



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES



CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **SQR OPCO LLC**

LEGAL ENTITY

To operate **ATRIA LAFAYETTE HILL**

NAME OF FACILITY OR AGENCY

Located at **9303 RIDGE PIKE, PHILADELPHIA, PA 19128**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **170**

(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 34**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **May 12, 2020** until **May 12, 2021**,

unless sooner revoked for non-compliance with applicable laws and regulations.

No: **146650**

Robert E. Robinson

ISSUING OFFICER

[Signature]

Deputy Secretary

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

May 15, 2020

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

RE: Atria Lafayette Hill
9303 Ridge Pike
Philadelphia, Pennsylvania 19128
License #: 146650

Dear Mr. Hudson:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on April 24, 2020 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes, a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

Violation Report

Facility Information

Name: *ATRIA LAFAYETTE HILL*

License Number: *14665*

Address: *9303 RIDGE PIKE, PHILADELPHIA, PA 19128*

County: *PHILADELPHIA*

Region: *SOUTHEAST*

Administrator

Name: *Kimberly Baker*

Phone: *(267) 768 - 7779*

Email:

Legal Entity

Name: *SQR OPCO, LLC*

Address: *300 EAST MARKET STREET, SUITE 100, LOUISVILLE, KY, 40202*

Certificate(s) of Occupancy

Type: *I-1*

Date:

Issued By:

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *0*

Waking Staff: *0*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *New*

Inspection Dates and Department Representative

04/24/2020 - On-Site: David Carrion

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *170*

Residents Served: *0*

Secured Dementia Care Unit

In Home: *Yes*

Area: *Life Guidance*

Capacity: *34*

Residents Served: *0*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *0*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *0*

Have Physical Disability: *0*

107d - Procedure Emergency Management Agency Submission

Regulations

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted to the municipal emergency management agency.

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.)

Legal Entity Representative



Signature

KIMBERLY BAKER, ADMIN 5/10/2020

Printed Name and Title

Date

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

The above plan of correction is approved as of 5/11/2020 (Date)

Plan of correction implementation status as of 5/11/2020 (Date)

- Implemented
- Not Implemented

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

Plan of Correction: Atria Lafayette Hill

May 10, 2020

9303 Ridge Pike

Philadelphia, Pennsylvania 19128

License #: 146650

The Administrator (Kimberly Baker), Executive Director (Casey Counsellor), Maintenance Director (Glenn Jaslar) and Regional Vice President (Wes Gates) and/or other designee reviewed all regulations deemed non-compliant during the Pennsylvania Department of Human Services license inspection on April 24, 2020. The regulations reviewed are: 2600.107d, 2600.123d, and 2600.132b.

2600.107d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

1. Atria Lafayette Hill ("Atria") submits this Plan of Correction ("POC") to comply with PA 2600 et al. and all other applicable regulations and statues. 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 fact alleged, conclusions drawn, or admission of any deficiency issued.
2. The Executive Director sent the Emergency and Disaster Plan for Atria Lafayette Hill on Tuesday, April 28, 2020 to Mr. Charles H. Baily, the Fire Marshal for the Township of Springfield Montgomery County. Confirmation of receipt of this plan can be found in the attachment included with this POC titled "Memorandum".
3. The Maintenance Director and/or a designee will be held responsible going forward with submitting Atria Lafayette Hill's Emergency and Disaster Plan to the local municipality's Fire Marshal in accordance with 2600.107d.
4. The task of submitting Atria Lafayette Hill's Emergency and Disaster Plan to the local municipality's Fire Marshal has been entered into Atria's Preventative Maintenance Work Order Management System. This work order system will alert the Maintenance Director and/or a designee one month before the annual submission is due every year.
5. The Maintenance Director and/or a designee will keep copies of all required annual documentation submitted to the local emergency management agency in Atria Lafayette Hill's Emergency Disaster Plan binder.



Signed by Kimberly Baker, PCH Administrator

5/10/2020

Date

123d - Mobility Needs

Regulations

2600.

123.d. If the home serves one or more residents with mobility needs above or below grade level of the home, there shall be a fire-safe area, as specified in writing within the past year by a fire safety expert, on the same floor as each resident with mobility needs.

Description of Violation

The home's secure dementia unit (Life Guidance) has a capacity of 34 residents with mobility needs. The floor of the home in which the Life Guidance residents will be located does not have a fire safe area specified in writing within the past year by a fire safety expert.

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.)

Legal Entity Representative

Signature

KIMBERLY BAKER, ADMIN 5/10/2020

Printed Name and Title

Date

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CM (Initials)

2600.123d. If the home serves one or more residents with mobility needs above or below grade level of the home, there shall be a fire-safe area, as specified in writing within the past year by a fire safety expert, on the same floor as each resident with mobility needs.

1. Atria Lafayette Hill ("Atria") submits this Plan of Correction ("POC") to comply with PA 2600 et al. and all other applicable regulations and statues. 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 fact alleged, conclusions drawn, or admission of any deficiency issued.
2. The Executive Director coordinated with a fire safety expert/vendor to conduct a fire safety inspection of Atria Lafayette Hill on Monday, April 27, 2020 which included designating areas of refuge on each floor in accordance with 2600.123d. The fire safety expert detailed each area of refuge within the building, including the first floor where the home's Secure Dementia Unit (Life Guidance) is located.
3. The task of annually securing written documentation of the designated fire-safe areas on floors above or below grade level of the home has been entered into Atria Lafayette Hill's Preventative Maintenance Work Order Management System. This work order system will alert the Maintenance Director and/or a designee one month before the annual written documentation of fire-safe areas is due to expire.
4. All written documentation of fire-safe areas in accordance with 6200.123d are kept in Atria Lafayette Hill's State Binder in Section S (Fire Safety) subsection G (Areas of Refuge). This binder is located in the Executive Director or designee's office.



Signed by Kimberly Baker, PCH Administrator

5/10/2020

Date

132b - Safety Inspection/Fire Drill

Regulations

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home has not had a fire safety inspection observed by a fire safety expert.

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.)

Legal Entity Representative



Signature

KIMBERLY BAKER, ADMIN 5/10/2020

Printed Name and Title

Date

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Implemented

Not Implemented

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

2600.132b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

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2. The Executive Director coordinated with a fire safety expert, to conduct a fire safety inspection and fire drill at Atria Lafayette Hill on Monday, April 27, 2020 in accordance with 2600.132b. The fire safety expert provided the community with a letter detailing all findings in said inspection.
3. The task of ensuring a fire safety inspection and fire drill is conducted by a fire safety expert annually has been entered into Atria Lafayette Hill's Preventative Maintenance Work Order Management System. This work order system will alert the Maintenance Director and/or a designee one month before the annual fire safety inspection and fire drill conducted by a fire safety expert is due.
4. The Maintenance Director and/or a designee will keep all documentation of the annual fire drill and fire safety inspection in a binder labeled "Outside Vendor Preventative Maintenance."



Signed by Kimberly Baker, PCH Administrator



Date