



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: March 27, 2017

Mr. W. Bryan Hudson, General Counsel and Secretary
WG Bethlehem SH, LLC
300 East Market Street, Suite 100, ATTN: Legal Dept.
Louisville, Kentucky 40223

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

Dear Mr. Hudson:

As a result of the Department of Human Services' licensing inspection on January 15, 2017 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 22281 - 01/15/2017 - Novak, Ryan *AS (3/2 r 17)*
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 55 Pa.Code §2600
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
 On 11/4/16 Resident # 1 pushed Resident #2 resulting in Resident #1 falling. The home did not send the Act 13 report to the local area agency on aging until 11/6/16.

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 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.

On 11/4/16, Resident #1 pushed Resident #2, resulting in Resident #1 falling and being sent to the Emergency Room for evaluation and treatment.
 The incident occurred at 3:55pm on 11/4/16, which at that time, the Dept Head called Northampton County AAA on to do an immediate verbal report and process at intake. She got no answer when calling the number directly listed on their website, and proceeded to leave 2 messages.
 No response was provided to Atria that evening.

The Executive Director did an immediate verbal report to DHS Northeast Office on 11/4/16. The ED continued to contact Northampton AAA for further instruction.

After no response, an Act 13 Form was submitted via fax to Northampton AAA on 11/6/17, without ever being able to speak with anyone on call at AAA. It was later confirmed that the wrong number was listed online.

ED immediately spoke with John Maylor, head of services at Northampton AAA. ED asked John to come out to the community to do a training with all department heads and nurses to ensure that this type of incident would not happen again, and that reporting would be done timely. John held 2 meetings on 12/12/2016.

John also confirmed new numbers to contact Northampton AAA on off hours and weekends and these numbers were shared during the meeting, as well as posted in employee areas.
 See attached Exhibit 1 & 2 for the sign in sheet from training with John Maylor.

Moving forward, all calls will be placed to the newly provided numbers and all new nurses and department heads will be trained on accurate and timely incident reporting.

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) *Crielle Allen - Executive Director* Date *2/7/17*

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

The above plan of correction is approved as of <u>3/23/17</u> (Date) The above plan of correction was approved by <i>[Signature]</i> (Initials)	Plan of correction implementation status as of <u>3-23-17</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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