



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

Mailing Date: November 6, 2017

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 July 17, 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 that reads "Roslyn Brewer".

Roslyn Brewer
Regional Licensing Supervisor

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: Christa Segal | | Region: |
| 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: 150 | Waking Staff: 113 |
| Type of Inspection: Partial | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) | | |
| On-Site Inspections Dates and Department Representatives On-Site | | |
| Off-Site Inspection Dates and Inspectors, If Applicable 07/17/2017: Brower, Roslyn | | |
| Other Details | | |
| Partial or Full Triggers: | | Random Indicators: |
| Resident Demographic Data as of Inspection Dates | | |
| Licensed Capacity: 160 | Number of Residents Served: 114 | Number of Residents who: |
| Secured Dementia Care Unit In Home: No | Area: | Receive Supplemental Security Income: 0 |
| Secured Dementia Unit Capacity, If Applicable: | Secured Dementia Unit Capacity, If Applicable: | Are 60 Years of Age or Older: 13 |
| Number of Residents Served In Secured Dementia Care Unit, If applicable: | Number of Current Hospice Residents: 4 | Have Mental Illness: 3 |
| Number of Hospice Residents in past year: 10 | | Have an Intellectual Disability: 1 |
| | | Have a Mobility Need: 36 |
| | | Have a Physical Disability: 36 |

Christa Segal

Violation Report: 13657 - 07/17/2017 - Brewer, Roslyn

PCH Name: ATRIA CENTER CITY

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION.

On 7/17/17 The Department viewed your homes web page stating :

Assisted Living at Atria.

What is assisted living ?

How much does assisted living cost and Options.

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

Atria Senior Living revised its website content to include a notation that "assisted living" is referred to as "supportive living" in its Pennsylvania communities. The Executive Director, Community Business Director, Community Sales Director, or other designee shall ensure Atria Center City complies with all applicable federal, state, and local laws, ordinances and regulations and that "assisted living" will not be used to discuss the care and services it offers as a personal care home.

Repeat Violation: No

Date(s) of Previous Violation(s):

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

11/1/2017

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

The above plan of correction is approved as of

11/1/17
(Date)

Plan of correction implementation status as of

11/2/17
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)