



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 17 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 annual inspection on July 17, 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.

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.

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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 22281 - 07/17/2018 - Deluca, Amy
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

The License Inspection Summary (LIS) dated 1/15/2017 contained the resident privacy coding sheet attached to it, exposing confidential resident information.

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 ("Atria") submits this Plan of Correction ("POC") to comply with PA 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Atria or an agreement by Atria as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

The Community audited the LIS and removed any and all personally identifiable information and/or personal health information of residents. The Executive Director or another designee will monitor the LIS to ensure no personally identifiable information or personal health information is removed and that such information is only available to those identified pursuant to 2600.17.

*The administrator shall monitor and be responsible
 for ongoing compliance - 8/7/18
 m*

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)

Date 8/3/18

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The above plan of correction is approved as of

8/7/18
 (Date)

Plan of correction implementation status as of

8/7/18
 (Date)

The above plan of correction was approved by

m
 (Initials)

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

Violation Report: 22261 - 07/17/2018 - Deluca, Amy
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 55 Pa.Code §2600
 2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

2a. DESCRIPTION OF VIOLATION
 On 7/14/2018 the total number of hours of direct care services was 92. The home was required to provide at least 100 hours of direct care services on that date.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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The schedule was adjusted to reflect the correct number of hours as required by the state after it was brought to the attention of the Executive Director. The Executive Director (ED), together with the Resident Services Supervisor (RSS) reviewed the schedules on 7/18/18 for the rest of the month to ensure compliance. The RSS is responsible for staff scheduling and was re-trained on regulation 2600.57(b) by the ED on 7/18/18 to ensure community is in compliance with state staffing requirements (see attachment A). The ED, RSS, or Resident Services Director (RSD) will review schedules every two weeks for the next 90 days to ensure the community is staffing to requirements.

The administrator shall monitor and be responsible for ongoing compliance - Mr 8/7/18

Repeat Violation: No Date(s) of Previous Violation(s):

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kevin Conroy* Date *8/3/18*

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The above plan of correction was approved by <u><i>m</i></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 - 07/17/2018 - Deluca, Amy
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 A in 2017 did not include Infection Control.

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

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On 4/25/18, Staff person A was trained on infection control (see attachment B). An audit for the staff training for 2017 was completed by the Executive Director on 4/10/18. Staff requiring additional training are scheduled to complete the training before October 2018 by their respective department head. The Executive Director, Resident Services Director, and/or other designee will ensure compliance with PA 2600.65(f).

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)

Kevin Caruso Executive Director

Date 8/3/18

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Violation Report: 22281 - 07/17/2018 - Deluca, Amy
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

The annual training provided to ancillary staff person C in 2017 did not include Resident Rights or the Older Adult Protective Services Act.

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

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On 5/22/18, Staff Person B completed training on Resident Rights and the Older Adult Protective Services Act requirements (see attachment C). An audit for the staff training for 2017 was completed by the Executive Director on 4/10/18. Staff requiring additional training are scheduled to complete the training before October 2018 by their respective department head. The Executive Director, Resident Services Director, and/or other designee will ensure compliance with PA 2600.65(g).

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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>Kevin Combs Executive Director</u>	Date <u>8/3/18</u>
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Violation Report: 22281 - 07/17/2018 - Deluca, Amy
 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's most current notification to the local fire department is incomplete because it did not include the total capacity of the home or a description of the general layout of 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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On 7/27/18, the Executive Director submitted an updated letter to the local fire department reflecting the accurate license capacity of the personal care home. The letter included schematics and blueprints of the personal care home as well as a summary of the mobility needs of the respective residents (see attachment D). The Executive Director or other designee will ensure compliance with PA 2600.124.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kevin (Cous)</i>	Date <i>8/3/18</i>
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Violation Report: 22281 - 07/17/2018 - Deluca, Amy
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 55 Pa.Code §2600
 2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:
 (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
 (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
 (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
 (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
 On 7/14/2018 during the 11pm to 7am shift the home did not have staff scheduled who had completed the required medication administration training and neither staff person on the schedule was a registered nurse, licensed practical nurse, or other licensed professional capable of administering medications.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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 The schedule was adjusted to ensure compliance with PA 2600.182(b). The Executive Director (ED), together with the Resident Services Supervisor (RSS) reviewed the schedules on 7/18/18 to ensure the community has sufficient staff 24 hours a day. Any issues found during the review were corrected immediately to meet state requirements. The RSS is responsible for staff scheduling and was re-trained on regulation 2600.182(b) by the ED on 7/18/18 (see attachment A). The ED, RSS, or Resident Services Director (RSD) will review schedules every two weeks for the next 90 days to ensure the community is staffing to requirements.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kevin Corso</i>	Date <i>8/3/18</i>
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Violation Report: 22281 - 07/17/2018 - Deluca, Amy
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 55 Pa.Code §2600
 2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:
 (1) Identify the correct resident.
 (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
 (3) Remove the medication from the original container.
 (4) Crush or split the medication as ordered by the prescriber.
 (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
 (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
 (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION
 Resident #1's Medication Administration Record (MAR) was not initialed by staff who had administered the following medications on the specified dates and times:
 7/5/2018 9:00 am, Valsartan 320 mg tablet; 7/5/2018 9am, Vitamin D3 1000 unit capsule
 7/8/2018 1:00 pm, Glucosamine-Chondroitin Caplet; 7/8/2018 9am, Tolterodine Tartrate 4 mg.
 7/11/2018 9:00 pm, Lumigan .03% drops; 7/11/2018 9:00 pm, Mucinex D

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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 The community notified the physician and family of Resident #1 of the missed doses. No further directions were received from the doctor. The resident continues to be stable. An audit of the resident's medication administration records (MARs) was completed by the Resident Services Supervisor on 7/18/18. Any issues identified during the audit were addressed appropriately. Staff responsible for administering medications will be retrained on the six rights of medication administration on or before October 2018 by the Resident Services Director, and the community will ensure that staff are reviewing the MARs for completeness before the end of their shifts. The RSD/designee will review MARs weekly for the next 90 days 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) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kevin Conaso, Executive Director</i>	Date <i>8/3/18</i>
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Violation Report: 22281 - 07/17/2018 - Deluca, Amy PCH Name: ATRIA BETHLEHEM	
1. REGULATION 65 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 #2's Advair Disk was not labeled with the date it was opened for use. According to the manufacturer's instructions, the disk should be discarded one month after opening.	
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 ("Atria") submits this Plan of Correction ("POC") to comply with PA 2600 et al. and all other applicable regulations and statutes. The preparation and submission of this POC does not constitute an admission of fault or liability on the part of Atria or an agreement by Atria as to the truth, accuracy, or validity of the facts alleged, conclusions drawn, or admission of any deficiency issued. An audit of the medication cart was completed by the Resident Services Supervisor on 7/18/18 to ensure medication requiring labelling after opening are labeled appropriately. Any issues found during the audit were addressed immediately. Staff responsible for administering medications will be retrained on medication administration on or before October 1st, 2018 by the Resident Services Director (RSD), to ensure the community is in compliance with the medication administration requirements for both state and Atria. The RSD/designee will review medications requiring labelling weekly for the next 90 days and will share his/her finding with the Executive Director to ensure 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) <u>Kevin Caruso, Executive Director</u>	Date <u>8/3/18</u>
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Violation Report: 22281 - 07/17/2018 - Deluca, Amy
 PCH Name: ATRIA BETHLEHEM

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 #3 receives blood glucose monitoring 4 times per day, before meals and at bedtime. On 7/11/2018 at 11:37am the resident's blood glucose reading in the monitor was 113 but was recorded on the MAR as 118.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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The doctor and family of Resident #3 were notified of the documentation issue, no further recommendation was received from the doctor. The documentation did not affect the dosing of insulin and the resident continues to be stable. An audit of glucometers was completed by the Resident Services Supervisor (RSD) on 7/18/18 to ensure current documentation on the glucometers matched with the documentation on the MARs. Any issues found during the audit were addressed appropriately. Staff that are responsible for checking blood sugar will be retrained on or before October 2018 by the RSD to ensure staff are verifying with the glucometer prior to documenting on the MARs and making sure everything matches. The RSD/designee will review glucometers weekly for the next 90 days to ensure compliance and he/she will share her findings with the Executive Director.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Violation Report: 22281 - 07/17/2018 - Deluca, Amy

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 has an order listed on the resident's MAR for Lumigan Drops Bimatoprost .03%. The drops found in the medication cart were labeled as .01%.

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

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Resident #1 received the right dose of the medication, but documentation on the MARs was inaccurate. The doctor was notified and the new order was received and documented on the MARs appropriately. An audit of current resident's MARs was completed by the Resident Services Supervisor on 7/18/18 ensuring that medications on hand are consistent with MARS as prescribed. Any issues found during the audit were addressed immediately. Staff responsible for medication administration will be retrained on or before October 1st, 2018 by the Resident Services Director to ensure they are implementing the proper techniques of medication administration and to ensure compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

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

Kevin Caruso, Executive Director

Date

8/7/18

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Violation Report: 22281 - 07/17/2018 - Deluca, Amy
 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 #3 receives insulin according to a sliding scale 3 times per day before meals. On the following dates and times the resident received the incorrect number of units of insulin:
 7/13/2018 at 11:30am: The resident's blood glucose was 185 requiring 0 units of insulin; 4 units were administered
 7/14/2018 at 11:30am: The resident's blood glucose was 306 requiring 6 units of insulin; 10 units were administered
 7/15/2018 at 07:30am: The resident's blood glucose was 398 requiring 8 units of insulin; 12 units were administered.
 7/16/2018 at 07:30am: The resident's blood glucose was 269 requiring 6 units of insulin; 10 units were administered.

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 Resident #3's sliding scale insulin was discontinued by the doctor on the same day of the inspection. The resident remains on routine dosage of insulin and continues to be stable. An audit was completed by the Resident Services Supervisor on current residents who receive insulin to ensure dosing matches with prescribed orders. Any issues found during the audit were addressed immediately. Nursing staff responsible for administering insulins will be retrained on diabetic management and proper administration of insulin to ensure compliance on or before October 1st, 2018 by the Resident Services Director (RSD). The RSD/designee will review insulin administration weekly for the next 90 days 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) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kevin Coruba, Executive Director</i>	Date <i>8/3/18</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>8/7/18</u> (Date)	Plan of correction implementation status as of <u>8/7/18</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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