



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 25 2017

Mr. W. Bryan Hudson,
EVP, General Counsel and Secretary
SHP V Willistown LLC
Attn: Legal Dept.
300 East Market Street, Suite 100
Louisville, Kentucky 40202

RE: Atria Willistown
1713 West Chester Pike
West Chester, Pennsylvania 19382
License #: 142450

Dear Mr. Hudson:

As a result of the Department of Human Services' annual licensing inspection on July 19, 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

Violation Report: 14245 - 05/24/2017 - Kazlmer, Lauren
 PCH Name: ATRIA WILLISTOWN

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, admitted on [redacted] 17, was not signed by 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.

Atria Willistown 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 Willistown or an agreement by Atria Willistown as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

All contracts will 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. The Executive Director, Community Business Director ("CBD"), and other designee reviewed 55 PA 2600.25(b) to ensure future compliance. The Executive Director or other designee will complete a monthly audit to ensure compliance with PA 2600.25(b). The CBD or other designee will complete an audit of all admission contracts by 7/15/17 to ensure all contracts comply with PA 2600.25(b).

The administrator will meet with Resident #1 to obtain the residents signature on the contract for the residents admission on [redacted] 17, within 10 days of receipt of this plan of correction.
 SW 7.12.17

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

[Handwritten Signature]

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

Pamela Reiger

Date: *7-14-2017*

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

The above plan of correction is approved as of <i>7/12/17</i> (Date)	Plan of correction implementation status as of <i>7/28/17</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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

Violation Report: 14245 - 05/24/2017 - Kazimer, Lauren
 PCH Name: ATRIA WILLISTOWN

1. REGULATION 55 Pa.Code §2600
 2600.28(f)(2) - Refunds shall be made within 30 days of the resident's discharge.

2a. DESCRIPTION OF VIOLATION
 Resident #2 was discharged on [redacted] 17. The required refund was not approved for payment until 6/25/17.

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.

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The Executive Director and Community Business Director reviewed PA 2600.28(f)(2) to ensure future compliance. Moving forward, all resident refunds will be made within 30 days of th resident's discharge date. The Community Business Director will complete an audit of all residents discharged in 2017 and the audit will be completed by 7/15/17. The Executive Director and/or Community Business Director will conduct a monthly audit to ensure all refunds are completed within the 30 days

The Executive Director and Community Business Director reviewed PA 2600.28(f)(2) to ensure future compliance. Moving forward, all resident refunds will be made within 30 days of th resident's discharge date. The Community Business Director will complete an audit of all residents discharged in 2017 and the audit will be completed by 7/15/17. The Executive Director and/or Community Business Director will conduct a monthly audit to ensure all refunds are completed within the 30 days of discharge of any resident, starting immediately @ 7/12/17

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

Amela Denis

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

Pamela Keizer

Date *7-14-2017*

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

The above plan of correction is approved as of <u>7/12/17</u> (Date)	Plan of correction implementation status as of <u>7/28/17</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

Violation Report: 14245 - 05/24/2017 - Kazimer, Lauren
 PCH Name: ATRIA WILLISTOWN

1. REGULATION 55 Pa.Code §2600
 2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
 Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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.

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The Executive Director and Community Business Director reviewed PA 2600.41(e) to ensure future compliance. The Community Business Director or other designee will complete an audit by 7/15/17 to ensure that all residents and/or the respective designated person signed the statement acknowledging receipt of a copy of the resident rights and complaint procedures. If any are found not to have one, the Community Business Director/designee will provide a copy to the resident and/or the resident's designated person and have them sign a statement of receipt. The Community Business Director/designee will conduct a monthly audit to ensure all new admissions receive a copy of the residents rights and complaint procedures and signed in acknowledgement

The administrator will meet with Resident #1 to obtain the residents signature to acknowledge receipt of a copy of the resident rights, within 10 days of receipt of this plan of correction.
 SW 7.12.17

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

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

The above plan of correction is approved as of 7/12/17
 (Date)

Plan of correction implementation status as of 7/28/17
 (Date)

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

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

Violation Report: 14245 - 05/24/2017 - Kazimer, Lauren
 PCH Name: ATRIA WILLISTOWN

1. REGULATION 65 Pa.Code §2600
 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION
 Aerosol deodorant, antibacterial liquid hand soap, and skin repair cream with a manufacture's label indicating "If swallowed, get medical help or contact a Poison Control Center right away", was unlocked in resident #3's room. Resident #3 resides in the home's secured dementia care unit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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All staff, including secured dementia unit staff, will be in-serviced on PA 2600.82(c) by 7/7/17. The Executive Director, Resident Services Director, Life Guidance Director, and/or other designee completed an audit on 5/25/17 to ensure compliance with PA 2600.82(c). Moving forward, all poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials. The Executive Director, Resident Services Director, Life Guidance Director, and/or other designees shall complete weekly audits to ensure all poisonous materials are locked and inaccessible to 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) Date

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

The above plan of correction is approved as of 7/20/17 (Date)

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

Plan of correction implementation status as of 7/20/17 (Date)

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

Violation Report: 14245 - 05/24/2017 - Kazimer, Lauren
 PCH Name: ATRIA WILLISTOWN

1. REGULATION 55 Pa.Code §2600
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 One trash can in the main kitchen did not have a lid.

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.

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Atria Willistown installed a cover on the above-referenced trash can at the time of the inspection. The Culinary Services Director, Maintenance Director, and/or other designees reviewed 2600.85(d) to ensure future compliance. Moving forward, all trash receptacles in kitchens and bathrooms shall be covered to prevent the penetration of insects and rodents. The Culinary Services Director, Maintenance Director, and/or other designees will perform daily checks to ensure compliance with PA 2600.85(d).

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tamek Rayer* Date *7-14-2017*

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

The above plan of correction is approved as of *7/17/17*
 (Date)

Plan of correction Implementation status as of *7/18/17*
 (Date)

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

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

Violation Report: 14245 - 05/24/2017 - Kazimer, Lauren
 PCH Name: ATRIA WILLISTOWN

1. REGULATION 65 Pa.Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 There were no emergency phone numbers posted near the telephones in room #214 and room #223.

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.

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Atria Willistown posted the requisite numbers near the telephones in apartments 214 and 223 at time of inspection. The Executive Director and Maintenance Director reviewed PA 2600.91. An audit was completed on 5/25/17 of all telephones with an outside line to ensure the telephone numbers for the nearest hospital, police department, ambulance, poison control, local emergency management and personal care home complaint hotline are posted. the requisite numbers were posted near any telephone not in compliance with PA 2600.91. The Maintenance Director or other designee will complete a monthly audit to ensure compliance with PA 2600.91.

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 7-14-2017

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

The above plan of correction is approved as of 7/12/17
 (Date)

Plan of correction implementation status as of 7/28/17
 (Date)

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

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

Violation Report: 14245 - 06/24/2017 - Kazimer, Lauren
 PCH Name: ATRIA WILLISTOWN

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 There was no light bulb in the bedside lamp in room #320.

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.

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Atria Willistown replaced the subject light bulb at the time of the inspection. The Maintenance Director reviewed PA 2600.101(j)(7). An audit was completed on 5/25/17 to ensure each resident has an operable lamp or other source of lighting that can be turned on at bedside. The Maintenance Director will complete a monthly audit to ensure each resident has an operable lamp or other source of lighting that can be turned on at bedside.

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

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

The above plan of correction is approved as of 7/12/17
 (Date)

Plan of correction implementation status as of 7/28/17
 (Date)

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

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

Violation Report: 14245 - 05/24/2017 - Kazimer, Lauren
 PCH Name: ATRIA WILLISTOWN

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
 One box of steaks and one box of hamburgers patties were opened and unsealed in the main kitchen walk-in freezer.

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.

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The Culinary Services Director reviewed PA 2600.103(g). The walk in freezer and refrigerator were both inspected on 5/25/17 by the Culinary Services Director and all food that was not stored in closed or sealed containers was discarded. The Culinary Services Director will ensure all food will be stored in closed or sealed containers. The Culinary Services Director will also conduct an inservice for culinary staff by 7/7/17.

The Culinary Services Director will conduct weekly audits of all food stored in the kitchen, starting within 10 days of receipt of this Plan of correction.
 SW 7/12/17

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 7-14-2017

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

The above plan of correction is approved as of <u>7/28/17</u> (Date)	Plan of correction implementation status as of <u>7/28/17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

Violation Report: 14245 - 05/24/2017 - Kazimer, Lauren
 PCH Name: ATRIA WILLISTOWN

1. REGULATION 65 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 had not been submitted annually to the municipal emergency management agency.

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.

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The Executive Director and Maintenance Director reviewed PA 2600.107(d). A copy of the written emergency procedures was submitted to the municipal emergency management agency on 5/25/17. The Maintenance Director or other designee will ensure that the written emergency procedures will be submitted annually to the municipal emergency management agency after it has been reviewed.

The Maintenance Director will schedule the annual fire safety inspection and fire drill annually prior to 12/16/17. SW 7/12/17

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Samuel Reiser* Date *7-14-2017*

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The above plan of correction is approved as of *7/12/17*
 (Date)

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

Plan of correction implementation status as of *7/28/17*
 (Date)

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

Violation Report: 14245 - 05/24/2017 - Kazimer, Lauren
 PCH Name: ATRIA WILLISTOWN

1. REGULATION 65 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 most recent fire safety inspection and drill observed by a fire safety expert were conducted on December 18, 2016. The previous fire safety inspection and observed drill were conducted on September 23, 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.

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The Executive Director and Maintenance Director reviewed PA 2600.132(b). The Maintenance Director or other designee will monitor and document the community fire safety inspection and ensure that the fire drill, conducted by a fire safety expert, is completed annually.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
PAMELA REIGER	7-14-2017

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The above plan of correction is approved as of 7/14/17
 (Date)

Plan of correction implementation status as of 7/23/17
 (Date)

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

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

Violation Report: 14245 - 05/24/2017 - Kazimer, Lauren
 PCH Name: ATRIA WILLISTOWN

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 #4, admitted on [redacted] 17, had an initial medical evaluation completed on [redacted] 18.

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.

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The Executive Director, Resident Services Director ("RSD"), and/or other designees reviewed PA 2600.141(a)(1). An audit of all new medical evaluations dated on or after 7/3/17 will be completed by 8/2/17 to ensure all residents have a current medical evaluation by a physician. The RSD/designee will ensure that all new admissions will have a completed DME by a physician, physician assistant or certified registered nurse practitioner within 60 days prior to admission or within 30 days after admission, by monitoring new admission documentation. *on 7/12/17*

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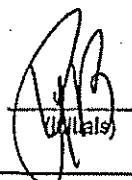
Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> Pamela Reiner	Date 7-14-2017
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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 (Date)

Plan of correction implementation status as of 7/28/17
 (Date)

The above plan of correction was approved by 
 (Signature)

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

Violation Report: 14245 - 05/24/2017 - Kazimer, Lauren
 PCH Name: ATRIA WILLISTOWN

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 Initial medical evaluation was completed on [redacted] 16 and their annual medical evaluation was completed on 6/10/17.

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, Resident Services Director ("RSD"), and/or other designee reviewed PA 2600.141(b)(1). An audit of all resident medical evaluations will be completed by 8/2/17 to ensure all residents have an evaluation annually. The RSD/designee will monitor the online tracker to ensure all resident have a medical evaluation at least annually, *Starting immediately* (with arrow pointing to the word "immediately")

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

Amelia Reiter

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

Amelia Reiter Date *7-14-2017*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

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 (Date)

Plan of correction implementation status as of *7/28/17*
 (Date)

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 (Initials)

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

Violation Report: 14245 - 05/24/2017 - Kazimer, Lauren
 PCH Name: ATRIA WILLISTOWN

1. REGULATION 56 Pa.Code §2600
 2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION
 Resident #8, who has not been assessed for the ability to self-administer medications, had a bottle of Tylenol 500mg on their bathroom counter on 6/25/17.

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.

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The Executive Director, Resident Services Director ("RSD"), and/or other designee reviewed PA 2600.181(c). A letter will be distributed to all residents and their responsible party that only residents who have been assessed and have an order to self administer from their physician may have prescribed or OTC medication in their apartment. Staff will be inserviced and instructed to report medications found in an apartment to the RSD/designee. The RSD will ensure compliance with PA 2600.181(c).

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

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

Date 7-14-2017

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

The above plan of correction is approved as of 7/14/17
 (Date)

Plan of correction implementation status as of 7/20/17
 (Date)

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

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

Violation Report: 14245 - 05/24/2017 - Kazimer, Lauren
 PCH Name: ATRIA WILLISTOWN

1. REGULATION 66 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's Trazadone 50mg was discontinued on 4/20/17 and was located in the medication cart on 5/25/17.
- Resident #4's Sertraline HCL 25mg was discontinued on 5/10/17 and was located in the medication cart on 5/25/17.

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 Willistown 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 Willistown or an agreement by Atria Willistown as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

The Executive Director, Resident Services Director ("RSD"), and/or other designee reviewed PA 2600.183(d). An audit of all resident medication records was completed on 6/29/17 to ensure only current prescription, OTC, sample and CAM for all individuals living in the home are on the cart. Med tech and nursing staff to be inservice by 7/7/17. Staff will complete 3 way cart audit to ensure no discontinued medications are available on the cart. The RSD or other designee will ensure compliance with PA 2600.183(d).

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

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

Date 7-14-2017

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

The above plan of correction is approved as of 7/12/17
 (Date)

Plan of correction implementation status as of 7/28/17
 (Date)

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

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

Violation Report: 14245 - 05/24/2017 - Kazimer, Lauren
 PCH Name: ATRIA WILLISTOWN

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name;
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #3 has an order for Ibuprofen 600mg, take one tab twice daily. The script label reads, take one tab by mouth daily.

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.

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The Executive Director, Resident Services Director ("RSD"), and/or other designee will review PA 2600.184(a). Staff will be inserviced by 7/7/17 to ensure that the prescription label matches the order or the direction change match the label present. The RSD/designee will complete weekly cart checks and ensure compliance with PA 2600.184(a).

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

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

Date 7-19-2017

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

The above plan of correction is approved as of 7/12/17
 (Date)

Plan of correction implementation status as of 7/28/17
 (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: 14245 - 05/24/2017 - Kazimer, Lauren
 PCH Name: ATRIA WILLISTOWN

1. REGULATION 56 Pa.Code §2800

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

- The medication administration record for resident #7 does not include the diagnosis or purpose for the following medications: Folic acid 0.4mg, Hydralazine XR 20mg, and Pantoprazole sodium 40mg.

- The medication administration record for resident #8 does not include the diagnosis or purpose for the following medications: Simvastatin 40mg, Donepezil HCL 10mg, and Losartan Potassium 50mg.

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 Willistown 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 Willistown or an agreement by Atria Willistown as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

The Executive Director, Resident Services Director ("RSD"), and/or other designees will review PA 2600.187(a). Staff will be inserviced by 7/7/17. All new orders will triple checked for accuracy. After initial verification two additional checks will be performed utilizing the Atria form attached. The RSD will ensure compliance with PA 2600.187(a).

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>		
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>		Date
PAMELA REJEL		7-14-2017

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

The above plan of correction is approved as of 7/14/17
 (Date)

Plan of correction implementation status as of 8/10/17
 (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: 14245 - 05/24/2017 - Kazimer, Lauren
 PCH Name: ATRIA WILLISTOWN

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

- On 5/24/17, at 9am, resident #7's Victoza 0.3mL and Novolog 15 units were held due to a low blood glucose level. Staff person A did not document this hold order on the medication administration record.

- On 5/25/17, at 9am, staff person A took resident #7's blood glucose level and administered Levemir 35 units, Novolog 15 units, and Victoza 0.3mL. Staff person A did not initial the medication record until 11am.

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.

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The Executive Director, Resident Services Director ("RSD"), and/or other designees reviewed PA 2600.187.(b). Staff to be inserviced on proper documentation on Medication Administration by 7/7/17. RSD/designee will randomly review MARS to identify any medications that were not signed at time of administration. Staff will be coached, counseled, and disciplined as needed. The RSD will ensure compliance with PA 2600.187(b), by reviewing the MAR's at least bi-monthly, starting immediately.

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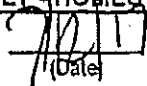
Signature of Legal Entity Representative
 (Required on EVERY Page)

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

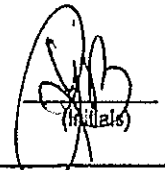
PAMELA REISER

Date 7-14-2017

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

The above plan of correction is approved as of 
 (Date)

Plan of correction implementation status as of 8/10/17
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 14245 - 05/24/2017 - Kazlmer, Lauren
 PCH Name: ATRIA WILLISTOWN

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

2a. DESCRIPTION OF VIOLATION

- Resident # 1 did not receive a scheduled dose of Amitriptyline HCL 10mg on 4/18/17 and 4/19/17 because the medication was not available in the home.
- Resident #7 has an order for Oxyfast oral solution 10mg.0.5mL to be given every 8 hours around the clock. On 5/25/17, at 12am and 8am, the resident did not receive the Oxyfast medication as prescribed.
- Resident #7 has an order for accuchecks daily at 9am. Accuchecks were not performed on the following days: 4/2, 4/7, 4/13, 4/16, 4/24, and 4/25/17.

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.

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The Executive Director, Resident Services Director ("RSD"), and/or other designees will review PA 187(d). Staff to be inserviced on medication policy MED-023 and MED-001-PA and by 7/7/17. A second training will be completed by 7/30/17. Staff to complete cart audits to ensure all medications are available. The RSD or other designee will ensure compliance with PA 2600.187(d), by monitoring the medications at least bi-monthly, starting immediately. *on 7/2/17*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Pamela Reiger</i>	Date <i>7-14-2017</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *7/14/17*
 (Date)

Plan of correction implementation status as of *8/10/17*
 (Date)

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

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

Violation Report: 14245 - 05/24/2017 - Kazimer, Lauren
 PCH Name: ATRIA WILLISTOWN

1. REGULATION 65 Pa.Coda §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

- Staff person B's most recent annual practicum on file for medication administration was completed on 3/23/2010.
- Staff person C's initial training for medication administration was completed on 2/8/2016.
- Staff person D's most recent annual practicum for medication administration training was completed on 4/4/2018.

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.

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Staff person B annual practicum was completed on 4/7/17.
 Staff person C initial training was completed on 6/2/17.
 Staff person D initial training was completed on 6/2/17.

The train the trainer will monitor regularly that all training has been completed in a timely fashion.

The train the trainer or designee will conduct an audit of all staff administering medications training requirements and the annual Practicum within 15 days of receipt of this plan of correction to ensure all staff have completed the necessary training to administering medications.

The train the trainer will maintain a training tickler of the due date's bi-annual reviews/observations and annual practicums for all staff administering Medications, starting immediately. SW 7/12/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>			
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>			Date
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE			
The above plan of correction is approved as of		Plan of correction implementation status as of	
(Date) <i>7/12/17</i>		(Date) <i>7/12/17</i>	
The above plan of correction was approved by		<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	
(Initials) <i>[Signature]</i>			

Violation Report: 14245 - 05/24/2017 - Kazimer, Lauren
 PCH Name: ATRIA WILLISTOWN

1. REGULATION 55 Pa.Code §2600
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
 There is no documentation that resident #1 has been educated to the right to refuse medication if the resident believes that there may be a medication error.

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.

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The Executive Director and Community Business Director reviewed PA 2600.191. Residents are educated to this right during the move in process by acknowledgement in signature of the resident right section of the lease agreement. The Community Business Director/designee will complete an audit by 7/15/17 to ensure all resident/resident designated person have a signed statement acknowledging the receipt of a copy of the resident right and complaint procedure. If any are found without signature the Community Business Director/designee will provide a copy to the resident/resident designated person to have them sign a statement of receipt. The Community Business Director/designee will conduct a monthly audit to ensure all new admissions have received a copy of the residents rights and complaint procedure and have signed an acknowledgment. The Community Business Director will ensure compliance with PA 2600.191.

The administrator will meet with Resident #1 to educate the resident on the right to refuse medication if they believe it is in error, within 10 days of receipt of this plan of correction.

SW 7.12.17

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jamelle Keiser* Date *7-14-2017*

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

The above plan of correction is approved as of *7/12/17*
 (Date)

Plan of correction implementation status as of *7/12/17*
 (Date)

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

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

Violation Report: 14245 - 05/24/2017 - Kazlmer, Lauren
 PCH Name: ATRIA WILLISTOWN

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

Resident #1 was admitted on [redacted] 17 and the home completed the preadmission screening on [redacted] 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.

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The Executive Director, Resident Services Director ("RSD"), and/or other designee reviewed PA 2600.224(a). An audit of all new pre-admissions dated on or after 7/3/17 will be completed by 8/2/17 to ensure all residents have a completed pre-admission screen. The RSD/designee will ensure that all new admissions have a pre-admission screen *completed prior to admission, starting immediately.*

(SR)

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
Tamera Reiter		7-14-2017
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of	<i>[Signature]</i> (Date)	Plan of correction implementation status as of <i>7/28/17</i> (Date)
The above plan of correction was approved by	<i>[Signature]</i> (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

Violation Report: 14245 - 05/24/2017 - Kazimer, Lauren
 PCH Name: ATRIA WILLISTOWN

1. REGULATION 55 Pa.Code §2600
 2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 Resident #4, admitted to the SDCU on [REDACTED] 17, had an initial medical evaluation completed on [REDACTED] 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.

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The Executive Director, Resident Services Director ("RSD"), and/or other designee reviewed PA 2600.231(b). An audit of all new medical evaluations dated on or after 7/3/17 will be completed by 8/2/17 to ensure all residents admitted to SDCU have a current medical evaluation by a physician. The RSD/designee will ensure that all new admissions will have a completed DME by a physician, physician assistant or certified registered nurse practitioner within 60 days prior to admission. Directors will be re-educated to this regulation by 7/7/17. The RSD will ensure compliance.

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

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

Jamela Reiger

Date: 7-14-2017

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

The above plan of correction is approved as of <u>7/23/17</u> (Date)	Plan of correction implementation status as of <u>7/23/17</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

Violation Report: 14245 - 05/24/2017 - Kazimer, Lauren
 PCH Name: ATRIA WILLISTOWN

1. REGULATION 55 Pa.Code §2600
 2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 Resident #4, admitted to the SDCU on [redacted] 17, did not have a cognitive screening completed until [redacted] 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.

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The Executive Director, Resident Services Director ("RSD"), and/or other designee reviewed PA 2600.231(c). An audit of all new cognitive pre-admission screens dated on or after 7/3/17 will be completed by 8/2/17 to ensure all residents have a current pre-admission screen. The RSD/designee will ensure that all new admissions will have a completed cognitive pre-admission screen within 72 hours prior to admission. Department Directors will be re-educated on this regulation by 7/7/17. The RSD will ensure compliance.

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 7-14-2017

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

The above plan of correction is approved as of <u>7/13/17</u> (Date)	Plan of correction implementation status as of <u>7/13/17</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

Violation Report: 14245 - 05/24/2017 - Kazlmer, Lauren
 PCH Name: ATRIA WILLISTOWN

1. REGULATION 55 Pa.Code §2800
 2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 Resident #4 was admitted to the SDCU on [redacted] 7. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

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.

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The Executive Director, Community Business Director, Life Guidance Director ("LGD"), and/or other designee reviewed PA 2600.231(e). An audit of all new SDCU resident records dated on or after 7/3/17 will be completed by 8/2/17 to ensure all residents and residents designated persons have not objected to the resident's admission or transfer to the secured dementia care unit. The LGD/designee will ensure that all new admissions to SDCU will have a completed resident record acknowledging no objection to the admission or transfer to the secured dementia care unit. Department Directors will be re-educated on this regulation by 7/7/17. The LGD will ensure compliance.

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 7-14-2017

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

The above plan of correction is approved as of 7/21/17
 (Date)

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

Plan of correction Implementation status as of 7/23/17
 (Date)

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

Violation Report: 14245 - 05/24/2017 - Kazimer, Lauren
 PCH Name: ATRIA WILLISTOWN

1. REGULATION 55 Pa.Code §2600
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION
 - Resident #1's Tuberculin Skin Test Record form contains white-out.
 - Resident #4's Room Change Addendum in their business file contains white-out.

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 Willistown 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 Willistown or an agreement by Atria Willistown as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

The Executive Director ("ED"), Resident Services Director, Life Guidance Director, and/or other designees reviewed PA 2600.251(b). Department Directors and care staff to be educated on this regulation by 7/17/17. ED/designee will monitor to ensure compliance.

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 7-14-2014

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The above plan of correction is approved as of 7/12/17
 (Date)

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

Plan of correction implementation status as of 7/20/17
 (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 WILLISTOWN		License Number: 14245
Address: 1713 WEST CHESTER PIKE, WEST CHESTER, PA 19382		County: Chester
Administrator: Pamela Reiger		Region: SOUTHEAST
Legal Entity Name: SHP V WILLISTOWN LLC		
Legal Entity Address: 3348 PEACHTREE ROAD SUITE 1100, ATLANTA, GA 30328		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 102	Working Staff: 77
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s), Interim		
On-Site Inspection Dates and Department Representatives On-Site 07/19/2017: Kazimer, Lauren		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Date:		
Licensed Capacity: 104	Number of Residents who:	Receive Supplemental Security Income: 0
Number of Residents Served: 67		Are 60 Years of Age or Older: 67
Secured Dementia Care Unit in Home: Yes		Have Mental Illness: 1
Area: Life Guidance		Have an Intellectual Disability: 0
Secured Dementia Unit Capacity, if Applicable: 35		Have a Mobility Need: 35
Number of Residents Served in Secured Dementia Care Unit, if applicable: 23		Have a Physical Disability: 2
Number of Current Hospice Residents: 6		
Number of Hospice Residents in past year: 9		

Violation Report: 14246 - 07/19/2017 - Kazimer, Lauren
 PCH Name: ATRIA WILLISTOWN

1. REGULATION 55 Pa.Code §2800
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
 On 7/19/17, one box of hamburger patties, one box of breaded chicken, and two containers of ice cream were opened and unsealed in the main kitchen walk-in freezer..

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 Willistown 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 Willistown or an agreement by Atria Willistown as the truth, accuracy or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

On July 23, 2017 all culinary staff were in-serviced on PA 2600.103(g). To ensure this is done daily the Director of Culinary Services has specifically added this task to the daily check list. Director of Culinary Services or designee will monitor daily to ensure compliance with PA 2600.103(g).

Repeat Violation:	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Ronald Keizer - EXECUTIVE DIRECTOR	8-10-2017

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The above plan of correction is approved as of <u>8/10/17</u> (Date)	Plan of correction implementation status as of <u>8/10/17</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

Violation Report: 14246 - 07/19/2017 - Kozlmer, Lauren
 PCH Name: ATRIA WILLISTOWN

- 1. REGULATION 56 Pa.Code §2800**
 2800.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:
- (1) Resident's name.
 - (2) Drug allergies.
 - (3) Name of medication.
 - (4) Strength.
 - (5) Dosage form.
 - (6) Dose.
 - (7) Route of administration.
 - (8) Frequency of administration.
 - (9) Administration times.
 - (10) Duration of therapy, if applicable.
 - (11) Special precautions, if applicable.
 - (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
 - (13) Date and time of medication administration.
 - (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION
 The medication administration record for resident # 1 does not include the diagnosis or purpose for the following medications: Ensure, Aspirin 81mg, Ibuprofen 600mg, Carbid-Levod 25mg-100mg, Quetiapine Fumarate 25mg, Permethrin Cream 5%, and Omeprazole 20mg.

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.

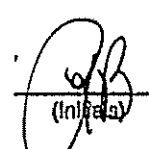
Atria Willistown submits this plan of correction to comply with PA 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this plan of correction does not constitute an admission of fault or liability on the part of Atria Willistown or an agreement by Atria Willistown as the truth, accuracy or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

The Executive Director (ED) and Resident Services Director (RSD) reviewed PA 2600.187(a). The ED and RSD will ensure all medication administration records are kept together in a file available for review. ED, RSD, or other designee will review medication administration records daily to ensure compliance with PA 2600.187(a). Licensed nurses, med-techs, and other designated staff will be in-serviced on the requirements set forth in PA 2600.187(a) on a one-on-one basis by an established Atria nursing director familiar with the requirements and all in-servicing will be completed by 8/15/17. Med-techs will also be in-serviced on thinning of resident's charts and proper storage by 8/15/2017 to ensure availability, and compliance with PA 2600.187(a).

Repeat Violation:	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Pamela Keizer - EXECUTIVE DIRECTOR	Date 8-1-2017
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The above plan of correction is approved as of <u>8/10/17</u> (Date)	Plan of correction implementation status as of <u>8/10/17</u> (Date)
The above plan of correction was approved by  (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

Violation Report: 14245 - 07/19/2017 - Kazlmer, Lauren
 FCH Name: ATRIA WILLISTOWN

1. REGULATION 56 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

- On 7/16, at 4pm, resident #2's accucheck was taken and Levemir 100uniU/ml. was administered. Staff did not record the blood glucose level or initial the medication administration record.

- Staff administered resident #3's Probiotics at 8am but did not initial the medication administration record on the following days: 7/5, 7/6, 7/7, 7/8, 7/10, 7/12, 7/15, 7/16, and 7/18.

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 Willistown 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 Willistown or an agreement by Atria Willistown as the truth, accuracy or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

The Executive Director, Resident Services Director (RSD), licensed personnel, and other designees reviewed PA 2600.187(b). Staff was in-serviced on July 5, 2017 and July 6, 2017 on properly, accurately, and timely documentation of a medication on a resident's MAR. Staff were re-in-serviced on July 26 through July 28, 2017 regarding medication administrator and documenting properly, accurately, and timely. RSD, licensed personnel, or other designee will do daily review of MARs to ensure all medications were properly, accurately, and timely documented at time of administration. The Executive Director, RSD, or licensed personnel will ensure compliance with PA 2600.187(b).

Repeat Violation:	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Pamela Reiser - Executive Director</u>	Date <u>8-10-2017</u>
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The above plan of correction is approved as of 8/10/17
 (Date)

Plan of correction Implementation status as of 8/10/17
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 14245 - 07/19/2017 - Kazimer, Lauren
 PCH Name: ATRIA WILLISTOWN

1. REGULATION 65 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #4 has an order for TED stockings to be applied to bilateral legs in the morning and removed in the evening. Staff did not follow this treatment as ordered from 7/1-7/18 due to the stockings being misplaced.

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 Willistown 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 Willistown or an agreement by Atria Willistown as the truth, accuracy or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

The Secure Dementia Care Unit, Resident Services Director (RSD), or licensed personnel will review MARs daily to ensure Secure Dementia Care staff are following all prescribed physician's orders for residents. Staff will immediately notify the Secure Dementia Care Unit Director, RSD, Executive Director, or licensed personnel should any prescribed medication or medical product not be available for a resident. Secure Dementia Care Unit Director, RSD, Executive Director, or licensed personnel shall immediately order the prescribed medication or medical product pursuant to the physician order. Staff was in-service on July 5, 2017 and July 6, 2017 as well as on July 26 through July 28, 2017. The Secure Dementia Care Unit Director, RSD, Executive Director, licensed personnel, or other designee shall ensure compliance with PA 2600.187(d).

Repeat Violation: Yes	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Patricia Reiger - Executive Director* Date *8-10-2017*

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The above plan of correction is approved as of <i>[Signature]</i> (Date)	Plan of correction implementation status as of <i>[Signature]</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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