



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail

E-Mailing Date: July 31, 2017

Mr. W. Bryan Hudson
EVP, General Counsel & Secretary
SHP V. Willistown LLC
C/O Prudential Real Estate Investors
Atlanta, Georgia 30326

RE: Atria Willistown
1713 West Chester Pike
Willistown, Pennsylvania 19382

Dear Mr. Hudson:

As a result of the Department of Human Services' licensing inspection on June 27, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sandra Wooters".

Sandra Wooters
Regional Director

Enclosure
Licensing Inspection Summary

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

PCH Name: Alria Willistown		License Number: 14245
Address: 1713 West Chesler Pike, Willistown, PA		County: Chester
Administrator: Pamela Reiger		Region: SOUTHEAST
Legal Entity Name: SHP V Willistown LLC		
Legal Entity Address: C/O Prudential Real Estate Investors, Atlanta, GE 30328		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 95	Waking Staff: 71
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 06/27/2017: Wooters, Sandra		
Off-Site Inspection Dates and Inspectors, if Applicable 06/02/2017: Wooters, Sandra		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 104	Number of Residents who:	
Number of Residents Served: 69	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 69	
Area: 1st Floor	Have Mental Illness: 2	
Secured Dementia Unit Capacity, if Applicable: 35	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 28	Have a Mobility Need: 28	
Number of Current Hospice Residents: 3	Have a Physical Disability: 0	
Number of Hospice Residents in past year:		

Violation Report: 14245 - 06/02/2017 - Woolers, Sandra
 PCH Name: Atria Willistown

1. REGULATION 55 Pa.Code §2600

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 records for Resident #1, for the months of May, 2017 and June, 2017, were not available for review.

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 the Plan of Correction to comply with PA 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of Atria 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) and Resident Services Director (RSD) reviewed PA 2600.187(a). The ED and RSD will ensure all medication administrations 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). Med-techs will be in-service 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: 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 A. KETLER - EXECUTIVE Director Date 7/26/17

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

The above plan of correction is approved as of 7/31/17
 (Date)

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

Plan of correction implementation status as of 7/31/17
 (Date)

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

Violation Report: 14246 - 08/02/2017 - Wooters, Sandra
 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
 On [redacted] 17, Resident #1's, medical professional prescribed 30 minute checks following an elopement from the SDCU. There is no documentation of staff following the prescribes order.

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 the Plan of Correction to comply with PA 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of Atria 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 SDCU Director will ensure and document that SDCU care staff are following all prescribed physician's orders for residents. The Executive Director, Resident Services Director, SDCU Director, or other designee will review physician orders on a weekly basis and ensure that all orders are properly transcribed in the resident's file. Care staff will be in-serviced on proper documentation of prescribed orders relating to checks following a resident elopement by [redacted] 2017 to ensure compliance with PA 2600.187(d).

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/29/2016
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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 A. REISER-EXECUTIVE DIRECTOR Date 7/28/17

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

The above plan of correction is approved as of 7/31/17
 (Date)

Plan of correction implementation status as of 7/31/17
 (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 - 06/02/2017 - Wooters, Sandra
 PCH Name: Atria Willistown

1. REGULATION 55 Pa.Code §2600
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION
 The directions for operating the home's locking mechanism are not conspicuously posted near the door to the SDCU which exits to the personal care portion of the home.

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 the Plan of Correction to comply with PA 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of Atria 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.

Atria Willistown posted the number to exit the SDCU in a conspicuous area near the door at time of violation on June 27. The SDCU Director and Executive Director will do daily checks to ensure the code is posted and ensure compliance with PA 2600.233(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)

Pamela A. Regan, Executive Director

Date 7/28/17

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The above plan of correction is approved as of 7/31/17
 (Date)

Plan of correction implementation status as of 7/31/17
 (Date)

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

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

Violation Report: 14245 - 06/02/2017 - Wooters, Sandra
 PCH Name: Atria Willistown

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 Resident #1's records does not include discharge information following the residents discharge from the hospital admission 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.

Atria Willistown submits the Plan of Correction to comply with PA 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of Atria 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 Resident Services Director (RSD) will write a note in resident's chart documenting where, why, and when a resident was discharged. The Executive Director will review all resident's charts who are discharged within 48 hours to ensure completeness and compliance with PA 2600.252.

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) *LAMBA A. REISER - Executive Director* Date *7/28/17*

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The above plan of correction is approved as of 7/31/17
 (Date)

Plan of correction implementation status as of 7/31/17
 (Date)

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

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