



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: December 6, 2016**

Mr. Steven Blazejewski, Vice President  
SHP V Willistown LLC  
C/O Prudential Real Estate Investors  
3348 Peachtree Road, Suite 1100  
Atlanta, Georgia 30326

RE: Atria Willistown  
1713 West Chester Pike  
West Chester, Pennsylvania 19382  
Certificate #: 142450

Dear Mr. Blazejewski:

As a result of the Department of Human Services' licensing inspection on August 29, 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 cursive script that reads "Gloria Emick".

Gloria Emick  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

<b>PCH Name:</b> ATRIA WILLISTOWN		<b>License Number:</b> 14245
<b>Address:</b> 1713 WEST CHESTER PIKE, WILLISTOWN, PA 19382		<b>County:</b> Chester
<b>Administrator:</b> CHRISTINE THOMPSON		<b>Region:</b> CENTRAL
<b>Legal Entity Name:</b> SHP V WILLISTOWN LLC		
<b>Legal Entity Address:</b> 1713 WEST CHESTER PIKE, ATLANTA, GA 30326		
<b>Certificate(s) of Occupancy</b> I-2 08/29/2013 Willistown Twp.		
<b>Staffing Hours</b> <b>Resident Support:</b> NM <b>Total Daily Staff:</b> 128 <b>Waking 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> Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 08/29/2016: OPake, Hope; Gillespie, Denise		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<p><b>RECEIVED</b></p> <p>NOV 23 2016</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
<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> 104 <b>Number of Residents Served:</b> 92 <b>Secured Dementia Care Unit in Home:</b> Yes <b>Area:</b> Life Guidance <b>Secured Dementia Unit Capacity, if Applicable:</b> 35 <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> 30 <b>Number of Current Hospice Residents:</b> 8 <b>Number of Hospice Residents in past year:</b> 12	<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 0 <b>Are 60 Years of Age or Older:</b> 92 <b>Have Mental Illness:</b> 2 <b>Have an Intellectual Disability:</b> 0 <b>Have a Mobility Need:</b> 37 <b>Have a Physical Disability:</b> 0	

Violation Report: 14245 - 08/29/2016 - OPake, Hope  
 PCH Name: ATRIA WILLISTOWN

**1. REGULATION 55 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**

From August 15, 2016 through August 22, 2016, Resident #1 did not receive *Divalproex Sodium Extended-Release* tablets, 750 mg. as ordered. The home has not submitted an incident report to the Department.

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

Atria Willistown requests the above violation be withdrawn. The missed medication by Resident #1 was due to the prescription not being refilled and the unavailability of the prescriber. In addition the pharmacy omitted resident's account making it more difficult to have the prescription issued. Accordingly, Atria Willistown should not receive a deficiency due to the unavailability of the prescriber or because the pharmacy omitted the resident's account. Nevertheless, Atria Willistown will in-service staff on incidents reportable under 2600.16. In addition, Atria Willistown prepared a State Report at the request of the Department of Human Services. A copy of the State Report is attached. The Resident Services Director and/or Executive Director conducted an audit of all Medication Administration Records and no other missed medication occurred.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christine Thompson</i>	Date <i>11-23-16</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of  <div style="text-align: right;"> <u><i>BT</i></u>                      (Initials)                 </div>	<div style="text-align: right; margin-bottom: 10px;"> <u><i>12-2-16</i></u>                      (Date)                 </div> <div style="text-align: right; margin-bottom: 10px;"> <u><i>12-2-16</i></u>                      (Date)                 </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Plan of correction implementation status as of                 </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> Fully Implemented                 </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Partially Implemented - Adequate Progress                 </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Partially Implemented - Inadequate Progress                 </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Not Implemented                 </div>
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The above plan of correction was approved by

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 14245 - 08/29/2016 - OPake, Hope

PCH Name: ATRIA WILLISTOWN

1. REGULATION 56 Pa.Code §2609  
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 was prescribed *Divalproax Sodium Extended-Release* tablets, 750 mg., to be administered at bedtime. From August 15, 2016 through August 22, 2016, Resident #1 did not receive medication as ordered.

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

Atria Willistown respectfully requests the above violation be withdrawn. Atria Willistown was unable to comply with the directions of the prescriber because the prescriber was not available and resident failed to have prescription refilled. Further, the pharmacy omitted resident's account making issuing any prescription impossible. Resident Services Director will in-service medication technicians and Resident Services Assistants on communicating with residents the importance of keeping prescriptions current and medications available.

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

*Christine Thompson*

Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
<i>Christine Thompson</i>	<i>11-23-16</i>

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

The above plan of correction is approved as of 12-2-16  
(Date)

The above plan of correction was approved by SC  
(Initials)

Plan of correction implementation status as of 12-2-16  
(Date)

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