



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 20 2017

Mr. W. Bryan Hudson, EVP, General Counsel & Secretary
WG Center City SH, LLC
Attn: Atria Mgmt. Co-Legal Dept
300 East Market Street, Suite 100
Louisville, Kentucky 40202

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

Dear Mr. Hudson:

As a result of the Department of Human Services' annual licensing inspections on September 19, 2016 and September 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.

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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 13657 - 09/19/2016 - Freeman, Sabrina
 PCH Name: ATRIA CENTER CITY

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.


2a. DESCRIPTION OF VIOLATION
 The contract for resident # 1 was not signed by [redacted] 16, the date of admission or at the time of inspection on 9/20/16.

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 or 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 Community Business Director will ensure Resident Contracts are signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. If the resident refuses to sign a resident contract, despite multiple efforts by the community, then the community will properly document the resident's refusal. This contract has been signed by the resident and a total Resident Contract audit has 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) Christina Scowal	Date 11-20-16
--	---------------

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

The above plan of correction is approved as of 12/4/16
 (Date)

Plan of correction implementation status as of 12/4/16
 (Date)

The above plan of correction was approved by 
 (Initials)

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

1. REGULATION 55 Pa.Code 52600

2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

2a. DESCRIPTION OF VIOLATION

On the dates of inspection, Monday & Tuesday 9/19-9/20/16, there were 129 residents in the home. On this day, the home provided 120 hours of direct care staffing.

Also on Saturday, 9/17/16 there were 129 residents in the home. However, the home only provided 105 direct staffing hours.

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 or 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.

On 9/19 and 9/20 there were 129 residents in the community – however approximately 20 of these residents had privately hired personnel who provide direct care services.

On 9/19, 137 direct care staff hours were provided. 105 of these hours were provided during waking hours.
On 9/20, 147 direct care staff hours were provided. 123 of these hours were provided by during waking hours.

On 9/17, 131 direct care staff hours were provided. 99 of those hours were provided during waking hours.

Direct care staff includes licensed practical nurses, resident medication technicians, resident services assistants, department heads, and the driver. These individuals shall be taken into consideration when determining whether sufficient personal care services are being provided by the Community.

To ensure future compliance, the community has developed an indepth tracking system and scheduling tool that will allow daily hours to be totaled. The Resident Services Supervisor has been inservices regarding the staffing requirements and will use the tool to ensure compliance. The community will continue to schedule in accordance to The Departments requirements.

The community was in compliance with the staffing requirement set forth by The Department and requests that this violation be withdrawn.

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 11-20-16

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

The above plan of correction is approved as of

12/4/16
(Date)

Plan of correction implementation status as of

12/4/16
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

1. REGULATION 55 Pa.Code §2600

2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION

On Monday & Tuesday 9/19-9/20/16, a total of 149 hours of direct care was required. However, the home only provided 120 direct care hours and 90 waking hours, at least 112 waking hours were required.

Also on Saturday, 9/17/16 there were 129 residents in the home. The home provided 90 waking hours, but at least 112 waking hours were required.

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.

On 9/17, 9/19 and 9/20 there were 129 residents in the community – however approximately 20 of these residents had privately hired personnel who provide direct care services.

On 9/19, 137 direct care staff hours were provided. 105 of these hours were provided during waking hours.
 On 9/20, 147 direct care staff hours were provided. 123 of these hours were provided during waking hours.

On 9/17, 131 direct care staff hours were provided. 99 of those hours were provided during waking hours.

Direct care staff includes licensed practical nurses, resident medication technicians, resident services assistants, department heads, and the driver. These individuals shall be taken into consideration when determining whether sufficient personal care services are being provided by the Community.

To ensure future compliance, the community has developed an indepth tracking system and scheduling tool that will allow daily hours to be totaled. The Resident Services Supervisor has been inservices regarding the staffing requirements and will use the tool to ensure compliance. The community will continue to schedule in accordance to The Departments requirements.

The community was in compliance with the staffing requirement set forth by The Department and requests that this violation be withdrawn.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/21/2015	
-----------------------	-----------------------------------	------------	--

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christa Segal* Date *11-20-16*

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

The above plan of correction is approved as of *12/14/16*
 (Date)

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

Plan of correction implementation status as of *12/14/16*
 (Date)

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

Violation Report: 13657 - 09/19/2016 - Freeman, Sabrina
PCH Name: ATRIA CENTER CITY

1. REGULATION 55 Pa.Code §2600
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
Direct care staff person A received only 6 hours of annual training for the 2015 training year.
Direct care staff person B received only 7 hours of annual training for the 2015 training year.
Direct care staff person C received only 5 hours of annual training for the 2015 training 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

Please note that Atria Center City has submitted this Plan or 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.

A training plan for the rest of 2016 has been put into place. Staff will be required to catch up on anything that they have missed by December 9th, 2016. The Community Business Director will ensure that training is documented correctly and on the proper forms that reflect the correct amount of time. Monthly audits will be completed by CBD or designee to ensure that all staff has completed required monthly training.

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 11-20-16

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

The above plan of correction is approved as of 12/14/16
(Date)

The above plan of correction was approved by
(Initials)

Plan of correction implementation status as of 12/14/16
(Date)

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

Violation Report: 13657 - 09/19/2016 - Freeman, Sabrina
 PCH Name: ATRIA CENTER CITY

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

The annual training provided to direct care staff person A in training year 2015 did not include training topics infection control & general principles of cleanliness and hygiene and areas associated with immobility, personal care service needs of the resident, safe management techniques, or meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

The annual training provided to direct care staff person B in training year 2015 did not include training topics medication self-administration, meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, personal care service needs of the resident and care for residents with mental illness or mental retardation or both, if the population is served in the home.

The annual training provided to direct care staff person C in training year 2015 did not include the training topic meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, infection control & general principles of cleanliness and hygiene and areas associated with immobility, personal care service needs of the resident, safe management techniques, and personal care service needs of the resident and care for residents with mental illness or mental retardation or both, if the population is served in the home.

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. A training plan for the rest of 2016 has been put into place. Staff will be required to catch up on anything that they have missed by December 9th, 2016. The Community Business Director will ensure that training is documented correctly and on the proper forms that reflect the correct amount of time. Monthly audits will be completed by CBD or designee to ensure that all staff has completed required monthly training. Going forward our training plan is as follows:

January: Safety Training, Med Errors, Transcribing MARS March: Dementia Overview April: Lock Out/Tag Out, Incident Reporting
 May: Communicating with Residents with Dementia June: Workplace Harassment, Workplace Violence
 July: ADL Overview & Aging Process, Self-Administration of Medication, Personal Care Services
 August: BBP, PPE, Hazardous Communication, First Aide September: Handwashing and Infection Control, Mental Health
 October: Fire Protection, Emergency Plans and Evacuations November: Reducing and Preventing Resident Falls December: Resident Rights/Abuse, APS

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

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

Printed Name and Title of Legal Entity Representative *Christa Seegal* Date *11-20-16*
 (Required on EVERY Page)

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

The above plan of correction is approved as of *12/16/16*
 (Date)

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

Plan of correction implementation status as of *12/16/16*
 (Date)

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

Violation Report: 13657 - 09/19/2016 - Freeman, Sabrina
PCH Name: ATRIA CENTER CITY

1. REGULATION 55 Pa.Code §2600
2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
The home's written emergency procedures have not been reviewed, updated or submitted to the municipal emergency management agency since January 14, 2015.

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 communities written emergency procedures have been reviewed and accepted by the local emergency management agency. New documentation of the acceptance has been obtained and is dated 10/13/2016.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CHRISTINA SEGNI* Date *11-20-16*

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

The above plan of correction is approved as of *12/4/16*
(Date)

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

Plan of correction implementation status as of *12/4/16*
(Date)

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

Violation Report: 13657 - 09/19/2016 - Freeman, Sabrina
 PCH Name: ATRIA CENTER CITY

1. REGULATION 55 Pa.Code §2600
 2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

2a. DESCRIPTION OF VIOLATION

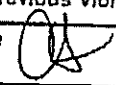
Resident # [redacted] has a calico cat which was present at the home on the dates of inspection. The home does not have a current certificate of rabies vaccination for resident # [redacted] s calico cat. The Calico cat's last vaccination from a licensed veterinarian was June 16, 2015

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 or 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.

A tracker has been created by the Administrative Office to maintain annual vaccination due date and to allow us to provide timely reminders for residents. A vendor that will come to the Community to treat pets has also been obtained. These services will be outlined and provided to the residents.

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

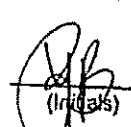
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **CHRISTINA SEGNI** Date **11-20-16**

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

The above plan of correction is approved as of 12/4/16
 (Date)

Plan of correction implementation status as of 12/4/16
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 13857 - 09/19/2016 - Freeman, Sabrina
PCH Name: ATRIA CENTER CITY

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
Resident #3 was admitted on [redacted] 2015. As of the time of inspection on September 20, 2016, a medical evaluation has not been completed for the resident.

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 Relations Director will be responsible for obtaining the Documentation of Medical Evaluation within the timeframe provided by the Department. A completed DME for resident #3 has since been obtained. In-service was completed with all department managers who are involved in the DME process has taken place and all staff are aware of the requirements.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christa Segal* Date *11-20-16*

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

The above plan of correction is approved as of *[Signature]* (Date)

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

- Plan of correction implementation status as of *[Signature]* (Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

Violation Report: 13657 - 09/19/2016 - Freeman, Sabrina
 PCH Name: ATRIA CENTER CITY

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following. (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #4, dated March 9, 2016, was incomplete and did not include documentation of section 3 or the medical information pertinent to diagnoses and treatment & section 7 or medications.

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.

Resident Relations Director and Resident Services Director were in serviced about the proper way to use attachments when obtaining a Documentation of Medical Evaluation. Resident Relations Director will be responsible for making sure that all pertinent attachments are stapled with and placed in residents chart correctly. Resident Relations Director will also be responsible for completing an audit within 30 days of resident admission. RRD will also be using a checklist to verify that all necessary information is completed and attached when necessary. Regarding resident #4 - the attachment that was noted in section 7 was on the chart filed under "orders".

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

CA

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

CHRISTINA SEGAL

Date *11-20-14*

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

The above plan of correction is approved as of

12/14/16
 (Date)

Plan of correction implementation status as of

12/14/16
 (Date)

The above plan of correction was approved by

CB
 (Initials)

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

Violation Report: 13657 - 09/19/2016 - Freeman, Sabrina
 PCH Name: ATRIA CENTER CITY

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 #5 was prescribed a 200 mg dose of Metoprolol Succinate. However, the previous order, 100 mg Metoprolol Succinate was also in the medication cart at the time of inspection.

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 or 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.

A change of direction sticker was present on the 100mg bottle of Metoprolol at the time of survey. Triple checks will be completed by the Resident Services Director or LPN supervisor as soon as a new order is received. LPNs will be responsible for completing the triple check form at the time of any new order and/or medication arrival. In-service regarding the use of triple checks was completed with all staff who are responsible for ensuring this process is done correctly. In house pharmacy, Omnicare, will also assist.

The community was in compliance with the order change process and requests that this violation be withdrawn.

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

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

Printed Name and Title of Legal Entity Representative *Christa Segui* Date *11-20-16*
 (Required on EVERY Page)

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

The above plan of correction is approved as of *12/4/16*
 (Date)

Plan of correction implementation status as of *12/4/16*
 (Date)

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

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

Violation Report: 13657 - 09/19/2016 - Freeman, Sabrina
 PCH Name: ATRIA CENTER CITY

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 #6's glucometer reading time is incorrect. The glucometer is set one hour earlier than the actual reading.
 Resident #7's glucometer reading time is incorrect. The glucometer is set one hour earlier than the actual reading.
 Resident #8's glucometer reading time is incorrect. The glucometer is set one hour earlier than the actual reading.

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 or 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.

Glucometers will be reset during daylight savings time as per the directions on the packaging for the devices. Directions for devices are in a binder that is available to all staff. 11-7 LPN will be in serviced on this procedure and will be accountable for adjusting the time twice per year. LPNs who work the following shift will be responsible for double checking that times are accurate.

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

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

Printed Name and Title of Legal Entity Representative *Christa Segal*
 (Required on EVERY Page) Date *11-20-16*

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

The above plan of correction is approved as of *12/14/16*
 (Date)

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

Plan of correction implementation status as of *12/14/16*
 (Date)

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

Violation Report: 13657 - 09/19/2016 - Freeman, Sabrina
 PCH Name: ATRIA CENTER CITY

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

The home failed to follow the prescribed order for resident #9. Resident #9 was prescribed Proair HFA 90 MCG Inhaler to be used as necessary. The order on the medication documents inhale 1 puff every 6 hours as needed. However, the handwritten medication administration record documented Albuterol Inhaler 108 mg to be administered/inhale 2 puffs every 6 hours as needed.


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.

During survey there was no discrepancy with the actual medication. However, the number of puffs did not match. Triple checks will be completed by the Resident Services Director as soon as a new order is received. LPNs will be responsible for completing the triple check form at the time of any new order and/or medication arrival. In-service regarding the use of triple checks was completed with all staff who are responsible for ensuring this process is done correctly. In house pharmacy, Omnicare, will also assist.

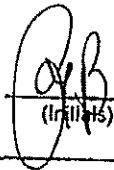
Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/21/2015
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **Christa Segal** Date **11-20-16**

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

The above plan of correction is approved as of 12/14/16
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 12/14/16
 (Date)

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

Violation Report: 13657 - 09/19/2016 - Freeman, Sabrina
 PCH Name: ATRIA CENTER CITY

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The pre-admission screening form for resident #10 does not include a determination that the home can meet the service needs of the resident.
 The pre-admission screening form for resident #11 does not include a determination that the home can meet the service needs of the resident.

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.

Resident Relations Director and Resident Services Director were in serviced about the necessary completion regarding pre-admission screening. Resident Relations Director will be responsible for making sure that all pre-admission screenings are thoroughly completed upon receiving them from the community representative who is completing the forms. Resident Relations Director will also be responsible for completing an audit within 30 days of resident admission. RRD will also be using a checklist to verify that all necessary information is completed prior to admission. An updated pre-admission screening form was obtained for resident #10 and resident #11.

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

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

Printed Name and Title of Legal Entity Representative *Christa Segui* Date *11-20-16*
 (Required on EVERY Page)

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

The above plan of correction is approved as of *12/4/16*
 (Date)

Plan of correction implementation status as of *12/4/16*
 (Date)

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

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