



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 02 2017

Mr. W. Bryan Hudson
EVP, General Counsel and Secretary
WG Bethlehem SH, LLC
Attn: Atria Management CO-Legal Department
300 East Market Street, Suite 100
Louisville, Kentucky 40202

RE: Atria Bethlehem
1745 West Macada Road
Bethlehem, Pennsylvania 18017
License # 222810

Dear Mr. Hudson:

As a result of the Department of Human Services' (Department) annual licensing inspection on July 27, 2017 and July 28, 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.

Mr. W. Bryan Hudson

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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,



Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 22281 - 07/27/2017 - Yellenic, Cindy
 PCH Name: ATRIA BETHLEHEM

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
 Resident #1 was admitted to the home on [redacted] 17, the resident did not sign the contract until [redacted] 17
 Resident #2 was admitted to the home on [redacted] 17, the resident did not sign the contract.

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

Resident #2 signed her contract on the day of inspection, 7/27/17, to be in compliance.

Moving forward, all contracts will be signed by residents on the date of admission. The Executive Director, Community Business Director, or other designee will review all resident contracts at the time of the resident's admission to ensure compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Anielle Allen - E.D.</i>	Date <i>9/22/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>10/4/17</u> (Date)	Plan of correction implementation status as of <u>10/4/17</u> (Date)
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- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 22281 - 07/27/2017 - Yellenic, Cindy
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The annual training provided to Direct Care Staff Person(s) A and Direct Care Staff Person B in training year 2016 did not include the following mandatory training topics: medication self-administration; instruction on meeting the needs of the resident as identified in the preadmission screening form, assessment tool, medical evaluation and support plan; care for residents with dementia and cognitive impairment; personal care service needs of the resident; and, care for residents with mental illness or an intellectual disability, if the population is served in the home.

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

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- 1) Training for employees A and B was completed by the resident Service Director (RSD) on 7/28/17. All areas listed on the citation were covered.
- 2) An audit will be completed on employee training records for 2016 and 2017 by the RSD/designee on or before 10/13/17. RSD will contact all employees whose training records require additional follow up training and will schedule training. Scheduled training will be conducted by the RSD/designee no later than 12/31/17.
- 3) The Divisional Director of Care Management (DDCM) will re-educate the RSD on the PA Training Calendar and Training Plan to ensure required training is complete. Training will be completed before 10/12/17.
- 4) RSD/designee together with the Executive Director (ED) will meet monthly for the next 3 months to review required training and ensure employees complete in a timely manner. RSD or other designee shall be responsible for future compliance with 2600.65(f).

Repeat Violation: No	Date(s) of Previous Violation(s): 07/20/2016	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *A. Allen*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Arielle Allen - E.D.* Date *9/22/17*

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 (Date)

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 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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 (Initials)

Violation Report: 22281 - 07/27/2017 - Yellenic, Cindy
 PCH Name: ATRIA BETHLEHEM

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

2a. DESCRIPTION OF VIOLATION
 Residents #3's and #4's glucometers had dried blood on the machine.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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- 1) Glucometers for resident #3 and #4 were immediately cleaned and disinfected according to the manufacturer's guidelines by the RSD. This was completed on 7/27/17.
- 2) The RSD/designee audited the remaining glucometers in the community and cleaned and disinfected glucometers per manufacturer's guidelines. This was completed on 7/27/17.
- 3) On 7/28/17 the RSD retrained the medication staff regarding the cleaning of glucometers according to manufacturer's guidelines. The medication staff will clean and disinfect each glucometer after use following the manufacturer's guidelines.
- 4) The RSD/designee together with the ED /designee will conduct random audits weekly for the next 90 days to ensure compliance with cleaning standards.

RSD or other designee will ensure future compliance with 2600.85(a).

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Arielle Allen - E.D.</i>	Date <i>9/22/17</i>
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The above plan of correction was approved by <u><i>AA</i></u> (Initials)	

Violation Report: 22281 - 07/27/2017 - Yellenic, Cindy
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 The 1st floor NE stairwell which exits to an outdoor patio is blocked by an 8 foot by 6 foot "event" stand, preventing immediate egress in the event of an emergency.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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The event stand was put up temporarily in the courtyard area to serve food items for a fundraiser for Dream Come True. The event stand was removed immediately at time of inspection by Maintenance Director.

Event stands will not be utilized in the courtyard area for functions moving forward. ED to ensure ongoing compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Annie Allen - E.D.</i>	Date <i>9/22/17</i>
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Violation Report: 22281 - 07/27/2017 - Yellenic, Cindy
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

The home currently serves 8 residents that would require assistance in the event of an emergency, the notice to the fire department dated May 2017 notes the home serves 10 residents that would require assistance in the event of an emergency.

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

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Our Administrative Assistant tracks all resident mobility needs on a daily basis. Any changes in mobility needs are faxed to the fire department right away.

A fax confirmation dated May 26, 2017 was in the state binder, however, 2 residents were out of the building at time of inspection.

An updated letter was sent immediately at time of inspection on 7/27/17 to reflect the decrease of 2 immobile residents.

Administrative Assistant will continue to monitor daily mobility needs and changes and notify the Fire Dept immediately.

ED to ensure ongoing 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) Arielle Allen - E.D. Date 9/20/17

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The above plan of correction was approved by <u>AM</u> <small>(Initials)</small>	

Violation Report: 22281 - 07/27/2017 - Yellenic, Cindy
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 55 Pa.Code §2600
 2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION
 The North East A stairs and the 2nd floor SE stairwell C which leads to an exit does not have an exit sign near the door.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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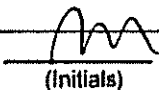
Temporary exit signs were posted immediately in those areas during time of inspection. That same week, Total Electric came and installed 2 permanent exit signs in those designated areas. The Maintenance Director will ensure future compliance.

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) <u>Arielle Allen - E.D.</u>	Date <u>01/22/17</u>
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Violation Report: 22281 - 07/27/2017 - Yellenic, Cindy
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 Resident #5's DME dated 2/27/17 does not include height, temperature and medications.
 Resident #6's DME dated 5/12/17 does not include temperature.
 Resident #7's DME dated 4/25/17 does not include temperature and immunization history.
 Resident #8's DME dated 4/10/17 does not include temperature, special health or dietary needs and ability to self-administer medications.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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- 1) The DMEs for residents #5,6,7,8 were reviewed and the missing information was requested from the PCPs by the RSD/designee.
- 2) An audit of current DMEs was triple checked by the RSD/designee for completeness post inspection. Any an issues found that needed clarification was addressed immediately.
- 3) Staff was re-educated on the policy of completing DMEs by the RSD on 7/28/17. New DMEs will be tripled checked by the RSD/designee together with two other nurses or medication staff to ensure completeness. Any issues identified will be sent to the PCP for clarification immediately.
- 4) The ED will review the DMEs after the triple checks for completeness and before it is filed in the resident's record for the next 90 days to ensure compliance.

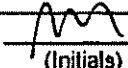
The ED will ensure future compliance.

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) Arielle Aiken - E.D.	Date 9/22/17
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Violation Report: 22281 - 07/27/2017 - Yellenic, Cindy
 PCH Name: ATRIA BETHLEHEM

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 #7's most recent DME was completed on 4/25/17, the previous was completed on 2/19/16.
 Resident #8's most recent DME was completed on 4/10/17, the previous was completed on 1/12/16.

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

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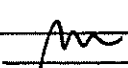
- 1) An audit of the current resident DMEs was completed by the RSD on 8/15/17.
 - 2) The Divisional Director of Care Management (DDCM) assisted the community in adding DMEs to an electronic tracker that will provide a notification 30 days prior to the due date.
 - 3) The RSD/designee will be re-educated on the Atria system of tracking and completion of DMEs by the DDCM on or before 10/12/17. The RSD/designee will contact the PCP and family in advance of the due date to schedule an appointment with the PCP so that the DME will be completed in a timely manner.
 - 4) The ED and the DDCM will audit the tracker weekly and consult with the RSD/designee to make sure DMEs are updated in a timely manner for the next 90 days to ensure compliance.
- The ED will ensure future 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) Anelle Allen - E.D.	Date 9/28/17
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Violation Report: 22281 - 07/27/2017 - Yellenic, Cindy
PCH Name: ATRIA BETHLEHEM

1. REGULATION 55 Pa.Code §2600

2600.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

2a. DESCRIPTION OF VIOLATION

Resident #9 self administers medications and stores medications in his/her room. Resident #8 stated during an interview he/she does not lock medications and does not lock the door to the his/her room.

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

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- 1) A self-administration assessment was completed for resident # 9 on 9/22/17 by the RSD/designee. All of resident # 9's medications were secured in her room. Resident understands her ability to self-administer is dependent on her being able to secure all medications at all times.
- 2) An audit of current residents who self-administer will be completed by 10/13/17 to make sure every resident is in compliance with Atria's policy on self-administration.
- 3) The RSD/designee will be re-educated on the policy for self-administration by the ED.
- 4) Going forward, the RSD/designee will conduct frequent checks on residents who self-administer to make sure their medications are secured at all times. The ED and RSD will meet every two weeks for the next 90 days to discuss the residents who self-administer and ensure compliance.

The ED, RSD, or other designee shall ensure future compliance.

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

Allen

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

Annette Allen - E.D.

Date *9/22/17*

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(Date)

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(Initials)

Violation Report: 22281 - 07/27/2017 - Yellenic, Cindy
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #8 has a physician's order for MAPAP 325mg. The medication expired 6-30-17.
 Resident #10 has a physician's order for MAPAP 325mg. The medication expired 3-31-17.
 Resident #11 has a physician's order for Halls cough drops. The medication expired 4-23-17.

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

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- 1) The expired medication for residents #4, 10, 11 were removed from the medication cart immediately. New medications were ordered to replace the expired medications.
- 2) On 7/28/17 The RSD/designee audited the medication carts to ensure no other expired medications remained in the medication cart.
- 3) On 8/2/17 the RSD re-educated the medication staff regarding Atria policy MED-012 Expired Medications. The medication staff will inspect medication bottles/labels/packages regularly with their medication pass to ensure no expired medication are in the medication cart for use.
- 4) The RSD/designee will conduct random audits of the medication cart weekly to ensure compliance with this regulation. The results of the audit will be reviewed with the ED weekly for 90 days for further recommendations.

The ED, RSD, or other designee shall ensure future compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s)	07/20/2016
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Signature of Legal Entity Representative (Required on EVERY Page)	
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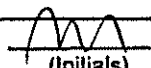
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Arielle Allen - E.D.	9/22/17

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 (Initials)

Violation Report: 22281 - 07/27/2017 - Yellenic, Cindy
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 55 Pa.Code §2800
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 Resident #3's glucometer was not calibrated to the correct date.
 Resident #4's glucometer was not calibrated to the correct date.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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- 1) The glucometers for both residents #4 and 5 were immediately re-calibrated.
- 2) On 7/28/17 the RSD re-calibrated the remaining glucose meters used in the community.
- 3) On 7/25/17 the RSD re-trained staff responsible for completing the blood glucose monitoring on how to calibrate glucometers based on the manufacturers instruction manuals. The RSD/designee will ensure new resident glucometers are calibrated per manufacturers instructions prior to use.
- 4) The RSD will audit glucometers weekly for 90 days to ensure compliance with glucometer calibration. The results of this audit will be reviewed with the ED for further recommendation.

The ED, RSD, or other designee shall ensure future compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Arielle Allen - E.D.</i>	Date <i>9/22/17</i>
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The above plan of correction is approved as of <u>10/4/17</u> (Date)	Plan of correction implementation status as of <u>10/4/17</u> (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
The above plan of correction was approved by <u><i>AM</i></u> (Initials)	

Violation Report: 22281 - 07/27/2017 - Yellenic, Cindy
 PCH Name: ATRIA BETHLEHEM

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

Resident #12 has an order for blood glucose readings twice daily. On 7/22/17 at 5pm the MAR indicates a blood glucose reading of 244, however no reading was completed. On 7/22/17 at 5pm the MAR indicates a blood glucose reading of 316, however the glucometer noted a reading of 315.

Resident #13 has an order for blood glucose readings three times daily. On 7/27/17 at 9am the MAR indicates a blood glucose reading of 275, however the glucometer noted a reading of 273. On 7/22/17 at 6pm the MAR indicated a blood glucose reading of 155, on 7/23/17 at 6pm the MAR indicated a blood glucose reading of 186 and on 7/26/17 at 6pm the MAR indicated a blood glucose reading of 244, however no readings were completed.

Resident #4 had a physician's order for a blood glucose (BG) test to be administered 4 x daily. On 7-20-17 at 5:00pm the BG# 0 was recorded in the Medication Administration Record (MAR) as 192, on 7-22-17 at 9:00pm the BG# 0 was recorded in the MAR as 188, on 7-24-17 at 5:00pm the BG# 0 was recorded in the MAR as 199, on 7-25-17 at 9:00pm the BG# 179 was recorded in the MAR as 172, on 7-26-17 at 5:00pm the BG# 202 was recorded in the MAR as 192, and on 7-26-17 at 9:00pm the BG# 179 was recorded in the MAR as 172.

Resident #14 had a physician's order for a blood glucose (BG) test to be administered 4 x daily. On 7-18-17 at 8:00pm the BG# 0 was recorded in the Medication Administration Record (MAR) as 212, on 7-19-17 at 8:00pm the BG# 85 was recorded in the MAR as 81, and on 7-22-17 at 8:00pm the BG# 235 was recorded in the MAR as 236.

Resident #15 had a physician's order for a blood glucose (BG) test to be administered 4 x daily. On 7-25-17 at 9:00pm the BG# 176 was recorded in the Medication Administration Record (MAR) as 178, on 7-26-17 at 4:30pm the BG# 0 was recorded in the MAR as 188, and on 7-26-17 at 9:00pm the BG# 0 was recorded in the MAR as 208.

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.

Violation Report: 22281 - 07/27/2017 - Yellenic, Cindy
 PCH Name: ATRIA BETHLEHEM

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.
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- (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.

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

- 1) The RSD notified the PCP for residents #4, 12, 13, 14, 15 noting that blood glucose monitoring was not entered correctly or not monitored appropriately as prescribed. The ED investigated the issues of why the physician's orders were not followed and appropriate action was taken against the staff involved.
- 2) The RSD audited records of residents scheduled for blood glucose monitoring on 7/28/17 to ensure monitoring was complete per PCP orders. PCPs were notified if issues were found.
- 3) Staff responsible for monitoring blood sugars and documenting them received training by the RSD on medication administration with emphasis on the 6 rights of medication administration and following doctor's orders. This was completed on 7/28/17. Medication staff will follow doctor's orders for glucose monitoring and insulin administration. Medication staff will document the results of glucose monitoring and insulin administration on the Medication Administration Record (MAR) upon completion.
- 4) The RSD will review the MAR for residents on blood sugar monitoring daily to ensure compliance with documentation requirements and that orders are being followed. The ED will meet with the RSD/designee weekly for the next 90 days to review MARs for compliance.


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Anelle Allen - E.D.	9/22/17

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The above plan of correction was approved by <u>Am</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: 22281 - 07/27/2017 - Yellenic, Cindy PCH Name: ATRIA BETHLEHEM	
1. REGULATION 55 Pa.Code §2600 2600.187(d) - The home shall follow the directions of the prescriber.	
2a. DESCRIPTION OF VIOLATION Resident #12 has an order for blood glucose readings twice daily. On 7/22/17 at 5pm the blood glucose reading was not completed. Resident #13 has an order for blood glucose readings three times daily. On 7/22, 7/23 & 7/26/17 at 6pm the blood glucose readings were not completed. The following resident's have physician's orders to have a Blood Glucose (BG) test administered 4 x daily. On the following dates and times the staff of the home did not administer a BG test to the resident. Resident #4 did not have a BG test administered on 7-20-17 at 5:00pm, on 7-22-17 at 9:00pm, and on 7-24-17 at 5:00pm the BG# 0. On 7-26-17 at 5:00pm, Resident #4's BG# 209 and was recorded in the MAR as 192. Resident #4 is on a sliding scale for insulin coverage. The resident should have received 2 units of Novolog for insulin coverage and received 0 units. Resident #14 did not have a BG test administered on 7-18-17 at 8:00pm. Resident #15 did not have a BG test administered on 7-26-17 at 4:30pm and on 7-26-17 at 9:00pm.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> Atria Bethlehem 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 Bethlehem or an agreement by Atria Bethlehem regarding the truth or accuracy of the facts alleged or conclusions drawn.	
1) RSD contacted the PCPs for residents # 12, 13, 4,14,15 immediately regarding missing blood sugar checks. The ED completed an investigation on 7/27/17 as to why residents missed their blood sugar monitoring, and appropriate action was taken. 2) The RSD audited the records of residents scheduled for blood glucose monitoring on 7/28/17 to ensure monitoring was complete per PCP orders. PCP were notified of issues found. 3) Staff responsible for monitoring blood sugars and documenting them received training by the RSD on medication administration with emphasis on the 6 rights of medication administration and following doctor's orders. This was completed on 7/28/17. Medication staff will follow doctor's orders for glucose monitoring and insulin administration. Medication staff will document the results of glucose monitoring and insulin administration on the Medication Administration Record (MAR) upon completion. 4) The RSD will review the MAR for residents on blood sugar monitoring daily to ensure compliance with documentation requirements and that orders are being followed. The ED will met with the RSD/designee weekly for the next 90 days to review MARs for 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) Anelle Amen - E.D.	Date 9/22/17
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The above plan of correction was approved by <u>M</u> (Initials)	

Violation Report: 22281 - 07/27/2017 - Yellenic, Cindy
 PCH Name: ATRIA BETHLEHEM

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 #16's pre-admission screening dated [redacted]/17 is incomplete, there is nothing noted in section II personal care and medical needs.

Resident #6's pre-admission screening dated [redacted]/17 is incomplete, there is nothing noted for reason leaving current residence.

Resident #5's pre-admission screening dated [redacted]/17 is incomplete, there is nothing noted as to whether the home can meet the residents needs and section II personal care and medical needs.

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

- 1) The DDCM will re-educate the RSD on 10/12/17 regarding the requirement to complete all areas of the pre-admission screen.
- 2) The RSD/designee will complete the entire pre-admission screen prior to resident move in.
- 3) The ED will audit the pre-admission screen for the new move ins for the next 90 days to ensure compliance.

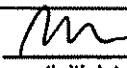
ED, RSD, or other designee will continue to monitor to ensure future compliance.

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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>Arielle Allen - E.D.</u>	Date <u>9/20/17</u>
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