



**CERTIFIED MAIL – RETURN RECEIPT  
REQUESTED February 11, 2019**

Mr. W. Bryan Hudson, EVP  
General Counsel & Secretary  
WG Center City SH, LLC  
300 East Market Street, Suite 100  
Louisville, Kentucky 40202

RE: Atria Center City  
150 North 20<sup>th</sup> Street  
Philadelphia, Pennsylvania 19103  
License #: 136570

Dear Mr. Hudson:

As a result of the Department's Bureau of Human Services Licensing Complaint inspection on June 14, 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.

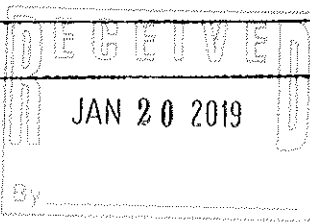
Sincerely,

A handwritten signature in black ink, appearing to read "Ayus Adelanwa", written over a horizontal line.

Ayus Adelanwa  
Workload Manager

Enclosure  
Violation Report

**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: Monique Carter		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 I-1 07/01/1999 City of Philadelphia		
Staffing Hours Resident Support: 101                      Total Daily Staff: 247                      Waking Staff: 185		
Type of Inspection: Partial                      BHA Docket Number:                      Notice: Unannounced		
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 06/14/2018: Freeman, Sabrina		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers:                      Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 160 Number of Residents Served: 101 Secured Dementia Care Unit in Home: Yes Area: 2nd floor Secured Dementia Unit Capacity, if Applicable: 25 Number of Residents Served in Secured Dementia Care Unit, if applicable: 17 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 18		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 101 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 45 Have a Physical Disability: 0

Violation Report: 13657 - 06/14/2018 - Freeman, Sabrina  
 PCH Name: ATRIA CENTER CITY

1. REGULATION 55 Pa.Code §2600  
 2600.105(f)(2) - The resident's clean clothing shall be returned to the resident within 24 hours after laundering.

2a. DESCRIPTION OF VIOLATION

On 5/30/18, resident #1 reported missing clothing. Resident's clothing was left in the laundry room for approximately three days during the Memorial Day weekend. Memorial Day was 5/28/18.

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.*

An audit was conducted of employee assignments on 1/18/19 by the Resident Services Director to ensure that the laundry assignments were accurate. Any issues found were addressed immediately.

Current Administrator/Resident Service Director conducted training with care staff on 01/16/2018 to address Regulation 55 Pa code 2600.105(f)(2), reviewing but not limited to, community laundry process and the requirement of a 24 hour turn around for resident's laundry. Sign in sheet attached.

The Resident Services Director/Designee is responsible for compliance with Regulation 55 Pa code 2600.105(f)(2). Moving forward, Resident Service Director/designee will review care staff laundry assignments for completion. Any issues found will be addressed immediately. The Administrator/Designee will visit laundry rooms daily, for 30 days, to ensure laundry is completed and returned to the residents within the required time frame.

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 1-20-19
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 2/7/19  
 (Date)

Plan of correction implementation status as of 2/7/19  
 (Date)

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

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

Violation Report: 13657 - 06/14/2018 - Freeman, Sabrina  
 PCH Name: ATRIA CENTER CITY

1. REGULATION 55 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 #1 is prescribed Benzonatate 100mg and Docusate Sodium Softgel 100mg, PRN. The medications were not available for administration on 6/14/18.

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.

Current Resident Service Director/Designee addressed Regulation 55 PA code 2600.185 (a) by completing a medication cart audit for resident #1 on 1/13/19 to ensure that all medications ordered were available. Audit attached.

Resident Services Director or designee will conduct an audit on resident medication orders to ensure that all medications are available. This audit will be completed by 1/31/2019. Any issues found will be corrected immediately.

Resident Service Director will conduct training with Nurses and resident medication assistants to Regulation 55 PA Code 2600.185 (a) and Atria Policy Med-016 Medication Cart/Box Audit by 1/31/19. Training will include, but not limited to, medication cart audit process and ensuring that residents have access to medications prescribed by physician and that medications are available for administration.

Compliance with Regulation 55 PA Code 2600.185 (a) is that of the Resident Services Director or designee. Resident Service director/Resident Services Supervisor will conduct a medication cart audit monthly, rotating carts, starting immediately for 90 days.

**Administrator will document the training given to staff on the referenced regulation. The Administrator will liaise with the Pharmaceutical company supplying medications to ensure that all residents PRN meds are readily available for use per Doctor's prescription. The Administrator or designee will document the routine audit of resident's MARS and the med cart. 2/7/19.**

A-A-A

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Violation Report: 13657 - 06/14/2018 - Freeman, Sabrina  
 PCH Name: ATRIA CENTER CITY

**1. REGULATION 55 Pa.Code §2600**  
 2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #2, refused accu-checks on 6/2/18; 6/4/18; 6/6/18; 6/7/18; 6/8/18; 6/9/18; 6/11/18; 6/12/18; 6/13/18 and 6/14/18 at 8:30 am. The home did not report the refusal to the resident's doctor as required.

**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.*

Resident Service Director conducted a review of resident #2 medication record. Resident refusals of Accuchecks on 6/4, 6/6, 6/7, 6/8, 6/9, 6/11, 6/12, 6/13, 6/14 were reported to the physician on 1/20/19 and documented in the resident record.

An audit will be conducted by 1/31/19 of Resident MARS for the past 30 days to ensure that missed doses of medication have been reported to the resident physician's and proof of such notification was available. Any issues found will be corrected immediately.

A training will be completed by 1/31/2019 by the Divisional Director of Care Management with the Resident Services Director (RSD), Wellness Nurses, and Medication Technicians on 55 Pa Code 2600.185 and MED-013 Medication Administration Record (MAR)/Medication Observation Record (MOR) and MED-027 Medication Missed or Refused. Responsibility for ensuring compliance with 2600.187(c) is that of the Resident Services Director (RSD) and/or designee.

The Resident Services Director (RSD) or designee will audit MARS for medication refusals and missed doses weekly, for three months, to ensure that missed doses were reported appropriately and documentation included in the resident's file

**The Routine audit of MARS shall be documented. 2/7/19**

A.A.A

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Violation Report: 13657 - 06/14/2018 - Frocman, Sabrina  
 PCH Name: ATRIA CENTER CITY

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

- Resident #2, is prescribed accu-checks at 8:30 AM and 10 PM daily and to notify the physician if the resident's blood sugar is less than 100. There is no documentation the accu-checks were performed on 6/1/18 to 6/4/18; 6/6/18 to 6/9/18 and 6/11 to 6/14/18 at 10:00 pm. There is no documentation the accu-checks were performed at 8:30 am and 10:00 pm on 6/5/18 and 6/10/18. The resident is also prescribed Metoclopramide HCL 5ml 3 times daily at 9:00 am , 1:00 pm and 5:00 pm. There is no documentation of administered on 6/7/18 and 6/8/18 at 9:00 am. Resident #2 is prescribed Citalopram HBR 10mg; there is no documentation the medication was administered.

- Resident #3 is prescribed Carbamazepine 200mg twice daily at 8:00 am and 8:00 pm, There is no documentation it was administered on 6/8/18 and 6/11/18; Atrovastatin 10mg, prescribed daily at 9:00 am, There is no documentation it was administered on 6/8/18.

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.

Resident Service Director or designee completed an audit for resident #2 and #3 medication records for compliance of regulation 55 Pa code 2600.187(d), any concerns were addressed immediately.

An audit will be conducted of Resident MARs by 1/31/19 for the past 30 days to ensure that medications ordered were administered as directed and that missed doses of medication had been reported to the resident physician's and proof of such notification is available. Any issues found were corrected immediately.

A training will be completed by the Resident Services Director by 1/31/19 with the Wellness Nurses, and Medication Technicians on 55 Pa Code 2600.187 (d) and MED-013 Medication Administration Record (MAR)/Medication Observation Record (MOR) and MED-025 Prescriber Medication Orders. Responsibility for ensuring compliance with 2600.187 (d) is that of the Resident Services Director (RSD) and/or designee.

The Resident Services Director (RSD) or designee will audit MARS for medication missed doses weekly, for three months, to ensure compliance. Any issues found will be corrected immediately.

**On receiving this POC, the Administrator or designee will provide oversight, to all staff having medication administration privileges during the med passing time; for the next two consecutive months to ensure compliance with the referenced reg. Administrator will ensure that the routine audits of residents medications will include the cross checking of the Doctor's order against the MARS documentation and the contents of the medication cart. Training and routine audit shall be documented. 2/7/19**

AAA

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Date(s) of Previous Violation(s):

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*Alex Torres*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Alex Torres, Administrator

Date 1-20-19

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