during time of inspection. The pharmacy was called and delivered the medication on-site the same day, 7/20/16.

See Attachment B for the order that arrived on site 7/20/16.

Moving forward, 3-11 Nurse and Med Techs are doing weekly cart audits to ensure that all medications, including PRN medications, are available on site.

*Adm will oversee process to ensure ongoing compliance. @ 9-20-16*

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Anelle Allen - E.D.*      Date *8/11/16*

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

The above plan of correction is approved as of <u>9-20-16</u> (Date)  The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>9-20-16</u> (Date) <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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Violation Report: 22281 - 07/20/2016 - Hummel, Jesse  
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 55 Pa.Code §2600  
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION  
 Resident #5 participated in the development of the resident's assessment and support plan finalized on 5/23/16. Resident #6 participated in the development of the resident's assessment and support plan finalized on 6/20/16. Neither resident signed the support plan.

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 Bethlehem 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 Bethlehem or an agreement by Atria Bethlehem regarding the truth or accuracy of the facts alleged or conclusions drawn.

Residents of Atria are asked participate in the development of their Support Plan. It is Atria's policy that Support Plans are signed by the resident and responsible party within 7 days of completion.

Resident Services Supervisor will ensure all Support Plans are signed and in the resident's file within that time frame moving forward.

Executive Director will do monthly checks to ensure compliance in this area.

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Arielle Allen - E.D.*      Date *8/11/16*

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

The above plan of correction is approved as of <u>9-20-16</u> (Date)	Plan of correction implementation status as of <u>9-20-16</u> (Date)
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