



November 5, 2019

Mr. W. Bryan Hudson, EVP
General Counsel and Secretary
WG Center City SH, LLC
Attn: Atria Mgmt Co. – Legal Department
300 East Market Street, Suite 100
Louisville, Kentucky 40202

RE: Atria Center City
150 North 20th Street
Philadelphia, Pennsylvania 19103
License #: 136570

Dear Mr. Hudson:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 17 and 18, 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 (relating to Personal Care Homes) 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", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *ATRIA CENTER CITY*

License Number: *13657*

Address: *150 NORTH 20TH STREET, PHILADELPHIA, PA 19103*

County: *PHILADELPHIA*

Region: *SOUTHEAST*

Administrator

Name: *Sabrina Codella*

Phone: *2155645455*

Email: *sabrina.codella@atriaseniorkiving.com*

Legal Entity

Name: *WG CENTER CITY SH LLC*

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

Certificate(s) of Occupancy

Type: *I-1*

Date: *07/01/1999*

Issued By: *City of Philadelphia*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *165*

Waking Staff: *124*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

07/17/2019 - On-Site: Michele Swisher, Denise Gillespie

07/18/2019 - On-Site: Michele Swisher, Denise Gillespie

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *165*

Residents Served: *121*

Secured Dementia Care Unit

In Home: *Yes*

Area: *Life Guidance*

Capacity: *25*

Residents Served: *20*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *121*

Diagnosed with Mental Illness: *1*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *44*

Have Physical Disability: *2*

26a - Quality Management Plan

Regulations

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home has not implemented it's quality management plan as it has not conducted a quality management review since May 2018. The homes plan indicates that the meetings are to be held quarterly.

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 simillar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See attached

Administrator or designee will ensure home has quality management plan that is implemented, and staff is familiar with. Home did verify implantation of a quality management plan at 10-08-19 POC verification inspection.

SP 10-09-19

Legal Entity Representative

[Handwritten Signature]

Signature

Sabrina Codella RN
Executive Director

Printed Name and Title

9/11/19
Date

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

The above plan of correction is approved as of 10-09-19
(Date)

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

Plan of correction implementation status as of 10-09-19
(Date)

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

2600.26.a The Home shall establish a quality management plan.

1. Atria Center City ("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.
2. Atria scheduled Quality Management Plan Meetings to be held on 9/19/2019 and 12/19/2019. These meetings will be moderated by the Executive Director and/or designee. A Quality Management Planning Meeting will be held quarterly moving forward.
3. The Executive Director was in-serviced on PA 2600.26 9/9/19 by the Divisional Director of Care Management on 9/9/19.
4. Department Heads shall attend the Quality Management Plan Meetings to discuss reportable incidents and reporting procedures, complaints and complaint procedures, staff training, license violations and plans to correct, resident council minutes, and any other areas needing review.
5. The Executive Director and/or a designee shall ensure compliance with PA 2600.26(a).

65d - Initial Direct Care Training

Regulations

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on 3/12/19, did not complete and pass the department approved direct care orientation prior to providing unsupervised work with residents.

Plan of Correction (POC)

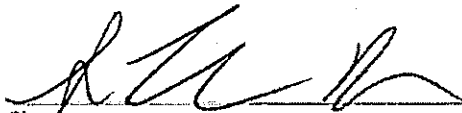
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See attached

Administrator or designee will ensure no staff members provide unsupervised ADL services until they pass the Department approved direct care training course and competency test. Home did verify Staff member A passed the test. Audits of staff records to be maintained by home and made available for Department review.

SP 10-09-19

Legal Entity Representative


Signature

Sabrina Cudella RN
Printed Name and Title Executive Director
9/11/19
Date

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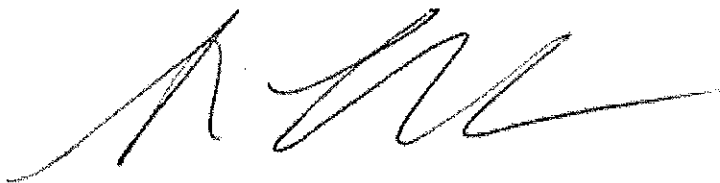
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2600.65.d. Direct Care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until successful completion and passing of the Department-approved direct care training course and passing of the competency test.

1. Atria Center City ("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.
2. Staff person A produced her Department approved direct care training certificate.
3. The Community Business Director and/or other designee shall conduct an audit to ensure compliance with PA 2600.65.d no later than 9/26/19. The Community Business Director shall remedy any non-compliance issues within ten (10) days thereafter.
4. The Divisional Director of Care Management in-serviced the Executive Director and the Community Business Director on 9/10/19 regarding the requirements set forth in PA 2600.65.d.
5. The Community Business Director or other designee shall ensure compliance with PA 2600.65.d. Responsibility for compliance with 2600 65.d.
6. The Executive Director or designee will audit all new-hire files, monthly, for three months, to ensure compliance.

A handwritten signature in black ink, appearing to be 'A. M.', written in a cursive style.

9/11/19

82c - Locking Poisonous Materials

Regulations

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 7/17/19, a tube of Biotene Flouride Toothpaste with a warning label that reads- if swallowed seek emergency medical help or contact poison control was found in a cabinet in the Life Guidance Room. The cabinet was unlocked and accessible to residents of the secure memory care unit.

On 7/17/19, a bottle of Purel Hand Sanitizer with a warning label that reads- If swallowed, get medical help or contact a poison control center right away, was found on the counter of the staff lounge located within the life guidance area, secure memory care unit. The staff lounge was unlocked and accessible to residents of the SDU.

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.)

See attached

Administrator or designee will ensure poisonous materials are locked and inaccessible to residents.

SP 10-09-19

Legal Entity Representative

[Handwritten Signature]
Signature

Sabrina Cudella RN
Printed Name and Title Executive Director
9/11/19
Date

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2600.82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of residents living in the home are able to safely use or avoid poisonous materials.

- 1. Atria Center City ("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.**
- 2. Atria takes issue with this violation in that the identification of toothpaste as a "poison" was not the intent of PA 2600.82. As a result, Atria requests the violation as it pertains to toothpaste be withdrawn.**
- 3. Staff secured the toothpaste in a locked cabinet on the date the survey was completed, 7/17/19.**
- 4. An audit was completed by the Life Guidance Director of memory care apartments on 7/17/19 to ensure that materials the DHS may deem poisonous are secured pursuant to PA 2600.82.c.**
- 5. The Divisional Director of Care Management in-serviced the Life Guidance Director on 9/10/19 regarding PA 2600 82.c. Community Staff will be in-serviced on PA 2600 82.c. , by the Life Guidance Director or designee by 9/26/19; specifically the necessity of ensuring materials the DHS may deem poisonous are secured**
- 6. The Life Guidance Director, Resident Services Director, or other designee will ensure compliance with PA 2600 82.c. is that of the Life Guidance director or Designee. The Life Guidance Director and Resident Services Director will inspect resident apartments and the community areas weekly, for 90 days, to ensure compliance. Any issues found will be addressed.**

101j2 - Bedroom Chairs

Regulations

2600.

- 101.j. Each resident shall have the following in the bedroom:
 - 2. A chair for each resident that meets the resident's needs.

Description of Violation

Bedroom 406 is occupied by 1 resident; however, there are no chairs in this room.

Bedroom 237 is occupied by 2 residents; however, there is only 1 chair present in this room.

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.)

See attached

Administrator or designee will ensure each resident has their own chair in their bedroom. Audits will be maintained by home and made available for Department review.

SP 10-09-19

Legal Entity Representative

[Handwritten Signature]

Signature

Sabrina Cudella *[Signature]*
Printed Name and Title Executive Director

9/11/19
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2600.101.j. Each resident shall have the following in the bedroom: (2) A chair for each resident that meets the resident's needs.

1. Atria Center City ("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.
2. Atria provided each resident in apartment 406 and 237 with appropriate chair on 7/17/19.
3. The Community Maintenance Director shall complete an audit of all resident apartments to ensure compliance with PA 2600.101.j by 9/26/19.
4. The Maintenance Director or other designee shall conduct an on-going weekly audit of 20% of the occupied apartments to ensure compliance with PA 2600.101.j until 100% of all apartments are audited.

141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on 10/16/18. The resident's previous medical evaluation was completed on 8/16/17.

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.)

see attached

Within 30 days receipt of POC, the administrator or designated staff person will check all resident records to ensure a current medical evaluation is completed and present in each resident's record. Audits will be maintained for Department review. SP 10-09-19

Legal Entity Representative

[Handwritten Signature]

Signature

Sabrina Cudella RN
Printed Name and Title

Executive Director

9/11/19
Date

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10-09-19
(Date)

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10-09-19
(Date)

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SP
(Initials)

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2600.141.b.1 Resident will have medical evaluation done annually.

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- 2. An updated DME for resident # 1 was received on 10/16/19.**
- 3. An audit is being conducted by the Resident Services Director and/or designee to ensure compliance with PA 2600.141.b.1. This audit will be completed by 9/26/2019. Any issues found will be addressed.**
- 4. The Resident Services Supervisor and Executive Director were in-service regarding the requirements of 2600141.b. by the Divisional Director of Care Management on 9/10/19. The Resident Services Director will be trained upon hire.**
- 5. Responsibility for compliance with 2600141.b.1. is that of the Resident Services Director, Resident Services Supervisor, and/or designee. The Executive Director will complete random audits of DMEs, weekly, for 90 days to ensure compliance. Any issues found will be corrected.**

183b - Meds and Syringes Locked

Regulations

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 7/17/19, a bottle of Systane Eye drops was located in an unlocked cabinet in the Life Guidance room of the secure memory care unit. The life guidance room is unlocked and accessible to residents of the secure unit.

Plan of Correction (POC)

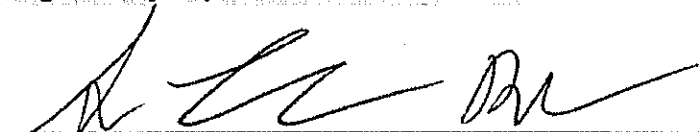
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See attached

In-services and audits will be maintained by home and made available for Department review.

SP 10-09-19

Legal Entity Representative


Signature

Sabrina Codella RN
Printed Name and Title Executive Director
9/1/19
Date

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(Date)

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(Date)

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- Partially Implemented - Inadequate Progress
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2600.183.b. Prescription medications, OTC medications, Cam and syringes shall be stored in are refrigerator shall be kept in an area or container that is locked. This includes medications or syringes in a resident's room.

1. Atria Center City ("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.
2. The cabinet where the medications were discovered was locked on the day of the survey; 7/17/2019.
3. An audit was completed of the medication carts and overflow storage cabinets to ensure that medications are always kept locked and not accessible to residents.
4. Care and Medication staff were in-serviced by the Divisional Director of Care Management on 9/6/19 to the requirements of PA 2600.183.b.
5. Responsibility for compliance with 2600.183.b. is that of the Resident Services Director, Life Guidance Director or Designee. The Life Guidance Director, Resident Services Director, and or designee will inspect resident apartments, the medication room and medication carts, and the community areas weekly, for 90 days, to ensure compliance. Any issues found will be addressed.

[Handwritten signature]

9/11/19

Violation Report

Facility Information

Name: ATRIA CENTER CITY

License Number: 13657

Address: 150 NORTH 20TH STREET,, PHILADELPHIA, PA 19103

County: PHILADELPHIA

Region: SOUTHEAST

Administrator

Name: Sabrina Codella

Phone: 2155645455

Email:

SABRINA.CODELLA@ATRIASENIORLIVING.COM

Legal Entity

Name: WG CENTER CITY SH LLC

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

Certificate(s) of Occupancy

Type: I-1

Date:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 164

Waking Staff: 123

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Monitoring

Inspection Dates and Department Representative

10/08/2019 - On-Site: Denise Gillespie

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 165

Residents Served: 116

Secured Dementia Care Unit

In Home: Yes

Area: 2nd Floor

Capacity: 23

Residents Served: 20

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 115

Diagnosed with Mental Illness: 1

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 48

Have Physical Disability: 1