



October 25, 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
License # 222810

Dear Mr. Hudson:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 16, 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.

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 "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *ATRIA BETHLEHEM*

License Number: *22281*

Address: *1745 WEST MACADA ROAD,, BETHLEHEM, PA 18017*

County: *NORTHAMPTON*

Region: *NORTHEAST*

Administrator

Name: *Kevin Caruso*

Phone: *6103170700*

Email: *DIANE.MORRIS@ATRIASENIORLIVING.COM*

Legal Entity

Name: *WG BETHLEHEM SH LLC*

Address: *300 EAST MARKET ST, SUITE 100, ATTN-ATRIA MGMT CO- LEGAL DEPT, LOUISVILLE, KY, 40202*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *09/28/1098*

Issued By: *PA L&I*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *98*

Waking Staff: *74*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

07/16/2019 - On-Site: Ann O'Haire, Jason Harvey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *150*

Residents Served: *69*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *69*

Diagnosed with Mental Illness: *2*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *29*

Have Physical Disability: *0*

101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident bedroom #345 did not have bedside lighting available for resident use.

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, validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

Upon the discovery that the resident in apartment #345 did not have a lamp or other source of lighting that could be turned on at bedside, a lighting source was immediately added to correct the finding. Additionally, since the housekeeping staff go into every apartment to provide a weekly service, these staff members were retrained on this regulation and to report to the Maintenance Director or Executive Director if an apartment does not have a light source at bedside. Compliance with regulation 2600.101(j) is the responsibility of the Administrator, Maintenance Director, or designee.

Legal Entity Representative


Signature

Kevin Caruso, Executive Director
Printed Name and Title

9/13/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9-19-19 (Date)

Plan of correction implementation status as of 9-19-19 (Date)

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

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

103g - Storing Food

Regulations

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A large container of approximately 5 pounds of a garden salad mixture was observed in the main kitchen refrigerator that was not covered or sealed.

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, validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

Upon discovery that the salad observed in the kitchen refrigerator was not covered or sealed, the lid that had fallen off was reattached to seal the container immediately. Additionally, all culinary employees were retrained on this regulation to ensure that all food shall be stored in closed or sealed containers. Compliance with regulation 2600.103(g) is the responsibility of the Administrator, Culinary Director, or designee.

Legal Entity Representative


Signature

Kevin Caruso, Executive Director
Printed Name and Title

9/13/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9-19-19 (Date)

Plan of correction implementation status as of 9-19-19 (Date)

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

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

252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

The following residents' records did not indicate if the resident had any identifiable marks: Resident #1,#2 and #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, validity of the facts alleged, conclusions drawn, or admission of any deficiency issued.

Upon discovery that Resident #1, Resident #2, and Resident #3's resident record did not indicate if the resident had any identifiable marks, all 3 resident records were accurately updated immediately. Additionally, the Resident Services Director, Resident Services Supervisor or designee has audited all resident records to ensure all records are complete and accurate. Compliance with regulation 2600.252 is the responsibility of the Administrator, Resident Services Director, or designee.

Legal Entity Representative


Signature

Kevin Caruso, Executive Director
Printed Name and Title

9/13/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9-19-19 (Date)

Plan of correction implementation status as of 9-19-19 (Date)

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

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