



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

Mailing Date: May 29, 2018

Mr. W. Bryan Hudson
Executive Vice President
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's Bureau of Human Services Licensing inspection on January 26, 2018 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,

Anne Graziano
Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 22281 - 01/28/2018 - Novak, Ryan
 PCH Name: ATRIA BETHLEHEM

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

2a. DESCRIPTION OF VIOLATION
 Resident #1's finger pen was used on Resident #2's finger.
 Resident #3's glucometer 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.)
 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.

Please see attached Plan of Correction
 P5A & 5

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/27/2017

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kevin Carno, Executive Director* Date *3/30/18*

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

The above plan of correction is approved as of 4-18-18
 (Date)

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

Plan of correction implementation status as of 5-17-18
 (Date)

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

Violation Report: 22281 - 01/26/2018 - Novak, Ryan
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 56 Pa.Code §2600
 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 #4's glucometer's history was cleared. The meter did not have readings from 12/13/17.

Resident #5's glucometer was not calibrated to the correct date and time.

On 1/10/18 at 1pm Resident #4's MAR noted a blood glucose reading of 354, the glucometer had a reading of 371.
 On 1/19/18 at 1pm Resident #4's MAR noted a blood glucose reading of 228, the glucometer had a reading of 216.
 On 1/20/18 at 1pm Resident #4's MAR noted a blood glucose reading of 218, the glucometer had a reading of 219.
 On 1/21/18 at 1pm Resident #4's MAR did not have a reading noted, the glucometer had a reading of 219.

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.

Please see attached Plan of Correction

PSA of 5

The Adm - or ~~Resident~~ will make periodic, random audits of glucometers and MAR documentation of blood glucose readings to ensure ongoing documentation. The home will retain documentation.

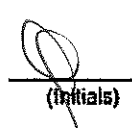


Repeat Violation: Yes Date(s) of Previous Violation(s): 01/27/2017

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kevin Caruso, Executive Director Date 3/30/18

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| | |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The above plan of correction is approved as of <u>4-18-18</u> (Date) | Plan of correction implementation status as of <u>4-18-18</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: 22281 - 01/26/2018 - Novak, Ryan
 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 #1 receives insulin per a sliding scale. On 1/23 & 1/25/18 at 4:30pm and 1/18/18 at 9pm the MAR does not include units given per the sliding scale.

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.

Please see attached Plan of Correction
 P 5A & 5B p 5.

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

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|----------------------------------------------------------------------------------------------------------------------------|---------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kevin Corallo, Executive Director</i> | Date <i>3/30/18</i> |
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Violation Report: 22281 - 01/26/2018 - Novak, Ryan
 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 #1 has an order for insulin per a sliding scale. On 1/20/18 at 4:30pm the blood glucose was 337 4 units of insulin were administered, per the sliding scale the resident should have received 5 units. On 1/19/18 at 9pm the blood glucose was 274 3 units of insulin were administered, per the sliding scale the resident should have received 4 units.

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.

Please see attached Plan of Correction

p 58 & 5.

Following the 90 day review, Adm/Designee will continue to do quarterly audits of residents w/ sliding scales to ensure ongoing compliance. The home will retain documentation

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|-----------------------|-----------------------------------|------------|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 07/27/2017 |
|-----------------------|-----------------------------------|------------|

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

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

Date 3/30/18

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POC Atria Bethlehem

PSA 8 5

Please note that Atria Bethlehem has submitted 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 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.

2600.85(a). P2

- Resident #1 and #3 glucometers were cleaned and disinfected according to the manufacturer's recommendation immediately, and resident #2's primary care provider(PCP) was notified immediately of the exposure. The resident was tested for blood borne diseases, which were negative. Community received a letter from the three residents' PCP stating they are all free of any communicable diseases. See attachment (A). **YES**
- Resident Services Director (RSD) completed an audit on 12/14/17 checking current glucometers for any blood stains and also for proper labelling of the residents' names and room numbers.
- RSD retrained current nurses on the infection control measures on 12/19/17 with special emphasis on blood borne pathogens and diabetic management. They were also trained on making sure that glucometers are cleaned after each used and are not interchanged between residents. See Attachment (B). **YES**
- Executive Director (ED) together with RSD will be reviewing glucometers weekly for the next three months making sure we are in compliance with sanitary requirement and infection control measures.

2600.185(a). P3

- Resident #4 glucometer was recalibrated and now it has the history of the blood sugar readings, also resident #5 glucometer was recalibrated. These were completed immediately after the findings. Blood glucose reading discrepancy between the medication administration record and the glucometer for resident #4 was reported to the resident's PCP immediately and no further directions was recommended from PCP.
- RSD completed an audit on 1/27/18 on current residents requiring blood sugar checks to ensure that their glucometers are calibrated and the reading on the glucometer matches with medication administration record. Any issues found during the audit were addressed immediately.
- RSD retrained current nurses on glucometer calibrations and proper documentation of blood glucose readings on 1/27/18. Diabetic training was also completed see attachment (C). **YES**
- ED and RSD will review glucometers weekly for the next three months to ensure calibrations and glucose reading matches with medication administration record.

2600.187(a). P4

- Resident #1 PCP was notified of the missing documentation of the sliding scale insulin, no further recommendation was received from PCP.

Kevin Caruso, Executive Director 9/10/18 3/30/18

AGS
5-17-18

p4' con'd.

P5085

- RSD completed an audit 1/27/18 on current residents with sliding scale insulin to ensure all documentation is completed and within the parameters of the sliding scale. Any issues found during the audit were addressed immediately.
- RSD completed diabetic training on 1/27/18 with current nurses with special emphasis on documentation and following prescribed sliding scale parameters to ensure compliance with State requirements. See attachment (C). YES
- ED and RSD will review medication administration records weekly for the next three months to ensure compliance.

2600.187(d).

p5

- Resident #1 PCP was notified of the incorrect sliding scale insulin entries, no further recommendation was received from the PCP.
- RSD completed an audit of current residents with sliding scale on 1/27/18 to ensure the dosage given matches with exact amount stated on the sliding scale orders. Any issues found during the audit were addressed immediately.
- RSD completed retraining of current nurses on diabetic management on 1/27/18 during which sliding scale reading and entries was reviewed to ensure understanding and compliance with doctors' orders. See attachment (C). YES
- ED and RSD will be meeting weekly for the next 90 days to review medication administration records on residents with sliding scale orders to ensure compliance with State requirements.

ag.
5-17-18

Kevin Curato, Executive Director 92 P, 3/30/18