



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail [diane.morris@atriaseniorliving.com](mailto:diane.morris@atriaseniorliving.com)**  
**Sent via e-mail [sabrina.codella@atriaseniorliving.com](mailto:sabrina.codella@atriaseniorliving.com)**  
**August 3, 2020**

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 25 and 26, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

*Claire Mendez*

Claire Mendez  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: *ATRIA CENTER CITY*

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

County: *PHILADELPHIA*

Region: *SOUTHEAST*

License Number: *13657*

## 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:

Total Daily Staff: *160*

Waking Staff: *120*

## Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

## Inspection Dates and Department Representative

*03/25/2020 - Off-Site: David Carrion*

*03/26/2020 - Off-Site: David Carrion*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *165*

Residents Served: *115*

### Secured Dementia Care Unit

In Home: *Yes*

Area: *Life Guidance*

Capacity: *25*

Residents Served: *19*

### 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: *3*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *45*

Have Physical Disability: *0*

**16c - Written Incident Report**

**Regulations**

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 § 2600.15 (relating to abuse reporting covered by law).

**Description of Violation**

On 02/21/20, at approximately at 2:30 pm, Resident #1 rang the call bell after losing her balance while doing her hair in the bathroom. The home did not report this incident to the department until 02/27/20.

On 02/29/20, Resident #1 lost her balance, and fell while making her bed at 4 pm. She was injured and treated in the Emergency Room. The home did not report this incident to the Department until 03/06/20 at 7 pm.

On 03/09/20, at approximately 12 am, Resident #1 had an unwitnessed fall that resulted in an injury to the left side of her posterior head. The home did not report this incident to the Department until 3/11/20 at 8 pm.

On 03/01/20 at 3:30 am, Resident #2, while ambulating on her wheelchair, bumped her left shin resulting in a cut that needed medical attention. The home did not report this incident to the Department until 03/06/20 at 8 pm.

**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.)

Please see attached.

Type text here

**Legal Entity Representative**

  
Signature

Sabrina Codella, Executive Director  
Printed Name and Title

7/2/20  
Date

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

The above plan of correction is approved as of 7/7/2020  
(Date)

Plan of correction implementation status as of 8/3/2020  
(Date)

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

Implemented  
 Not Implemented

**WG CENTER CITY SH, LLC d/b/a ATRIA CENTER CITY – LICENSE NUMBER 13657**  
**PLAN OF CORRECTION**

**2600.16.c – Written Incident Report**

Atria Center City submits this Plan of Correction in compliance with the Department of Human Services, 55 Pa. Code § 20.52 and 55 Pa. Code Chapter 2600 et seq. This Plan of Correction neither serves as an admission of fault nor confirmation as to the validity of the violation issued by the Department of Human Services (“DHS”).

The Resident Services Director and the Executive Director reviewed 55 Pa. Code Chapter 2600.16(a)(1)-(19) regarding the types of incidents that shall be reported.


The Resident Services Director and the Executive Director reviewed 55 Pa. Code Chapter 2600.15 regarding reporting of incident involving allegations or suspicions of abuse.

The Resident Services Director and the Executive Director reviewed 55 Pa. Code Chapter 2600.16(b) and the applicable policies and working instructions for incident reporting, abuse reporting, incident investigation, abuse investigation, and proper communication.

The Resident Services Director and the Executive director reviewed 55 Pa. Code Chapter 2600(c) establishing the timeframe by which a state reportable incident shall be filed. The Resident Services Director and the Executive Director reviewed 55 Pa. Code Chapter 2600(d)-(f) to further understand the requirements for reporting incidents.

The Resident Services Director and the Executive Director along with the Divisional Director of Care Management will conduct an in-service with all staff on the above-referenced regulations, policies, and work instructions to ensure staff are able to identify an incident, timely report an incident, conduct an investigation, if necessary, and properly communicate incidents to the Resident Services Director, the Executive Director, or other designee. Staff will be in-serviced on these items no later than July 17, 2020.

The Resident Services Director, the Executive Director, and/or other designee will continue auditing all incidents to ensure timely reporting for the next 120 days. Further the Resident Services Director, the Executive Director, and/or other designee will review the community's daily notes and communications to ensure all incidents are identified and properly reports. Community management will also ensure that timely reporting of incidents is reviewed as part of the quality management process pursuant to 55 Pa. Code Chapter 2600.26(b)(1).

  
\_\_\_\_\_  
Sabrina Codella  
Executive Director

7/3/20  
\_\_\_\_\_  
Date

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 02/29/20, at approximately at 4 pm, Resident #1 rang her call bell after losing her balance while attempting to make her bed. Resident #1 fell and struck her head on her nightstand and subsequently sustained a laceration on the left side of her forehead which required steri-strips. The Resident was discharged the same day back to the home.

Resident #1 was found on the floor by staff during a routine checkup, and at that point, the resident had been waiting for assistance for an hour and ten minutes. When found, the resident was bleeding from her head.

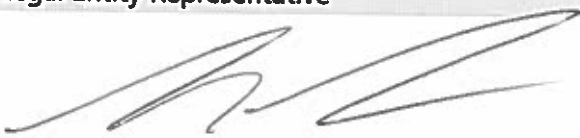
The call bell log recorded 24 requests from 3:59 pm until 5:11 pm, and none of the call bells requests were answered. Per policy, "Responses to emergencies by the assisted living staff will be completed as soon as an assisted living staff member is available. A timely response is 5 to 10 minutes for an occupied building of 99 resident or less, 10 to 15 minutes for 100 plus residents." There were 115 residents in the home on the date of the incident.

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.)

Please see attached

Legal Entity Representative



Signature

Sabrina Codella, Executive Director

Printed Name and Title

7/2/20

Date

42b - Abuse (continued)

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The above plan of correction is approved as of 7/7/2020 Plan of correction implementation status as of 8/3/2020  
(Date)  Implemented  
The above plan of correction was approved by CM  Not Implemented  
(Initials)

**WG CENTER CITY SH, LLC d/b/a ATRIA CENTER CITY – LICENSE NUMBER 13657**  
**PLAN OF CORRECTION (CONT.)**

**2600.42.b - Abuse**

Atria Center City submits this Plan of Correction in compliance with the Department of Human Services, 55 Pa. Code § 20.52 and 55 Pa. Code Chapter 2600 et seq. This Plan of Correction neither serves as an admission of fault nor confirmation as to the validity of the violation issued by the Department of Human Services (“DHS”).

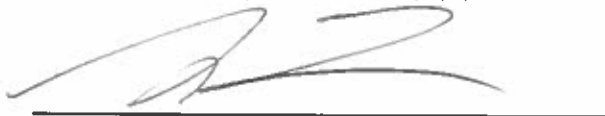
The Resident Services Director and the Executive Director reviewed 55 Pa. Code Chapter 2600.42(B).

The Resident Services Director and the Executive Director reviewed 55 Pa. Code Chapter 2600.15 regarding reporting of incident involving allegations or suspicions of abuse.

The Resident Services Director and the Executive Director reviewed the applicable policies and working instructions for emergency call devices, emergency response, abuse reporting, abuse investigation, and proper communication.

The Resident Services Director and the Executive Director along with the Divisional Director of Care Management will conduct an in-service with all staff on the above-referenced regulations, policies, and work instructions to ensure staff comply, respond timely, and properly communicate emergencies to the Resident Services Director, the Executive Director, or other designee. Staff will be in-serviced on these items no later than July 17, 2020.

The Resident Services Director, the Executive Director, and/or other designee will audit emergency response times to ensure timely response for the next 120 days. Further, the Resident Services Director, the Executive Director, and/or other designee will monitor emergency call devices on a rotating monthly basis to ensure proper functioning. The Resident Services Director, the Executive Director, and/or other designee will review the community’s emergency response times and daily notes and communications to ensure all emergencies are identified and properly addressed. Community management will also ensure that timely responding to emergencies is reviewed as part of the quality management process pursuant to 55 Pa. Code Chapter 2600.26(b(1)).



Sabrina Codella  
Executive Director

7/3/20  
Date

**95 - Furniture and Equipment**

**Regulations**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

**Description of Violation**

On 03/01/20 at 12 am, Resident #1 fell and rang the call-bell for assistance. The call bell log shows that this request was not registered.

**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.)

Please see attached.

**Legal Entity Representative**

  
Signature

Sabrina Codella, Executive Director  
Printed Name and Title

7/2/20  
Date

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(Date)

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(Initials)

Implemented  
 Not Implemented

**WG CENTER CITY SH, LLC d/b/a ATRIA CENTER CITY – LICENSE NUMBER 13657**  
**PLAN OF CORRECTION (CONT.)**


**2600.95 – Furniture and Equipment**

Atria Center City submits this Plan of Correction in compliance with the Department of Human Services, 55 Pa. Code § 20.52 and 55 Pa. Code Chapter 2600 et seq. This Plan of Correction neither serves as an admission of fault nor confirmation as to the validity of the violation issued by the Department of Human Services (“DHS”).

The Resident Services Director and the Executive Director reviewed 55 Pa. Code Chapter 2600.95.

The Resident Services Director and the Executive Director along with the Divisional Director of Care Management will conduct an in-service with all applicable staff on the above-referenced regulation. Staff will be in-serviced on these items no later than July 17, 2020.

The Resident Services Director, the Executive Director, and/or other designee will conduct an audit of emergency call devices and other life safety equipment on an ongoing regular and routine basis to ensure proper functioning of equipment. Specifically, emergency call devices will be audited on a monthly basis. The Executive Director or other designee will ensure compliance with 55 Pa. Code Chapter 2600.95.

  
\_\_\_\_\_  
Sabrina Codella  
Executive Director

7/3/20  
\_\_\_\_\_  
Date

**227g -Support Plan Signatures**

**Regulations**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

**Description of Violation**

Resident #1 participated in the development of his/her support plan on 03/09/20. However, the resident did not sign the support plan.


Resident #2 participated in the development of his/her support plan on 01/08/20. However, the resident did not sign the support plan.

**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.)

Please see attached

**Legal Entity Representative**

  
Signature

Sabrina Codella, Executive Director  
Printed Name and Title

7/2/20  
Date

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(Initials)

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 Not Implemented



**WG CENTER CITY SH, LLC d/b/a ATRIA CENTER CITY – LICENSE NUMBER 13657**  
**PLAN OF CORRECTION (CONT.)**

**2600.227.g – Support Plan Signatures**

Atria Center City submits this Plan of Correction in compliance with the Department of Human Services, 55 Pa. Code § 20.52 and 55 Pa. Code Chapter 2600 et seq. This Plan of Correction neither serves as an admission of fault nor confirmation as to the validity of the violation issued by the Department of Human Services (“DHS”).

The Resident Services Director and the Executive Director reviewed 55 Pa. Code Chapter 2600.227(g).

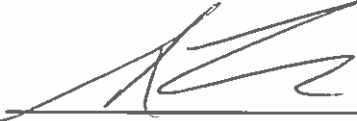
The Resident Services Director and the Executive Director reviewed 55 Pa. Code Chapter 2600.15 regarding reporting of incident involving allegations or suspicions of abuse.

The Resident Services Director and the Executive Director reviewed the applicable policies and working instructions for resident care plans and assessments.

The Resident Services Director and the Executive Director along with the Divisional Director of Care Management will conduct an in-service with all applicable staff on the above-referenced regulation, policies, and work instructions to ensure staff comply. Staff will be in-serviced on these items no later than July 17, 2020.

The Resident Services Director, the Executive Director, and/or other designee will continue auditing all care plans to ensure compliance for the next 120 days. Community management will also ensure that care plans are reviewed as part of the quality management process pursuant to 55 Pa. Code Chapter 2600.26(b(1)).

The Resident Services Director, the Executive Director, and/or designee shall be responsible for compliance with 55 Pa. Code Chapter 2600.227(g).

  
\_\_\_\_\_  
Sabrina Codella  
Executive Director

7/3/20  
\_\_\_\_\_  
Date