



June 3, 2019

Mr. Bryan Hudson, EVP  
General Counsel and Secretary  
WG Bethlehem SH, LLC  
**Attn: Atria Management Co. – Legal Dept.**  
300 East Market Street, Suite 100  
Louisville, Kentucky 40202

RE: Atria South Hills  
5300 Clairton Boulevard  
Pittsburgh, Pennsylvania 15236  
Certificate #: 442840

Dear Mr. Hudson:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 28, 2019 and March 29, 2019, 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.

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](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 that reads "J. Rowe". The signature is stylized and cursive.

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report



Violation Report: 44284 - 03/28/2019 - Spagna, Lauren  
PCH Name: ATRIA SOUTH HILLS

WEST MOUNTAIN OFFICE  
NORTH CAROLINA

- 1. REGULATION 55 Pa.Code §2600**  
 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**

Direct care staff person A, hired on 5/12/17, provided unsupervised ADL services from the date of hire; however, direct care staff person A did not successfully complete and pass the Department-approved direct training course and pass the competency test until 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.*

Atria South Hills submits this plan of correction to comply with the state regulatory provisions. The preparation and submission of this plan of correction does not constitute an admission of fault or liability on the part of Atria South Hills or an agreement by Atria South Hills regarding the truth or accuracy of the facts alleged or conclusions drawn.

See Page 2A of 9

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/28/2018 et al	
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Michelle M. O'Donnell*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Michelle M. O'Donnell, Executive Director* Date *5/10/19*

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

The above plan of correction is approved as of 5/13/19  
(Date)  
  
*LM*  
(Initials)  
  
The above plan of correction was approved by

Plan of correction implementation status as of 5/13/19  
(Date)

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

Continuation of Page 2 Plan Of Correction

- 1) During a random audit of employee files in June 2018, it was found that staff person "A" didn't have a copy of the competency test in their file. Even though it was beyond their date of hire, Business Office Manager had them sit for the training and the test.
- 2) A new Business Office Manager was hired in 11/2018 and they immediately did an audit of employee files. All competency tests were found for direct care staff.
- 3) New policy is that all direct care staff are to complete the competency training and test on day one of new hire orientation, which Business Office Manager is also responsible for.
- 4) Executive Director to randomly audit files to ensure we remain in compliance with 2600.65 (d).

Michelle M. O'Donnell, Executive Director 05/10/2019



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RECEIVED

MAY 13 2019

WEST REGION DISTRICT OFFICE  
Human Resources Training

MAY 13 2019

Violation Report: 44284 - 03/28/2019 - Spagna, Lauren  
PCH Name: ATRIA SOUTH HILLS

WEST VIRGINIA OFFICE  
Human Resources Training

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

Direct care staff person A, hired on 5/12/17, and direct care staff person B, hired on 8/27/12, did not receive annual training on the following topics during the 2018 training year:

- \* Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert
- \* Emergency preparedness procedures and recognition and response to crises and emergency situations

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

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- 1) Immediately upon hire in 11/18, new Business Office Manager (BOM) put new tracking binder system for training into place.
- 2) Training split up amongst the 12 months of the year (calendar attached).
- 3) Several trainings offered throughout the month as advertised in breakroom and wellness center.
- 4) BOM monitors all staff training. Approximately one week before month end, all department directors are notified which of their staff still needs training. They are then responsible to have training completed or employee is removed from work schedule until it is complete.
- 5) Executive Director randomly audits training binder to ensure we remain in compliance with 2600.65 (g), as well as 2600.65f. 5/13/19
- 6) Staff "A" has received fire safety training and emergency preparedness training, however staff "B" no longer employed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Michelle M. O'Donnell</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Michelle M. O'Donnell, Executive Director</i>	<i>5/10/19</i>

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

The above plan of correction is approved as of 5/13/19  
(Date)

The above plan of correction was approved by *JH*  
(Initials)

Plan of correction implementation status as of 5/13/19  
(Date)

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

MAY 13 2019

Violation Report: 44284 - 03/28/2019 - Spagna, Lauren  
 PCH Name: ATRIA SOUTH HILLS

1. REGULATION 55 Pa.Code §2600  
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 3/28/19, an approximate 5' x 2.5' puddle of standing water covered the floor under the hot water tank 1st floor electrical room.

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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- 1) Immediately upon discovery during inspection, all water was cleaned up and contained.
- 2) Maintenance Director was instructed to obtain an estimate for repair or replacement of hot water tank. (estimate attached to replace)
- 3) New hot water tank installed on 5/9/19.
- 4) Maintenance Director to be more observant on daily rounds for equipment that is failing or in disrepair. Executive Director to be immediately notified.
- 5) Weekly meeting to be held with Executive Director and Maintenance Director to discuss condition of community equipment in hopes of preventing further damages. This to remain in effect for compliance of 2600.95.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Michelle M. O'Donnell*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Michelle M. O'Donnell, Executive Director* Date *5/10/19*

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MAY 13 2019

Violation Report: 44284 - 03/28/2019 - Spagna, Lauren  
PCH Name: ATRIA SOUTH HILLS

WEST VIRGINIA FIRE OFFICE  
Human Resources Training

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill records for the following fire drills do not indicate if the fire drills were conducted in the am or pm:

- \* 6/29/18 at 1:30
- \* 7/31/18 at 1:50
- \* 9/25/18 at 2:37
- \* 10/17/18 at 9:56
- \* 12/30/18 at 10:27

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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- 1) Being new to the position of Maintenance Director, immediately following inspection a meeting was held with Executive Director regarding the Regulatory Compliance Guide and its requirements regarding fire drill documentation and the need for times to specifically state morning or evening.
- 2) Maintenance Director now submits a copy of monthly fire drills to Executive Director who will verify documentation is complete and accurate for compliance with 2600.132 (c)
- 3) As of 4/30/19, all documentation is complete and accurate (attached)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Michelle M. O'Donnell</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Michelle M. O'Donnell, Executive Director</i>	<i>5/10/19</i>

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(Initials)

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Violation Report: 44284 - 03/28/2019 - Spagna, Lauren  
PCH Name: ATRIA SOUTH HILLS

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home's maximum safe evacuation time designated by a fire safety expert on 9/25/18, is 8 minutes. However, the fire drills conducted on the following dates/times exceeded the maximum safe evacuation time:

- \* 12/30/18 at 10:27-completed in 8 minutes 15 seconds
- \* 3/18/19 at 9:18 am-completed in 9 minutes 26 seconds

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

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- 1) Being new to the position of Maintenance Director, immediately following inspection a meeting was held with Executive Director regarding the Regulatory Compliance Guide and its requirements regarding fire drill documentation and when times are not within the timeframe, that drill must be repeated.
- 2) Maintenance Director now submits a copy of monthly fire drills to Executive Director who will verify documentation is complete and accurate for compliance with 2600.132 (d)
- 3) As of 4/30/19, all documentation is complete and accurate (attached)
- 4) \*\*These drills were not repeated in 2018 as this Executive Director and Maintenance Director were not in their respective positions at that time. They will be done properly moving forward.

A fire drill was held on 4/4/19 at 5:48 pm, and was conducted in 7 minutes. *JM* 5/13/19

Immediately: The Executive Director shall ensure all residents have evacuated the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert, within the period of time specified in writing within the past year by a fire safety expert during his/her monthly review of the home's fire drill records. *JM* 5/13/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Michele M. McDonnell*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Michele M. McDonnell, Executive Director* Date *5/10/19*

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(Initials)

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(Date)

- Fully Implemented
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- Not Implemented

Violation Report: 44284 - 03/28/2019 - Spagna, Lauren  
PCH Name: ATRIA SOUTH HILLS

WEST PENNSYLVANIA OFFICE  
Harrisburg, PA 17104

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

According to the home's staffing schedule, the home typically schedules 3 staff persons between the hours of 11:00 pm-5:00 am; however, a fire drill has not been conducted with only 3 staff persons within the past year.

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

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- 1) Being new to the position of Maintenance Director, immediately following inspection a meeting was held with Executive Director regarding the Regulatory Compliance Guide and its requirements regarding fire drill documentation, especially concerning the importance of drills during sleeping hours when there is limited personnel in the building.
- 2) Maintenance Director now submits a copy of monthly fire drills to Executive Director who will verify documentation is complete and accurate for compliance with 2600.132 (g)
- 3) As of 4/30/19, all documentation is complete and accurate (attached)
- 4) \*\*These drills were not repeated in 2018 as this Executive Director and Maintenance Director were not in their respective positions at that time. They will be done properly moving forward.

Within 7 days of receipt of the plan of correction: The home shall conduct a fire drill with the minimum number of staff persons scheduled. The Executive Director shall review the fire drill records of this fire drill to ensure all residents have evacuated the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert, within the period of time specified in writing within the past year by a fire safety expert. *JH* 5/13/19

Immediately: The home shall develop and implement a system to ensure fire drills are conducted with the minimum number of staff persons scheduled at least 2 times annually. Documentation shall be kept in accordance with 2600.132c. *JH* 5/13/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Michelle M O'Donnell*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Michelle M. O'Donnell, Executive Director* Date *5/10/19*

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- Fully Implemented
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Violation Report: 44284 - 03/28/2019 - Spagna, Lauren  
PCH Name: ATRIA SOUTH HILLS

WEST PHILADELPHIA FIELD OFFICE  
PHILADELPHIA, PA 19106  
PHILADELPHIA LICENSING

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

On 3/29/19, the glucometer for resident #1 was not calibrated to the correct date and time.

The March 2019 medication administration record for resident #2 indicated a blood glucose reading of 258 on 3/24/19 at 11:30am; however, the glucometer for resident #2 indicated a blood glucose reading of 238 on 3/24/19 at 11:30am.

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

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- 1) Immediately while inspection was still occurring, the glucometer was compared to the MAR for results of other readings. The glucometer was found to be calibrated and this particular instance was a transcription error.
- 2) Immediately following the medication pass, the Resident Services Director spoke with the nurse concerning the error, policy & procedure concerning good clinical practice of checking machine>MAR>Med 3x as standard practice dictates.
- 3) The day following inspection, the Resident Services Director met with nurses to re-educate concerning transcription, medication P&P and new practice of initialing MAR each shift stating that machines have been checked and calibrated, especially after the battery is changed.
- 4) Each nurse is responsible to check MARS by end of each shift and sign off that it is done.
- 5) Resident Services Director to audit MARS weekly x3 months to ensure process is followed and machines are being calibrated properly.
- 6) Executive Director to randomly audit MARS for 3 months to ensure we remain in compliance with 2600.185.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Michelle M. O'Donnell*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle M. O'Donnell, Executive Director* Date *5/10/19*

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(Date)

*LM*  
(Initials)

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(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 44284 - 03/28/2019 - Spagna, Lauren  
PCH Name: ATRIA SOUTH HILLS

1. REGULATION 55 Pa.Code §2600  
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION  
The March 2019 medication administration record for resident #1 does not include the initials of the staff person who administered resident #1's prescribed dose of 20 units of Humalog-100IU on 3/7/19 at 4:30pm.

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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- 1) Immediately while inspection was still occurring, the Resident Services Director verified the insulin was given as ordered but the documentation was omitted.
- 2) Immediately following the medication pass, the Resident Services Director spoke with the nurse concerning proper administration of medication which includes proper documentation in the MAR.
- 3) The day following inspection, the Resident Services Director met with nurses to re-educate concerning good clinical practice and medication P&P to include proper documentation in the MAR.
- 4) Each nurse is responsible to check MARS by end of each shift and sign off that it is done.
- 5) Resident Services Director to audit MARS weekly x3 months to ensure process is followed and all documentation is complete.
- 6) Executive Director to randomly audit MARS for 3 months to ensure we remain in compliance with 2600.185 (a).

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Michelle M. O'Donnell*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle M. O'Donnell, Executive Director* Date *5/10/19*

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(Initials)

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(Date)

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