



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JUL 28 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

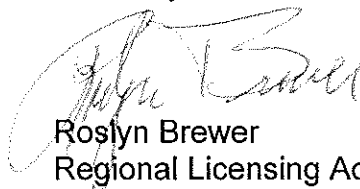
RE: Atria Center City
150 North 20th Street
Philadelphia, Pennsylvania 19103
License #: 136570

Dear Mr. Hudson:

As a result of the Department of Human Services' licensing inspection on 4/21/2017 on which we conducted on-site inspections] 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,



Roslyn Brewer
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: ATRIA CENTER CITY		License Number: 13657
Address: 150 NORTH 20TH STREET, PHILADELPHIA, PA 19103		County: Philadelphia
Administrator: Chireta Segal		Region: SOUTHEAST
Legal Entity Name: WG CENTER CITY SH LLC		
Legal Entity Address: 300 EAST MARKET ST SUITE 100, LOUISVILLE, KY 40202		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 149	Working Staff: 112
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
04/21/2017: Brewer, Roslyn		
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: 160	Number of Residents who:	Receive Supplemental Security Income: 0
Number of Residents Served: 129		Are 60 Years of Age or Older: 129
Secured Dementia Care Unit in Home: No		Have Mental Illness: 0
Area:		Have an Intellectual Disability: 1
Secured Dementia Unit Capacity, If Applicable:		Have a Mobility Need: 20
Number of Residents Served in Secured Dementia Care Unit, If applicable:		Have a Physical Disability: 3
Number of Current Hospice Residents: 3		
Number of Hospice Residents in past year: 7		

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Violation Report: 13657 - 04/21/2017 - Brewer, Roslyn
 PCH Name: ATRIA CENTER CITY

1. REGULATION 65 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 2/17/17 an allegation of undignified treatment of resident #1 . Resident #1 returned from a rehabilitation center and was having a hard time ambulating. Direct care staff person A did not offer help to ambulate into the wheelchair causing bruising and pain to resident right arm.

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

Upon return of staff member A, the community, specifically the Resident Services Director, will provide additional training regarding resident dignity and respect as well as proper transfer techniques. Employee A will also be observed while providing care by the Resident Services Supervisor during the first two shifts scheduled upon returning to the community. Employee A will not be assigned to work on the floor that Resident 1 resides on. Employee A will not be assigned to provide care for Resident 1. In the event of an emergency there may be a need for Employee A to interact with and/or assist Resident 1.

Within 10 days of receipt of this plan of correction, ALL STAFF will be trained by the administrator or designee on treating all residents with dignity and respect. The home will provide a copy of the training to the Department upon completion.

This training on Dignity and Respect will be conducted within 6 months of the training, noted above, to ALL STAFF, and annually thereafter.



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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christa Segal	Date 5/18/2017
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *5/22/17*
 (Date)

Plan of correction implementation status as of *5/22/17*
 (Date)

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

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