



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

Mailing Date: December 21, 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 September 11, 2018 and September 18, 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,

A handwritten signature in black ink, appearing to read "Anne Graziano".

Anne Graziano  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 22281 - 09/11/2018 - Harvey, Jason

PCH Name: ATRIA BETHLEHEM

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

On 3/4/18 the home did not notify the Department within 24 hours of a medication error. Resident #1 complained that staff person A was not properly administering resident's #1's insulin. Staff person A was not taking the safety cap off the insulin pen when administering the medication. The home concluded their investigation on 3/14/18 when they notified the Department of a medication error for resident #1 not receiving the proper insulin coverage.  
 On 4/23/18 it was discovered that staff person A wrote a time change on resident #1's medication administration record for the insulin order resulting in the resident missing their insulin for 3 days at 9am. The home did not notify the Department within 24 hours of a medication error.  
 On 4/29/18 the home discovered that staff person A failed to give a 9am narcotic to resident #2. The home did not notify the Department within 24 hours of a medication error.

**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.

An audit was conducted of incidents by the Administrator on 9/24/18 to determine if any other incidents had either not been reported, or not reported in a timely manner. Any errors found were corrected immediately. A retraining was conducted on 9/24/19 by the Administrator to ensure that the Resident Services Director as well as the Resident Services Supervisor were aware of the criteria under regulation 2600.15(a) that incidents are to be reported to the personal care home regional office or the personal care home complaint line within 24 hours in a manner designated by the Department. Responsibility for ensuring incidents are reported in a timely manner is that of the Resident Services Director and/or designee. The Administrator will audit incident reports monthly, for 3 months, 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) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kevin Corrado, Executive Director Date 11/21/19

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

The above plan of correction is approved as of <u>12-12-18</u> (Date)  The above plan of correction was approved by <u>AG</u> (Initials)	Plan of correction implementation status as of <u>12-12-18</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
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Violation Report: 22281 - 09/11/2018 - Harvey, Jason

PCH Name: ATRIA BETHLEHEM

**1. REGULATION 55 Pa. Code §2600**

2600.167(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**

Staff did not sign or initial the Medication Administration Record of resident #3 from 6/1/18 to 6/28/18 to indicate that 0.01% of Lumigan eye drops had been administered. The staff were initialing the resident's MAR's for 0.005% of Latanoprost eye drops that were discontinued from 6/1/18 to 6/28/18 instead of the Lumigan eye drops.

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

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Upon Discovery of this error, a clarification of prescriber's order request was sent to the physician and a clarification was received and transcribed correctly. An audit was conducted of physician orders to confirm accuracy by the Resident Services Director on 9/20/18. Any issues identified were corrected immediately. Staff responsible for administering medications were retrained to Atria Policy MED-013 Medication Administration Record (MAR) / Medication Observation Record (MOR) and MED-025 Prescriber Medication Orders. This training was conducted by the Resident Services Director on 9/20/18. The responsibility for ensuring accuracy on medication orders is that of the Resident Services Director, Resident Services Supervisor, or designee. Medication audits are conducted monthly by staff responsible for administering medications. The Resident Services Director will complete random medications audits, monthly, for three months to ensure compliance.

The Administrator will oversee this Plan of Correction to ensure ongoing compliance. 12-12-18 *AG*

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Kevin [Signature] Executive Director* Date *11/1/18*

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Violation Report: 22281 - 09/11/2018 - Harvey, Jason  
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 58 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION  
 On 4/23/18 it was discovered that staff person A wrote a time change on resident's #1's insulin order resulting in resident #1 not receiving 3 days of insulin doses at 9am.

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.

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Upon discovery of this error, a clarification of prescriber's orders request was sent to the Endocrinologist and a clarification was received and transcribed correctly. The resident is now receiving the correct dose at the correct time. An audit was conducted of physician orders to confirm accuracy by the Resident Services Director on 9/20/18. Any issues identified were corrected immediately. Staff were retrained on Atria Policy MED-011 Medication Administration Record (MAR)/ Medication Observation Record (MOR) and MED-025 Prescriber Medication Orders. This training was conducted by the Resident Services Director on 9/20/18. The responsibility for ensuring accuracy of medication orders is that of the Resident Services Director, Resident Services Supervisor, or designee. The medication audits are conducted monthly by staff responsible for administering medications. The Resident Services Director will complete random medication audits, monthly, for three months to ensure compliance.

The Administrator will oversee this Plan of Correction to ensure ongoing compliance. 12-12-18 *AG*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kevin Curran, Executive Director</i>	Date <i>11/11/18</i>
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