



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

February 14, 2019

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
February 14, 2019

Mr. W. Bryan Hudson, EVP  
General Counsel and Secretary  
WG Center City SH, LLC  
Attn: Atria Mgmt Co. – Legal Department  
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's Bureau of Human Services Licensing inspection on August 15, 2017; August 16, 2017; August 30, 2017; March 23, 2018, March 27, 2018, April 03, 2018; April 06, 2018; April 09, 2018; May 03, 2018 and May 30, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

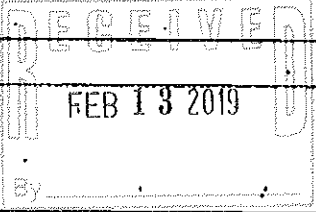
All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

Patricia Adams  
Regional Licensing Director

Enclosure  
Violation Report

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 56 Pa.Code Chapter 2600**

POH Name: ATRIA CENTER CITY		License Number: 13867
Address: 160 NORTH 20TH STREET, PHILADELPHIA, PA 19103		County: Philadelphia
Administrator: CHRISTA SEGAL		Region: SOUTHEAST
Legal Entity Name: WG CENTER CITY SH LLC		
Legal Entity Address: 300 EAST MARKET ST SUITE 100, LOUISVILLE, KY 40202		
Certificate(s) of Occupancy		
1-1 07/01/1989 CITY OF PHILADELPHIA	Other 09/18/2017 CITY OF PHILADELPHIA	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 161	Working Staff: 113
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint, Incident		
On-Site Inspection Dates and Department Representatives On-Site 08/16/2017: Thomas, Tahesia; Parker, Shawn 08/16/2017: Thomas, Tahesia; Braswell, Nalavha 08/30/2017: Thomas, Tahesia 03/23/2018: Thomas, Tahesia; Wilson, Kenneth 03/27/2018: Thomas, Tahesia; Wilson, Kenneth		
Off-Site Inspection Dates and Inspectors, if Applicable 04/03/2018: Thomas, Tahesia; Wilson, Kenneth 04/08/2018: Thomas, Tahesia; Wilson, Kenneth 04/09/2018: Thomas, Tahesia; Wilson, Kenneth 05/03/2018: Thomas, Tahesia; Wilson, Kenneth 06/30/2018: Thomas, Tahesia; Wilson, Kenneth		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 163 Number of Residents Served: 119 Secured Dementia Care Unit In Home: Yes Area: LIFE GUIDANCE Secured Dementia Unit Capacity, if Applicable: 26 Number of Residents Served in Secured Dementia Care Unit, if applicable: 9 Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 16		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 116 Have Mental Illness: 4 Have an Intellectual Disability: 0 Have a Mobility Need: 36 Have a Physical Disability: 35

Violation Report: 13867 - 04/03/2018 - Thomas, Talliesla  
 PCH Name: ATRIA CENTER CITY

1. REGULATION 55 Pa.Code §2800  
 2600.42(h) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION  
 On 07/11/2017 between 12 noon and 1 pm during lunch service; Staff member A saw that Resident #1 was jorking and appeared to have the hiccups. The resident was eating lunch at the time in the main dining room. Staff member A believed that the resident was in distress and asked staff member B to call for help. Staff members C and D arrived to the main dining room. Resident #1 was "drooling" out of one side of the mouth and had a blank stare. Staff member D checked the Resident's breathing and observed the resident's breathing to be slow, shallow breaths. Staff member D tapped the resident on the shoulder and asked if the resident was okay but there was no response. Staff member C performed a sternal rub which is a procedure that causes pain for the purpose of measuring a person's level of consciousness. Staff member C was also on the phone with emergency personnel. The resident responded with a jorking motion and an "uh" sound. The resident also lifted both arms and leaned forward. The resident's eyes were closed at this time. The resident was then wheeled to the private dining room. Staff members F and G then arrived to the private dining room to find the resident unresponsive. The resident's color became pale and the pulse became faint. According to staff interviews Staff members F and G were unable to be located for a period of approximately 5 minutes due to them not having their walkie talkies with them prior to their arrival at the private dining room. Staff members F, G and I began CPR on the resident. Staff member E was allegedly instructed by staff member F to go to the bedroom of Resident #3 and get a portable oxygen tank that belonged to Resident #3, according to staff interviews. A new mask was attached and the oxygen belonging to resident #3 was administered to resident #1. According to staff interviews between the time of the initial call for help and the resident receiving CPR was between 5 to 20 minutes. When emergency medical staff arrived they pulled a piece of steak out of the resident's throat before giving treatment. Emergency records confirm that resident #1 "choked on a piece of steak and became asystolic". Staff members A, B, C, D, E, and H all came into contact with Resident #1 during the approximate 19 to 20 minutes between the initial distress call and the resident receiving CPR. All of the staff were CPR trained yet none of the staff administered CPR, back blows or the Heimlich maneuver.

3. DIRECTED PLAN OF CORRECTION FOR 2600.42(b):

The administrator of the home conducted an in-service training on 1/24/18 to review abuse and re-certified staff on CPR. The administrator will schedule training for an outside professional to conduct a training to ALL staff on Abuse and neglect, how to recognize a choking victim and when to administer the Heimlich within 10 days of receipt of this Directed Plan of Correction. The training must be held within 30 days of receipt of this Directed Plan of Correction.

The administrator or designee will conduct a simulated situation in the dining room of a resident choking to ensure ALL staff are familiar on how to identify when a resident is choking, the timely administration of abdominal thrusts/Heimlich and the importance of calling 911 upon identification of a choking resident at least bi-annually, starting immediately, following receipt of this Directed Plan of Correction.

The administrator will discuss the importance of recognizing a choking resident and neglect at monthly staff meetings for the next six months and quarterly thereafter, following receipt of this Directed Plan of Correction. Documentation of the staff meetings and the agenda will be maintained for the Departments review.

The administrator will schedule a training with a licensed Registered Dietician to discuss the importance of serving and preparation of food to older adults who may be at risk of a choking hazard, within 30 days of receipt of this Directed Plan of Correction. This training will be added to the annual staff training plan upon receipt of this Directed Plan of Correction.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Alex Torres, Administrator Date 2/13/19

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

The above plan of correction is approved as of <u>2/13/19</u> (Date)	Plan of correction implementation status as of <u>2/13/19</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13857 - 08/16/2017 - Thomas, Tahosla  
 PCH Name: ATRIA CENTER CITY

1. REGULATION 56 Pa.Code §2600  
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION  
 According to fire drill log, during the fire drill of 11/19/18, residents did not evacuate to a public thoroughfare or a fire safe area.

3. DIRECTED PLAN OF CORRECTION FOR 2600.132(D):

The administrator will review the fire drill records to ensure all residents have evacuated to a fire safe area or to a public thoroughfare every month, starting immediately, following receipt of this Directed Plan of Correction.

All residents will be trained on the importance of evacuating during the monthly fire drills following a drill in which all the residents fail to evacuate, at the subsequent resident council meetings and within the next 15 days.

In the event the residents refuse to evacuate, a second drill will be conducted on a different day and documentation of all drills will be maintained. Residents with a history of refusal may need to be assessed to be relocated to a closer fire safe area for ease of evacuation.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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 (Required on EVERY Page) *Alex Torres*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Alex Torres, Administrator* Date *2/13/19*

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 (Date)

Plan of correction implementation status as of *2/13/19*  
 (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: 13057 - 08/16/2017 - Thomas, Thomas PCH Name: ATRIA CENTER CITY	
<b>1. REGULATION 66 Pa.Code §2600</b> 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)	
<b>2a. DESCRIPTION OF VIOLATION</b> The medical evaluation for Resident 1, dated 01/14/18, does not include Special Health or Dietary Needs, and Allergies.	
<b>3. DIRECTED PLAN OF CORRECTION FOR 2600.141(A)(2):</b>  The administrator or designee conducted an audit of resident files on 1/31/18. Resident #1's medical evaluation was updated to reflect the resident's dietary needs, allergies and or special health care needs.  The administrator or designee will review all new admission DME's prior to move-in, annually and when there is a change in condition for accuracy and completeness of the DME, starting immediately, following receipt of this Directed Plan of Correction.  In the event the DME for any resident is incomplete, the administrator or designee will contact the resident's physician to advise them of the error and request the DME be corrected within 5 days of receipt of the DME in question, starting immediately following receipt of this Directed Plan of Correction.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Alex Torres</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Alex Torres, Administrator</i>	Date <i>2/13/19</i>
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Violation Report: 13657 - 08/16/2017 - Thomas, Tahesia  
 PCH Name: ATRIA CENTER CITY

1. REGULATION 55 Pa.Code §2800  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
 Resident # 2 last medical evaluation was completed on 02/16/17. However, the 2010 DME is missing from the home's record..

3. DIRECTED PLAN OF CORRECTION FOR 260.141(B)(1):

The administrator or designee conducted a complete audit of the resident files on 1/31/18 to ensure compliance with the regulation.

In the event Resident #2's DME could not be located a new DME will be obtained by the Director of Nurses within 15 days of receipt of this Directed Plan of Correction.

All direct care and nursing staff will be trained on how to identify missing elements from the DME's within 15 days of receipt of this Directed Plan of Correction. Documentation of this training will be maintained and the training will be added to the annual staff training plan.

The administrator or designee will conduct an audit of all resident files to ensure all required documents are maintained in the residents' files on a bi-annual basis, starting immediately of receipt of this Directed Plan of Correction.

Report Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Alex Torres*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Alex Torres, Administrator</i>	Date <i>2/13/19</i>
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Violation Report: 13867 - 04/03/2010 - Thomas, Tahoele  
 PCH Name: ATRIA CENTER CITY

1. REGULATION 68 Pa.Code §2600  
 2600.186(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  
 On 07/11/2017, between noon and 1 pm, an oxygen tank proscribed for Resident #3 was used to treat Resident #1.

3. DIRECTED PLAN OF CORRECTION FOR 2600.185 (A):

The administrator or designee will conduct a training to all direct care staff on the importance of not sharing medical equipment or medications, within 15 days of receipt of this Directed Plan of Correction. Documentation of the training of all direct care staff will be maintained for the Departments review.

The training of the importance of not sharing medical equipment and medications will be conducted bi-annually, starting immediately of receipt of this Directed Plan of Correction. Documentation will be maintained, and the training will be added to the annual staff training plan.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Alex Torres, Administrator* Date *2/13/19*

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 (Date)

Plan of correction implementation status as of *2/13/19*  
 (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: 13867 - 08/16/2017 - Thomas, Tahosla  
 PCH Name: ATRIA CENTER CITY

1. REGULATION 65 Pa.Code §2800  
 2600.252 - Each resident's record must include the following information: (1) through (20)

2a. DESCRIPTION OF VIOLATION  
 Resident # 2's records does not include an inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.

3. DIRECTED PLAN OF CORRECTION FOR 2600.252:

The administrator or designee will ensure all resident files maintain an inventory of personal belongings, starting immediately. In the event a resident refuses, the administrator or designee will attempt at least three times to obtain the required information and document the refuses on the inventory document, starting immediately.

The administrator or designee will conduct an audit of resident records to ensure an inventory of resident's personal belongings is maintained in all resident files, starting immediately and ending within 30 days of receipt of this Directed Plan of Correction.

Report Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
<i>Alex Torres</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Alex Torres, Administrator			2/13/17
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