



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email: kevin.caruso@atriaseniorliving.com
MAILING DATE: May 22, 2020

Mr. Kevin Caruso
Executive Director
WG Bethlehem SH LLC
ATTN-Aria Mgmt CO-Legal Dept
300 East Market Street, Suite 100
Louisville, Kentucky 40202

RE: Atria Bethlehem
1745 West Macada Road
Bethlehem, Pennsylvania 18017
License #: 222810

Dear Mr. Caruso:

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

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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: *kevin.caruso@atriaseniorkiving.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:

Issued By:

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *102*

Waking Staff: *77*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint*

Inspection Dates and Department Representative

03/25/2020 - Off-Site: Amy Deluca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *150*

Residents Served: *72*

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: *72*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *30*

Have Physical Disability: *0*

141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The documentation of medical evaluation (DME) form dated 11/12/2019 for resident #1 was missing the following information: weight, pulse, blood pressure, and temperature.

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

Upon discovery that the medical evaluation ("DME") form dated 11/12/2019 for resident #1 was missing the resident's weight, pulse and temperature, the resident's physician was contacted immediately to schedule a follow-up appointment. The resident was seen again by the physician on 3/30/2020 and the physician accurately completed the entirety of the medical evaluation. The Administrator completed an inservice with Resident Services Director and Resident Services Supervisor on the contents of regulation 2600.141(a)(1), and additionally, an audit was completed by the Resident Services Director to ensure all other medical evaluations were completed accurately. Compliance with regulation 2600.141(a)(1) is the responsibility of the Administrator, Resident Services Director, or designee.

Legal Entity Representative


Signature

Kevin Caruso, Executive Director
Printed Name and Title

4/24/2020
Date

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The above plan of correction is approved as of 5-5-2020 (Date) Plan of correction implementation status as of 5-5-2020 (Date)

Implemented
 Not Implemented

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