



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
Mailing Date: February 5, 2019

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 October 30, 2018 of the above facility, the citations 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 that reads "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 22281 - 10/30/2018 - Novak, Ryan
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 55 Pa.Code §2800
2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION
 Staff member A yelled at Resident #1 on 9/27/18, the home suspended the staff member to complete an internal investigation. The staff member returned to work on 10/9/18. The home did not put a plan of supervision in place until the Department's investigation was complete.

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 2800 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.

Upon discovery of this allegation, the staff member in question was suspended immediately, pending the outcome of the investigation. The County of Northampton Department of Human Services Area Agency on Aging was contacted to report this allegation. Area Agency on Aging had a representative come to the community to interview the resident. Area Agency on Aging made the recommendation that the resident was safe and that it was acceptable to allow the employee to return to work. Prior to returning, Staff member A was retrained on resident rights and resident sensitivity. Community is aware of the requirement of approval from the Department on a plan of supervisions prior to staff returning to work following an abuse allegation. Community Business Director (CBD) was trained by the Administrator to this requirement on 10/31/18. Compliance with 2800.15 is the responsibility of the Administrator, Community Business Director, or designee. Moving forward, employees will not return to work following investigation of an abuse allegation without an approved plan of supervision from the Department of Human Services.

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) *Kevin Caruso, Executive Director* Date *10/11/18*

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

The above plan of correction is approved as of <u>1-25-19 (2-6-19)</u> (Date) The above plan of correction was approved by <u>AG</u> (Initials)	Plan of correction implementation status as of <u>1-25-19 (2-6-19)</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: 22261 - 10/30/2018 - Novak, Ryan
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 55 Pa.Code §2600

2600.16(d) - The home shall submit a final report, on a form prescribed by the Department, to the Department's personal care home regional office immediately following the conclusion of the investigation.

2a. DESCRIPTION OF VIOLATION

The home did not send a final incident report for the incident occurring 2-12-18 involving Resident #2 until 7-25-18.

The home did not send a final incident report for the incident occurring 11-26-17 involving Resident #3 until 10-30-18.

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 that the Final incident report had not been submitted on Resident # 2 from the incident occurring on 2/12/18, the final incident report was submitted on 7/25/18 to the Department. The home submitted the final incident report on Resident # 3 on 10/30/18. An audit was conducted by the Administrator on 10/31/18 of reportable incidents to ensure that final incident reports were submitted. Any issues found were corrected immediately. Resident Services Director (RSD), Resident Services Supervisor (RSS), and Community Business Director (CBD) were trained by the Administrator on Regulation 2600.16(d) and the Department's requirements on Incident Reporting. Moving forward, all incident reports submitted to the Department will either be checked as Initial/Final, or a final incident report will be submitted separately in a timely manner. The responsibility for compliance with 2600.16(d) is that of the Administrator or Designee. The Administrator will audit reportable incident reports for compliance weekly for 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) *KL-ew*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kevin Conso, Executive Director* Date *12/19/18*

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 (Initials)

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 (Date)

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

Violation Report: 22281 - 10/30/2018 - Novak, Ryan
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 55 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

Staff member A yelled "if you're going to raise your voice to me, then I'm going to raise my voice to you" at Resident #1 on 9/27/18. Resident #1 was not treated with dignity and respect by staff member A.

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 allegation, Staff member A was suspended immediately to allow for an investigation, and the allegation was reported to the Department. After the Northampton County Area Agency on Aging office made the recommendation for Staff person A to return, employee A was re-trained on resident rights and resident sensitivity prior to returning to the community. This training was completed on 10/9/18 by the Resident Services Director (RSD). Community Staff was also retrained on resident rights and resident sensitivity on 10/17/18 by the Administrator. Responsibility for compliance with Regulation 2600.42(c), ensuring that a resident shall be treated with dignity and respect, is that of the Administrator or designee.

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 Caruso, Executive Director</i>	Date <i>12/19/18</i>
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Violation Report: 22281 - 10/30/2018 - Novak, Ryan
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 58 Pa.Code §2800
 2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs:
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Staff person B performed unsupervised direct care without completing the initial trainings outlined under (1) and (3) in this regulation.

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

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Staff Member B was terminated prior to the visit by the Department. An audit was completed of training required by Regulation 2600.65(d) to ensure that current staff had completed required training prior to providing unsupervised ADL service. Any issues discovered in that audit were corrected immediately. The Resident Services Director (RSD) and Resident Services Supervisor (RSS) were retrained to the requirements of Regulation 2600.65(d) by the Administrator on 10/31/18. Moving forward, direct care staff will not work unsupervised until all initial trainings are completed and have been signed off by the employee as well as the Resident Services Director or designee as the training facilitator. Compliance with this regulation is the responsibility of the Administrator, Resident Services Director or designee. The Administrator will audit training records monthly, for three 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 Caruso, Executive Director Date 12/19/18

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 (Date)

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 (Date)

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

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

Violation Report: 22281 - 10/30/2018 - Novak, Ryan
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 Resident #4's DME dated 1/8/18 notes see attached for medications, no list was attached.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Resident # 4 had expired prior to the Department's visit and the DME was unable to be updated. The Resident Services Director (RSD) conducted an audit of DMEs of current residents on 10/31/18. Issues that were identified were addressed immediately. The Resident Services Director will review all new move in DMEs and annual DMEs for completion. The Resident Services Director and Resident Services Supervisor were retrained to the requirements of Regulation 2600.141(a)(2) by the Administrator on 10/31/18. The responsibility for compliance with Regulation 2600.141(a)(2) is that of the Resident Services Director or designee. The community Administrator will review new move in and annual DMEs for completeness for 90 days. Should the Administrator note any issues with DMEs, they will be reviewed with the Resident Services Director or designee and corrected immediately.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Violation Report: 22281 - 10/30/2018 - Novak, Ryan
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 55 Pa.Code §2600

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION

Resident #4 self-administers medications but has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

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

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Resident # 4 had expired prior to the Department's visit and could not be assessed for her ability to self-administer medications. An audit was completed by the Resident Services Director to ensure that all DMEs had accurate physician orders on whether the resident could or could not self-administer medications. The audit was completed on 10/31/18. Any issues identified during this audit were corrected immediately. The Resident Services Director and Resident Services Supervisor were retrained to the requirements of 2600.181(c) by the Administrator on 10/31/18. The Resident Services Director/designee will review all move in DMEs and annual DMEs for accuracy and completion. The Resident Services Director/designee will follow up with the physician for issues noted. The Responsibility for compliance with Regulation 2600.181(c) is that of the Resident Services Director or designee. The Administrator will review all move in and annual DMEs with the Resident Services Director for 90 days to ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative *[Handwritten Signature]*
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Printed Name and Title of Legal Entity Representative *Kevin Caruso, Executive Director* Date *12/19/18*
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- Not Implemented

Violation Report: 22281 - 10/30/2018 - Novak, Ryan
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 55 Pa.Code §2800
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 Resident #5 was admitted to the home on 10/4/16, the home did not complete a pre-admission screening.

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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Resident # 5 was admitted to the community on 10/4/16 and moved out from the community when he passed away on 5/25/17. An audit was conducted by the Resident Services Director on 10/31/18 to ensure that a pre-admission screening was completed for current residents. Any issues found on audit were documented. Resident Services Director and Resident Services Supervisor were retrained to the requirements of Regulation 2600.224(a) and the need for a preadmission screening by the Administrator on 10/31/18. The Responsibility for compliance with Regulation 2600.224(a) is that of the Resident Services Director or designee. The Administrator will review new move in paperwork for the next 90 days to ensure compliance with completion of the pre-admission screening.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kevin Cause, Executive Director</i>	Date <i>10/19/18</i>
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Violation Report: 22281 - 10/30/2018 - Novak, Ryan
 PCH Name: ATRIA BETHLEHEM

1. REGULATION 68 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (28)

2a. DESCRIPTION OF VIOLATION
 Resident #5's record did not include a picture of the resident.

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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Resident # 5 was admitted to the community on 10/4/16 and moved out from the community when he passed away on 5/25/17. The Resident Services Director completed an audit of resident charts on 10/31/18 to ensure current residents have a picture on their face page. Issues noted were corrected immediately. Moving forward, each resident's photo is taken upon physical admission and uploaded into the profile of each resident's electronic computer page. A face page is then generated and printed to be placed in each resident's chart. The Resident Services Director and Resident Services Supervisor were re-trained to Regulation 2600.252 and the requirement to have a picture in the Resident Record by the Administrator on 10/31/18. The responsibility for compliance with Regulation 2600.252 is that of the Resident Services Director or designee. The Administrator will review the charts of new residents to ensure that a photo is present in the resident record for 90 days to ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kevin Caruso, Executive Director* Date *10/19/18*

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