



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 16 2017

Mr. Bryan Hudson, EVP
General Counsel and Secretary
WG South Hills SH, LLC
Attn: Atria Management Co. – Legal Dept.
300 East Market Street, Suite 100
Louisville, Kentucky 40202

RE: Atria South Hills
5300 Clairton Boulevard
Pittsburgh, Pennsylvania 15236
Certificate #: 442840

Dear Mr. Hudson:

As a result of the Department of Human Services' annual licensing inspection on March 16, 2017; March 21, 2017; September 22, 2017 and September 26, 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.

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

RECORDED

SEP 11 2017

Violation Report: 44284 - 03/16/2017 - Pfaff, Vicki
PCH Name: ATRIA SOUTH HILLS

REGISTRATION FIELD OFFICE
Human Services Licensing

1. REGULATION 66 Pa.Code §2600

2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION

The home provides financial assistance to residents #1 and #2. Residents #1 and #2 and their designated persons have not been provided with an itemized account of financial transactions made on the residents' behalf on a quarterly basis.

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 this 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.

The Executive Director and Community Business Director reviewed PA 2600.20(b)(8). An itemized account of financial transactions made was sent out to any resident or designee with cash accounts after the annual inspection. They have since been updated and sent out each quarter. The Executive Director educated the Community Business Director on the expectation to update and send these quarterly. An example format of these letters is attached. Reminders have been set to assure they are not overlooked in the future. The Executive Director, Community Business Director, and/or other designee shall be responsible for future compliance with PA 2600.20(b)(8).

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Nichole Mitchem

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

Nichole Mitchem, Executive Director

Date 9/8/17

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

The above plan of correction is approved as of 10-18-17
(Date)

Plan of correction implementation status as of 10-18-17
(Date)

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

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

RECEIVED

SEP 11 2017

Violation Report: 44284 - 03/16/2017 - Plaff, Vicki
PCH Name: ATRIA SOUTH HILLS

WEST REGION FIELD OFFICE
Home Care Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Staff person A, the home's administrator, started working in the home on 2/22/16. Staff person A moved to Pennsylvania in February 2016 from Alabama and was not a resident of Pennsylvania for the two consecutive years prior to employment by the home. The home does not have documentation that an FBI background check was requested for staff person A.

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

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Staff person A underwent an FBI background check prior to 2/22/16 hire date. However, the record was not on file and information was unable to be obtained at the time of the annual inspection. Since the time of review, Staff person A underwent an FBI background check a second time and all appropriate documentation was placed in the employee file. All employee files have been audited to assure the appropriate information and documentation is on file. The Community Business Director and/or the Executive Director will assure that all new staff have the appropriate screenings on file prior to their first day of hire.

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, E.D.

Date *9/8/17*

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(Date)

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(Initials)

SEP 11 2017

Violation Report: 44284 - 03/16/2017 - Pfaff, Vicki
PCH Name: ATRIA SOUTH HILLS

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 B, started working in the home on 3/30/15. Direct care staff person B did not receive training in medication self-administration and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during the 2016 training year (1/1/16 - 12/31/16).

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Direct care staff person B received training by the RSD regarding Medication self-administration and instructions in meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan. In-service record attached.
The Resident Services Director reviewed all direct care staff trainings to assure that the new hire and annual trainings have been completed by all direct care staff per the regulation. The Executive Director, Resident Services Director, and/or other designee shall ensure future compliance with PA 2600.65(f).
Immediately: All staff training shall be monitored through the quality management review process.

10-18-17

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
Nichole Mitcham, E.D.			9-8-17

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The above plan of correction was approved by <u>g</u> (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

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SEP 11 2017

Violation Report: 44284 - 03/16/2017 - Pfaff, Vicki
PCH Name: ATRIA SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

Resident #3's glucometer was used to check resident #4's blood glucose level on 3/20/17 at 6:30 a.m., 3/18/17 at 6:30 a.m. and 3/17/17 at 6:30 a.m.

Resident #4's glucometer was used to check resident #3's blood glucose on 3/21/17 at 6:30 a.m. and 3/19/17 at 6:30 a.m.

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

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The Executive Director and Resident Services Director reviewed PA 2600.85(a).

The community purchased new glucometers for residents #3 and #4 at the time of review.

No other residents were noted to be affected by the cited deficiency.

The Resident Services Director re-educated the community medication staff responsible for completing glucose checks regarding the sanitary use of resident glucometers. No resident glucometer will be used to obtain blood glucose readings for another resident. Residents required to have blood glucose levels monitored will each have their own glucometer. These glucometers have been individually labeled by name, room number and resident picture (per surveyor recommendation) and stored separately. Glucometers will be cleaned in accordance with the manufactures recommendations. See attached in-service record.

The Resident Services Director and/or Resident Services Supervisor will do weekly audits on the glucometers to make sure they are being stored and cleaned properly.

Immediately: Each resident's physician (for those that receive blood sugar testing) will be notified of the possibility of shared glucometer use and all recommendations made by the physician (i.e. testing for blood borne pathogen) should be followed. Documentation of the notification to the physician, the recommendations of the physician, and the home's follow-up based on the recommendations shall be maintained by the home for Department review. 10-18-17

The Administrator or designee qualified to administer insulin medications shall observe each staff responsible for diabetic care perform blood glucose checks. Each staff will be observed once per week for a period of three months. After which, each staff will be observed once per month for a period of three months. Documentation of the observations shall be maintained by the home for Department review. 10-18-17

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, E.D.* Date *9-8-17*

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Plan of correction implementation status as of 10-18-17 (Date)

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

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

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SEP 11 2017

Page 6 of 12

Violation Report: 44284 - 03/16/2017 - Pfaff, Vicki
PCH Name: ATRIA SOUTH HILLS

WEST REGION FIELD OFFICE
Homes/Services Listing

1. REGULATION 55 Pa. Code §2600
2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
The home had a fire safety inspection and a fire drill conducted by a fire safety expert on 6/3/15. However, the next fire safety inspection and drill was not conducted until 7/7/16.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Our annual fire drill completed by the fire expert was scheduled but not completed until after the one year mark. Moving forward the Maintenance Director and/or Executive Director will contact the fire expert earlier so that the drill is scheduled and conducted within the yearly requirement.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Nichole M. Micham*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Nichole Micham, E.D.* Date *9-8-17*

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(Date)

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

Plan of correction implementation status as of 10-18-17
(Date)

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

Violation Report: 44284 - 03/16/2017 - Pfaff, Vicki
 PCH Name: ATRIA SOUTH HILLS

WEST REGION FIELD OFFICE
 Home Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill home's documentation of fire drills does not coincide with the home's fire alarm monitoring company's record as follows:

- * The home's record indicates a fire drill was conducted on 3/31/16 at 2:20 p.m. - The documentation from the home's fire alarm monitoring company indicates the fire alarm was activated on 3/31/16 at 2:28 p.m.
- * The home's record indicates a fire drill was conducted on 4/28/16 at "5AM." - The home's fire alarm company indicates that the fire alarm was activated on 4/28/2016 at 5:58 a.m.
- * The home's record indicates a fire drill was conducted on 6/30/16 at 2:50 p.m. - The home's fire alarm company indicates that the fire alarm was activated on 6/30/16 at 3:01 p.m.
- * The home's record indicates a fire drill was conducted 8/30/16 at 1:30 p.m. - The home's fire alarm company indicates that a fire alarm was activated on 8/31/16 at 2:38 p.m.
- * The home's record indicates a fire drill was conducted on 10/27/16 at 3:05 a.m. - The home's fire alarm company indicates that the only alarm activated in October 2016 was on 10/25/16 at 10:54 a.m.
- * The home's record indicates a fire drill was conducted 11/30/16 at 2:35 pm and that one was conducted on "11/24" at 4:14 p.m. - The home's fire alarm company indicates that a fire alarm was activated on 11/23/16 at 4:13 p.m.
- * The home's record indicates a fire drill was conducted on 12/30/16 at 4:30 p.m. and on 12/9/16 from "10:05 - 10:11:58." - The home's fire alarm company indicates that the only fire alarm activated in December 2016 was on 12/9/16 at 10:47 a.m.
- * The home's record indicates a fire drill was conducted on 1/11/17 at 1:43 p.m. - The home's fire alarm company indicates that an alarm was activated on 1/11/17 at 1:40 p.m.

The home's fire drill record indicates a fire drill was conducted on 7/7/16 at 3:10 p.m. However, the home's record does not include the amount of time it took for evacuation, the exit route(s) used, does not distinguish the number of residents present in the home compared to the number of residents evacuated, the number of staff persons participating, and problems encountered.

The home's fire drill records indicates a fire drill was conducted on 2/17/17 at "7:43". The record does not indicate AM or PM.

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

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The fire alarm company verified that the time recorded on its records is not always in 'realtime' which accounts for some of the discrepancies in the report times listed. Moving forward, the Maintenance Director will contact the fire alarm company to adjust or correct the time on the panel clock prior to the monthly drill. This will help alleviate further confusion when comparing the fire alarm report with the home's records. Also, the Maintenance Director will have the Executive Director and/or Manager on Duty review the fire drill records each month at the time of the drill to assure all information has been recorded appropriately and that no information is missing.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nichole Mitchem, ED.* Date *9-8-17*

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

The above plan of correction is approved as of <u>10-16-17</u> (Date)	Plan of correction implementation status as of <u>10-18-17</u> (Date)
The above plan of correction was approved by <u><i>NM</i></u> (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

RECEIVED

SEP 11 2017

Violation Report: 44284 - 03/16/2017 - Pfaff, Vicki
PCH Name: ATRIA SOUTH HILLS
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 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 home's safe evacuation time as determined by a fire safety expert on 7/7/16 is 8 minutes and 0 seconds. However, the home conducted a fire drill on 2/17/17 at "7:43" with an evacuation time of 9 minutes and 3 seconds.

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

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The home conducts monthly fire drills with a goal evacuation time of 8 minutes. In the event the total evacuation time exceeds 8 minutes the home will conduct a second fire drill during the month to assure staff and residents can evacuate in the allotted time assigned the the fire safety expert. Any issues that arise during these drills will be addressed by management with further training. The Executive Director or other designee will ensure compliance with PA 2600.132(d).

Immediately: The administrator will monitor all fire drills and the fire drill record to ensure a fire drill is conducted at least once a month and all residents are evacuated to a public thoroughfare or to a fire-safe area within the time specified in writing by a fire safety expert within the past year, and documentation is kept for each fire drill in a record which includes all information required by 2600.132(c). 10-18-17 ✓

Immediately: The administrator shall complete the following steps to reduce the safe evacuation to a time specified in writing by a fire safety expert within the past year:

* Conduct at least two fire drills a month until the home can meet the safe evacuation time specified in writing by a fire safety expert within the past year, for three consecutive months.

* If the home exceeds the safe evacuation time specified in writing by a fire safety expert within the past year, for two consecutive fire drills, the home will add additional staff to the regular schedule and maintain the staffing level at all times.

* Relocate residents who require special assistance with evacuation closer to exits or fire safe areas. 10-18-17 ✓

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, E.D.* Date *9-8-17*

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

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Plan of correction implementation status as of 10-18-17 (Date)

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

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

SEP 11 2017

REGISTRATION AND LICENSING OFFICE
Human Services Licensing

Violation Report: 44284 - 03/18/2017 - Pfaff, Vicki
PCH Name: ATRIA SOUTH HILLS

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #5's most recent medical evaluation was completed on 10/21/15.

Resident #6 had a medical evaluation completed on 12/28/15. However the resident's next medical evaluation was not completed until 2/27/17.

Resident #7 had a medical evaluation completed on 11/28/15. However, the resident's next medical evaluation was not completed until 12/19/16.

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

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Resident #5 received a new medical evaluation on 6/2/17.

Since the annual inspection the home has audited all resident files to assure the annual medical evaluations have been completed per regulation and are on all resident files. All due dates are loaded on a community tracker to monitor dates and assure medical evaluations are scheduled and completed timely.

The Resident Services Director will review the community tracker daily and review with the Executive Director weekly to ensure there is compliance with PA 2600.141(b)(1).

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, E.D.* Date *9-8-17*

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RECEIVED

SEP 11 2017

Page 10 of 12

Violation Report: 44284 - 03/16/2017 - Plaff, Vicki
PCH Name: ATRIA SOUTH HILLS

WEST REGION FIELD OFFICE
Dunwoody, Georgia

1. REGULATION 56 Pa.Code §2600

2600.181(f) - The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his/her medication.

2a. DESCRIPTION OF VIOLATION

On 3/21/17, resident #6's record did not include an accurate list of medications for self-administration by the resident. The home's medication list and the most recent medical evaluation for resident #6 includes docusate sodium 100mg which had been discontinued. Resident #6 is prescribed Warfarin 5mg tablet take 2 tablets on Monday, Wednesday, and Friday; take 1 tablet on Tuesday, Thursday and Sunday. The home's list indicates that resident is to take 2 of the 5mg tablets of Warfarin on Monday, Wednesday, Friday and Saturday, and 1 tablet on Tuesday, Thursday and Sunday.

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

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During the time of review the community obtained a new medication list for Resident #6.

The Resident Services Director/designee has discussed with each resident who is self-medicating that it is their responsibility to maintain a current medication list with the community's wellness office. The Resident Services Director/designee will assess residents identified to self-administer medications every 90 days or with a change of condition. Part of the assessment will include an audit of medications listed on the file in the resident medical record to the medications the resident is administering.

Since the time of the survey all resident medication lists of those self-administering has been compared to the resident medical records. No discrepancies have been identified.

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, E.D.* Date *9-8-17*

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SEP 11 2017

Violation Report: 44284 - 03/16/2017 - Pfaff, Vicki
PCH Name: ATRIA SOUTH HILLS

WEST PENNSYLVANIA OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

Resident #8 is prescribed Systane 0.3%-0.4% eye drops. The resident's medication container of eye drops was marked as having been opened on 2/20/17. Systane eye drops expire 28 days after being opened.

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

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Resident #8 has new eye drops in place. Since the survey the Resident Services Director audited the medication carts and has regular audits in place with both the nursing staff and pharmacy. The Resident Services Director reviewed the regulation and the expectation for regular audits with all staff administering medication.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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, E.D.* Date *9-8-17*

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

The above plan of correction is approved as of 10-18-17 (Date)

Plan of correction implementation status as of 10-18-17 (Date)

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

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

SEP 11 2017

Violation Report: 44284 - 03/16/2017 - Pfaff, Vicki
PCH Name: ATRIA SOUTH HILLS

COMMUNITY CARE LICENSING
Human Services Licensing

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 preadmission screening for resident #4 was completed on [redacted] 15 however the resident was not admitted to the home until [redacted] 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 this 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.

Resident # 4: had a pre-move in assessment completed on [redacted] 16. ^{resident} move was pushed back and the assessment and pre-screen were redone on [redacted] 16, she was then admitted on [redacted] 16. The former nursing director listed [redacted] 15 on her pre-screen, she listed the wrong year. Since the annual inspection all resident files have been audited for any similar discrepancies, none were identified. For any future admissions, the Resident Services Director and Resident Services Supervisor will review each other's paperwork to prevent future errors.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nichole Mitoham, E.D.* Date *9-8-17*

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

The above plan of correction is approved as of 10-16-17 (Date)

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

Plan of correction implementation status as of 10-16-17 (Date)

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

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

PCH Name: ATRIA SOUTH HILLS		License Number: 41284
Address: 6300 CLAIRTON BOULEVARD, PITTSBURGH, PA 15238		County: Allegheny
Administrator: Nichole Milcham		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 PA Dept L&I		RECEIVED OCT 17 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 101	Waking Staff: 76
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Monitoring		
On-Site Inspections Dates and Department Representatives On-Site 09/22/2017: Pfaff, Vicki; Barry, Courtney 09/26/2017: Pfaff, Vicki		
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: 88 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: 4 Number of Hospice Residents In past year: 7	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 85 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 15 Have a Physical Disability: 0	

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OCT 17 2017

Violation Report: 44284 - 09/22/2017 - Pfaff, Vicki
PCH Name: ATRIA SOUTH HILLS

WEST REGIONAL 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

Staff person D, the home's administrator, was made aware of an allegation of verbal abuse from Protective Services involving resident #1 on 9/14/17. The home did not submit an incident report to the Department until 9/28/17.

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 this Plan of Correction 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 South Hills or an agreement by Atria South Hills regarding the truth or accuracy of the facts alleged or conclusions drawn.

The Executive Director and Resident Services Director reviewed PA 2600.16(c). The Executive Director, Resident Services Director, or other designee trained staff on the requirements of 2600.16(c) and instructed staff that any allegation, suspicion, complaint, or knowledge of abuse shall immediately be reported to a department head. This training was completed on 10/11/17 and 10/12/17. Relevant documents are attached hereto. The Executive Director, Resident Services Director, or other designee shall ensure compliance with 2600.16(c).

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *10/13/17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of <u>10-18-17</u> (Date)	Plan of correction implementation status as of <u>10-18-17</u> (Date)
The above plan of correction was approved by <u><i>NM</i></u> (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

RECEIVED

OCT 17 2017

Violation Report: 44284 - 09/22/2017 - Pfaff, Vicki
PCH Name: ATRIA SOUTH HILLS

WEST REGION FIELD OFFICE
Resident Services Licensing

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 8/16/08, did not receive training in the required training topics during the 2016 training year (1/1/16 - 12/31/16) as follows:

- * Medication self-administration
- * Care for residents with dementia and cognitive impairments
- * Personal care service needs of the resident
- * Safe management techniques
- * Care for residents with mental illness (the home presently serves a resident, admitted [redacted] 16).

Direct care staff person B, hired 8/27/12, did not receive training in the required training topics during the 2016 training year (1/1/16 - 12/31/16) as follows:

- * Medication self-administration
- * Instruction on 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 (the home presently serves a resident, admitted [redacted] 16).

Direct care staff person C, hired 1/2/02, did not receive training in the required training topics during the 2016 training year (1/1/16 - 12/31/16) as follows:

- * Medication self-administration
- * Personal care service needs of the resident
- * Care for residents with mental illness (the home presently serves a resident, admitted [redacted] 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 this Plan of Correction 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 South Hills or an agreement by Atria South Hills regarding the truth or accuracy of the facts alleged or conclusions drawn.

The Resident Services Director reviewed 2600.65(f). Direct care staff persons A, B, and C were all retrained on the specific topics referenced above. The Resident Services Director also conducted a more comprehensive in-service with all direct care staff regarding 2600.65(f) which took place on 10/11/17 and 10/12/17. Relevant documents attached hereto. The Executive Director, Resident Services Director, or other designee shall ensure compliance with 2600.65(f).

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *10-13-17*

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

The above plan of correction is approved as of 10-18-17
(Date)

Plan of correction implementation status as of 10-18-17
(Date)

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

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

Immediately: All staff training shall be monitored through the quality management review process.

10-8-17y

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OCT 17 2017

Violation Report: 44284 - 09/22/2017 - Pfaff, Vicki
PCH Name: ATRIA SOUTH HILLS

WEST REGION FIELD OFFICE
HUMAN SERVICES LICENSING

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 home's fire safety expert designated a fire safe evacuation time of 8 minutes and 0 seconds on 7/7/16. However, the home conducted fire drills which exceeded the safe evacuation time as follows:
* On 5/23/17 at 6:44 a.m., with an evacuation time of 12 minutes, 43 seconds
* On 8/30/17 at 4:11 p.m., with an evacuation time of 8 minutes, 57 seconds

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 this Plan of Correction 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 South Hills or an agreement by Atria South Hills regarding the truth or accuracy of the facts alleged or conclusions drawn.

The Executive Director and other designees reviewed 2600.132(d). Fire Drills conducted in August, September, and October, 2017 were completed within the requisite time prescribed by the fire safety expert. The Executive Director or other designees shall ensure compliance with 2600.132(d).

Immediately: The administrator will monitor all fire drills and the fire drill record to ensure a fire drill is conducted at least once a month and all residents are evacuated to a public thoroughfare or to a fire-safe area within the time specified in writing by a fire safety expert within the past year, and documentation is kept for each fire drill in a record which includes all information required by 2600.132(c). 10-18-17

Immediately: The administrator shall complete the following steps to reduce the safe evacuation to a time specified in writing by a fire safety expert within the past year:

- * Conduct at least two fire drills a month until the home can meet the safe evacuation time specified in writing by a fire safety expert within the past year, for three consecutive months.
- * If the home exceeds the safe evacuation time specified in writing by a fire safety expert within the past year, for two consecutive fire drills, the home will add additional staff to the regular schedule and maintain the staffing level at all times.
- * Relocate residents who require special assistance with evacuation closer to exits or fire safe areas. 10-18-17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nichelle Mitchem, Executive Director* Date *10-13-17*

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

The above plan of correction is approved as of 10-18-17 (Date)

Plan of correction implementation status as of 10-18-17 (Date)

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

The above plan of correction was approved by 10-18-17 (Initials)

OCT 17 2017

Violation Report: 44284 - 09/22/2017 - Piaff, Vicki
PCH Name: ATRIA SOUTH HILLS

REGISTRATION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident # 1's had a medical evaluation completed on 6/9/16. However the resident's next medical evaluation was not completed until 7/14/17.

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 this Plan of Correction 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 South Hills or an agreement by Atria South Hills regarding the truth or accuracy of the facts alleged or conclusions drawn.

The Executive Director and Resident Services Director reviewed 2600.141(b)(1). The Executive Director and Resident Services Director reviewed resident files to ensure full compliance with 2600.141(b)(1). The community tracks all relevant dates for resident medical evaluations which are monitored by the Executive Director and Resident Services Director. The Executive Director and Resident Services Director will ensure compliance with 2600.141(b)(1).

Immediately: The Resident Services Director shall review the community tracker daily and review with the Executive Director weekly. 10-18-17

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Nichole Mitchem, Executive* Date *10/13/17*

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

The above plan of correction is approved as of 10-18-17
(Date)

Plan of correction implementation status as of 10-18-17
(Date)

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

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

OCT 17 2017

Violation Report: 44284 - 09/22/2017 - Pfaff, Vicki
PCH Name: ATRIA SOUTH HILLS

WEST HAVEN FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2800

2600.181(f) - The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his/her medication.

2a. DESCRIPTION OF VIOLATION

On 9/22/17, resident #2's record did not include an accurate list of medications for self-administration by the resident. The resident is prescribed Furosemide 20mg 1 tablet by mouth daily for edema. The medication was not listed on the resident's medication evaluation dated 8/9/17 which serves as the home's list of medications that the resident self-administers.

On 9/22/17, resident #3's record did not include an accurate list of medications for self-administration by the resident. The resident is prescribed Lisinopril 5mg 1 tablet by mouth daily. The medication was not listed on the resident's medication evaluation dated 6/28/17 which serves as the home's list of medications that the resident self-administers.

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 this Plan of Correction 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 South Hills or an agreement by Atria South Hills regarding the truth or accuracy of the facts alleged or conclusions drawn.

The Executive Director and Resident Services Director reviewed 2600.181(f). The community provided communications to all residents that self-administer medications the importance of notifying community personnel of any change in prescriptions or physician orders. A copy of this communication is attached hereto. The Executive Director and Resident Services Director reviewed all medications for self-administering residents to ensure all list are accurate and up to date. The Executive Director, Resident Services Director, or other designee will ensure compliance with 2600.181(f).

Immediately: The administrator or designee shall audit all resident medications for residents who are self-administering medications on a monthly basis to ensure the resident's record has a current list of prescription, OTC and CAM medications for each resident. 10-18-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Vicki Pfaff

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

Nichole Mitcham, Executive Director

Date *10/13/17*

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

The above plan of correction is approved as of 10-16-17
(Date)

Plan of correction implementation status as of 10-18-17
(Date)

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

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

RECEIVED

OCT 17 2017

Violation Report: 44204 - 09/22/2017 - Pfaff, Vicki
PCH Name: ATRIA SOUTH HILLS

WEST REGIONAL OFFICE
Human Services

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 #4 is assessed as able to self-administer medications. On 9/22/17, the following expired medications were present in the resident's room:

- * ASA 81 mg tablets with prescription label that indicates medication expires 3/29/14.
- * Metoprolol 25mg tablets with a prescription label that indicates medication is to be discarded after 1/16/17.
- * Losartan Potassium 25 mg tablets with a pharmacy label that indicates medication is to be discarded 1/6/17.
- * Glipizide 5mg tablets with a pharmacy label that indicates medication is to be discarded 10/6/16.

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 South Hills submits this Plan of Correction 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 South Hills or an agreement by Atria South Hills regarding the truth or accuracy of the facts alleged or conclusions drawn.

The Executive Director and Resident Services Director reviewed 2600.183(d). The community properly disposed of Resident #4's expired medications at the time of the inspection. The community communicated with all self-administering residents the importance of properly disposing of any expired medications. The Resident Services Director in-serviced staff on 2600.183(d) on 9/27/17 and 10/12/17. The Executive Director, Resident Services Director, or other designee shall ensure compliance with 2600.183(d).

Immediately: The administrator or designee shall audit all resident medications for residents who are self-administering medications on a monthly basis to ensure only current prescriptions, OTC, sample and CAM medications for individuals living in the home are kept in the home. 10-18-17

Repeat Violation: No	Date(s) of Previous Violation(s)		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Nichole Mitcham</i>
--	------------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Nichole Mitcham, Executive Director</i>	<i>10-13-17</i>

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

The above plan of correction is approved as of 10-18-17
(Date)

Plan of correction implementation status as of 10-18-17
(Date)

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

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

OCT 17 2017

Violation Report: 44284 - 09/22/2017 - Pfaff, Vicki PCH Name: ATRIA SOUTH HILLS	WEST REGION FIELD OFFICE Human Services Licensing
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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
 On 9/22/17, the glucometers for residents #5, #6, #7 and #8 were not calibrated to current date and time.

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 this Plan of Correction 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 South Hills or an agreement by Atria South Hills regarding the truth or accuracy of the facts alleged or conclusions drawn.

The Executive Director and Resident Services Director reviewed 2600.185(a). The Resident Services Director or other designee corrected the dates and times of all glucometers for Residents #5, #6, #7, and #8. On 9/26/17 Astis Pharmacy in-serviced staff on the use of glucometers and how to properly set the correct date and time. Relevant documents are attached hereto.

Immediately: The administrator or designee qualified to administer insulin medications shall audit all resident glucometers weekly for three months and monthly thereafter to ensure all resident glucometers are accurately calibrated. 10-18-17

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	<i>Nichole Mitcham</i>
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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
<i>Nichole Mitcham, Executive Director</i>	<i>10/13/17</i>

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

The above plan of correction is approved as of <u>10-18-17</u> (Date)	Plan of correction implementation status as of <u>10-18-17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (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