



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 15, 2017

Mr. 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
#442840

Dear Mr. Hudson:

As a result of the Department of Human Services' licensing inspection on September 23, 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 "Jason Williams".

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: ATRIA SOUTH HILLS		License Number: 44284
Address: 5300 CLAIRTON BOULEVARD, PITTSBURGH, PA 15236		County: Allegheny
Administrator: Nichole Mitcham		Region: WEST
Legal Entity Name: WG SOUTH HILLS SH LLC		
Legal Entity Address: 300 EAST MARKET ST SUITE 100, LOUISVILLE, KY 40202		
Certificate(s) of Occupancy C-2 LP 02/04/1999 Thomas J. Flaherty		RECEIVED FEB 08 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 97	Working Staff: 73
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 09/23/2016: Hultquist, Cliff; Daerr, Alicia		
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: 87 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: 6 Number of Hospice Residents in past year: 10	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 86 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 10 Have a Physical Disability: 0	

RECEIVED

FEB 08 2017

Violation Report: 44284 - 09/23/2016 - Mullquist, Cliff
PCH Name: ATRIA SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

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

Resident #1 ceased to breathe on [redacted] 16. The home did not report the death to the Department until 09/21/16.

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.

Atria South Hills submits the Plan of Correction to comply with PA 2600 et al. 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 direct care staff responsible for reporting incidents were in-serviced on 9/22/16 and again on 2/2/17 to ensure compliance with PA 2600.16(c). A copy of the in-service record for the 2/2/17 in-service is attached. The in-services were conducted by the Executive Director. The Executive Director, Resident Services Director, or other appropriate designee will ensure compliance with PA 2600.16(c).

Within 15 days of receipt of the plan of correction: a designated staff person will review all reportable incidents at least weekly to ensure all incidents are reported to the Department in accordance with regulation 2600.16c. p.u. 2/9/17

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 *2-6-17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 2/9/17
(Date)

Plan of correction implementation status as of 2/9/17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *p.u.*
- Partially Implemented - Inadequate Progress
- Not Implemented

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