

Department of Human Services  
Bureau of Human Service Licensing

June 8, 2021

██████████ EXECUTIVE DIRECTOR  
WG CENTER CITY SH LLC  
300 EAST MARKET ST, SUITE 100  
ATTN-ATRIA MGMT CO- LEGAL DEPT  
LOUISVILLE, KY 40202

RE: ATRIA CENTER CITY  
150 NORTH 20TH STREET  
PHILADELPHIA, PA, 19103  
LICENSE/COC#: 13657

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/27/2020, 07/29/2020, 07/30/2020, 07/31/2020, 08/03/2020, 08/04/2020, 08/05/2020, 08/06/2020, 08/07/2020, 08/10/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Claire Mendez

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY**

**Facility Information**

**Name:** ATRIA CENTER CITY **License #:** 13657 **License Expiration Date:** 12/02/2020  
**Address:** 150 NORTH 20TH STREET, PHILADELPHIA, PA 19103  
**County:** PHILADELPHIA **Region:** SOUTHEAST

**Administrator**

**Name:** **Phone:** 2155645455 **Email:**

**Legal Entity**

**Name:** WG CENTER CITY SH LLC  
**Address:** 300 EAST MARKET ST, SUITE 100, ATTN-ATRIA MGMT CO- LEGAL DEPT, LOUISVILLE, KY, 40202  
**Phone:** 2155645455 **Email:**

**Certificate(s) of Occupancy**

**Type:** I-1 **Date:** 07/01/1999 **Issued By:** City of Philadelphia

**Staffing Hours**

**Resident Support Staff:** **Total Daily Staff:** 151 **Waking Staff:** 113

**Inspection**

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Incident **Exit Conference Date:** 08/10/2020

**Inspection Dates and Department Representative**

07/27/2020 - Off-Site:  
 07/29/2020 - Off-Site:  
 07/30/2020 - Off-Site:  
 07/31/2020 - Off-Site:  
 08/03/2020 - Off-Site:  
 08/04/2020 - Off-Site:  
 08/05/2020 - Off-Site:  
 08/06/2020 - Off-Site:  
 08/07/2020 - Off-Site:  
 08/10/2020 - Off-Site:

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 143 **Residents Served:** 115

**Secured Dementia Care Unit**

**In Home:** No **Area:** **Capacity:** **Residents Served:**

**Resident Demographic Data as of Inspection Dates *(continued)***

**Hospice**

**Current Residents:** 0

**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:** 1

**Have Mobility Need:** 36

**Have Physical Disability:** 1

**Inspections / Reviews**

**07/27/2020 - Partial**

**Lead Inspector:**

**Follow Up Type:** *POC Submission*

**Follow-Up Date:** *08/27/2020*

**9/23/2020 POC Submission**

**Lead Reviewer:**

**Follow-Up Type:** *Document Submission*

**Follow-Up Date:** *10/30/2020*

**6/8/2021 - Document Submission**

**Lead Reviewer:**

**Follow-Up Type:** *Not Required*

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On 7/27/20, at 4:48 pm, an agent of the Department requested access to the following Resident Records for Resident #1: Preadmission Screening, Resident Assessment Support Plan (RASP,) Documentation of Medical Evaluation (DME,) MAR, and progress notes. Documents were not emailed to the agent of the Department until 7:04 pm on 7/28/20.

Plan of Correction

Accept

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").

Atria Center City respectfully takes issue with this violation and requests it be withdrawn. The Regulatory Compliance Guidelines that accompany 55 Pa. Code Chapter 2600 provide that under 55 Pa. Code Chapter 2600.5(a) "'immediate' means a reasonable period of time depending on the request." As set forth in the violation, DHS requested records at 4:48 p.m., near the close of the business day. The requested records were provided the following day at 7:04 p.m. Accordingly, the response was within a reasonable time period. This is especially true given the community is navigating the global pandemic which includes but is not limited to implementation of measures to mitigate the spread and exposure of COVID-19, complying with the requirements set forth by the Pennsylvania Department of Health, and adhering to other infection control measures. The health and safety of the community's staff and residents is priority under these unprecedented circumstances. With the community focusing on these priorities, the response time for the subject request is not unreasonable. Therefore, this violation is arbitrary should be withdrawn.

Despite the request this violation be withdrawn, the Divisional Director of Care Management reviewed regulation 2600.5.a.1 with the Executive Director.

The Executive Director reviewed regulation 2600.5.a.1 with the Resident Services Director and the Resident Services Supervisor.

The Executive Director reviewed the community policies and procedures related to 2600.5.a.1 with the Resident Services Director and the Resident Services Supervisor.

The Executive Director will conduct an in-service on regulation 2600.5.a.1 with the Resident Services Director, the Resident Services Supervisor, and the Licensed Nursing staff by 9/10/2020.

Completion Date: 09/10/2020

Document Submission

Implemented

Could not locate past ED in services. Completed my own in services.

57b 1 Hour/Day

1. Requirements

2600.

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

57b - 1 Hour/Day (continued)

**Description of Violation**

On 7/24/20, there were 115 residents in the home, requiring a minimum of 151 hours of direct care service. On this day, only 149.25 hours of direct care staffing were provided.

On 7/25/20, there were 115 residents in the home, requiring a minimum of 151 hours of direct care service. On this day, only 146.75 hours of direct care staffing was provided.

**Plan of Correction**

**Accept**

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"). Atria Center City respectfully takes issue with this violation and requests it be withdrawn. The Department provided a waiver for 55 Pa. Code Chapter 2600.57(b). This waiver was issued given the impact of the global pandemic on Personal Care Homes. Issuing a violation under 55 Pa. Code Chapter 2600.57(b) is inconsistent with the Department allowing for a waiver and understanding how staffing have been impacted by COVID-19. Moreover, citing the community for lacking 1.75 and 4.25 hours over a 2-day span is draconian and punitive in nature and is more technical and should not rise to the degree of issuing a violation during these unprecedented times. Despite this request that the violation be withdrawn, the Divisional Director of Care Management reviewed regulation 2600.57.b with the Executive Director. The Executive Director reviewed regulation 2600.57.b with the Resident Services Director, the Resident Services Supervisor, and the Life Guidance Director. The Executive Director reviewed all policies and procedures pertaining to 2600.57.b with the Resident Services Director, the Resident Services Supervisor, and the Life Guidance Director. The Executive Director will perform an in-service on staffing with the Care Department Managers by 9/10/2020. The Executive Director will audit staffing weekly at the Wellness meetings for 90 days with the Life Guidance Director, the Resident Services Director, and the Resident Services Supervisor.

Completion Date: 09/10/2020

**Document Submission**

**Implemented**

See attached. Found past ED staffing records but not in-service. Completed in-service with directors

57c - 2 Hours/Day

**1. Requirements**

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

**Description of Violation**

On 7/24/20, there were 115 residents in the home, including 36 residents with mobility needs, requiring a total minimum of 151 hours of direct care service. On this date, only 149.25 hours of direct care staffing was provided.

On 7/25/20, there were 115 residents in the home, including 36 residents with mobility needs, requiring a total minimum of 151 hours of direct care service. On this date, only 146.75 hours of direct care staffing was provided.

57c - 2 Hours/Day (continued)

**Plan of Correction**

**Accept**

*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").*

*Atria Center City respectfully takes issue with this violation and requests it be withdrawn. The Department provided a waiver for 55 Pa. Code Chapter 2600.57(c). This waiver was issued given the impact of the global pandemic on Personal Care Homes. Issuing a violation under 55 Pa.*

*Code Chapter 2600.57(c) is inconsistent with the Department allowing for a waiver and understanding how staffing have been impacted by COVID-19. Moreover, citing the community for lacking 1.75 and 4.27 hours over a 2-day span is draconian and punitive in nature and is more technical and should not rise to the degree of issuing a violation during these unprecedented times.*

*Despite this request that the violation be withdrawn, the Divisional Director of Care Management reviewed regulation 2600.57.c with the Executive Director.*

*The Executive Director reviewed regulation 2600.57.c with the Resident Services Director, the Resident Services Supervisor and the Life Guidance Director.*

*The Executive Director reviewed all policies and procedures pertaining to 2600.57.c with the Resident Services Director, the Resident Services Supervisor, and the Life Guidance Director.*

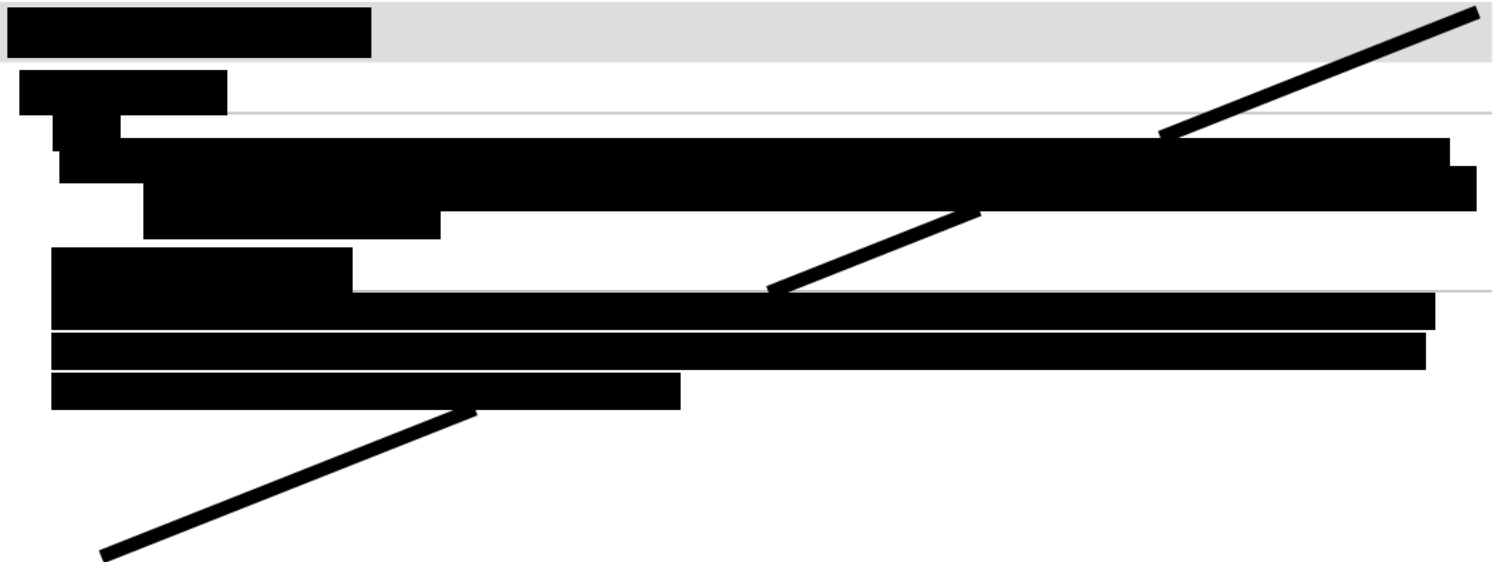
*The Executive Director will perform an in-service on staffing with the Care Department Managers by 9/10/2020. The Executive Director will audit staffing weekly at the Wellness meeting for 90 days with the Life Guidance Director, the Resident Services Director, and the Resident Services Supervisor.*

**Completion Date:** 09/10/2020

**Document Submission**

**Implemented**

*See attached. Found past ED staffing records but not in-service. Completed in-service with directors*



[REDACTED]

**Violation Withdrawn**

By: [REDACTED] \_ Date: 9/23/2020

[REDACTED]

[REDACTED]

**Violation Withdrawn**

By: [REDACTED] Date: 9/23/2020

[REDACTED]



[REDACTED]

**Violation Withdrawn**

By: [REDACTED] Date: 9/23/2020

[REDACTED]



225a - Assessment 15 Days (continued)

**Plan of Correction**

**Accept**

*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 Divisional Director of Care Management reviewed regulation 2600.225.a with Executive Director.*

*The Executive Director reviewed regulation 2600.225.a with the Resident Services Director, the Resident Services Supervisor, and the Life Guidance Director.*

*The Executive Director reviewed all policies and procedures pertaining to 2600.225.a with the Resident Services, the Resident Services Supervisor Director, and the Life Guidance Director.*

*The Executive Director or designee will perform an in-service on regulatory requirements with all Licensed Nursing Staff by 9/10/2020.*

*The Executive Director will audit new resident charts weekly at the Wellness meeting for 90 days with the Life Guidance Director, the Resident Services Director, and the Resident Services Supervisor.*

*Existing resident charts will be audited at a rate of 10% a week for compliance to regulation. 100% completion within 90 days.*

**Completion Date:** 09/10/2020

**Document Submission**

**Implemented**

*See attached assessment in-service.*



[REDACTED]

**Violation Withdrawn**

By: [REDACTED] Date: 9/23/2020

[REDACTED]



227d - Support Plan Medical/Dental (continued)

227.d. Each home shall document in the resident’s support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

*The assessment for Resident #1, dated 7/18/20, indicates the resident has a need for behavioral health management. The resident's support plan does not document how this need will be met.*

*The assessments for Resident #1 (dated 7/18/20,) Resident #3 (dated 3/1/20,) and Resident #5 (dated 5/7/20) indicate that they need assistance with their medication management. The support plans of the residents do not document how this need will be met.*

*The home's form does not specify the plan, frequency or responsible party to help Resident #1, #3 ad #5 with their medications.*

**Plan of Correction**

**Accept**

*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 Divisional Director of Care Management reviewed regulation 2600.5.227.d with the Executive Director.*

*The Executive Director reviewed regulation 2600.227.d with the Resident Services Director, the Resident Services Supervisor, and the Life Guidance Director.*

*The Executive Director reviewed all policies and procedures pertaining to 2600.227.d with the Resident Services, the Resident Services Supervisor, and the Life Guidance Director.*

*The Executive Director or designee shall perform an in-service on regulatory requirements with all Licensed Nursing Staff by 9/10/2020.*

*The Executive Director will audit new resident Support Plans weekly at the Wellness meeting for 90 days with the Life Guidance Director, the Resident Services Director, and the Resident Services Supervisor to ensure compliance.*

*Existing resident charts will be audited at a rate of 10% a week for compliance to regulation. 100% completion within 90 days.*

**Completion Date:** 09/10/2020

**Document Submission**

**Implemented**

*n service completed.*

227g -Support Plan Signatures

**1. Requirements**

2600.

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

**Description of Repeat Violation**

*Residents #2, #4 and #5 participated in the development of their support plans, but did not sign their plans.*

*Repeat Violation: 3/25/20.*

227g -Support Plan Signatures (continued)

**Plan of Correction**

**Accept**

*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 Divisional Director of Care Management reviewed regulation 2600.227.g with the Executive Director.*

*The Executive Director reviewed regulation 2600.227.g with the Resident Services Director, the Resident Services Supervisor, and the Life Guidance Director.*

*The Executive Director reviewed all policies and procedures pertaining to 2600.227.g with the Resident Services Director, the Resident Services Supervisor, and the Life Guidance Director.*

*The Executive Director or designee shall perform an in-service on regulatory requirements with all Licensed Nursing Staff by 9/10/2020.*

*The Executive Director will audit new resident Support Plans for signatures/and or refusal notation weekly at the Wellness meeting for 90 days with the Life Guidance Director, the Resident Services Director, and Resident Services Supervisor to ensure compliance.*

*Existing resident charts will be audited at a rate of 10% a week for compliance to regulation. 100% completion within 90 days.*

**Completion Date:** 09/10/2020

**Document Submission**

**Implemented**

*Attached assessment in-services and signed service plan/assessment from #2 resident and #3 resident. # 5 resident deceased 12/11/2020*

227h - Support Plan Refuse Sign

**1. Requirements**

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

**Description of Violation**

*Residents #2, #4 and #5 participated in the development of their support plans, but did not sign their plans. The home did not make a notation regarding their refusal to sign.*

227h - Support Plan Refuse Sign (continued)

**Plan of Correction**

**Accept**

*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 Divisional Director of Care Management reviewed regulation 2600.227.h with the Executive Director.*

*The Executive Director reviewed regulation 2600.227.h with the Resident Services Director, the Resident Services Supervisor, and the Life Guidance Director.*

*The Executive Director reviewed all policies and procedures pertaining to 2600.227.h with the Resident Services Director, the Resident Services Supervisor, and the Life Guidance Director.*

*The Executive Director or designee shall perform an in-service on regulatory requirements with all Licensed Nursing Staff by 9/10/2020.*

*The Executive Director will audit new resident Support Plans for signatures/and or refusal notation weekly at the Wellness meeting for 90 days with the Life Guidance Director, the Resident Services Director, and Resident Services Supervisor to ensure compliance.*

*Existing resident charts will be audited at a rate of 10% a week for compliance to regulation. 100% completion within 90 days.*

**Completion Date:** 09/10/2020

**Document Submission**

**Implemented**

*Attached are signed assessment/service plan for resident #2, #4 and #5. Resident number 5 was deceased while at hospital on 12/11/2020. In service completed with resident service director, resident service supervisor and dementia area director. See attached*

231c - Preadmission Screening

**1. Requirements**

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

**Description of Violation**

*Resident #5 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] However, the resident's written cognitive preadmission screening to the SDCU was not provided.*

231c - Preadmission Screening (continued)

**Plan of Correction**

**Accept**

*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 Divisional Director of Care Management reviewed regulation 2600.231.e with the Executive Director.*

*The Executive Director reviewed regulation 2600.231.c with the Resident Services Director, the Resident Services Supervisor, and the Life Guidance Director.*

*The Executive Director reviewed all policies and procedures pertaining to 2600.231.c with the Resident Services Director, Resident Services Supervisor, and the Life Guidance Director.*

*The Executive Director or designee shall perform an in-service on regulatory requirements with all Licensed Nursing Staff by 9/10/2020.*

*The Executive Director will audit the chart of new Secure Unit Move-Ins weekly at the Wellness meeting for 90 days with the Life Guidance Director, the Resident Services Director, and the Resident Services Supervisor to ensure compliance.*

*Existing resident charts will be audited at a rate of 10% a week for compliance to regulation. 100% completion within 90 days.*

**Completion Date:** 09/10/2020

**Document Submission**

**Implemented**

*Resident #5 was moved to dementia area on 05/05/2020. Attached is the preadmission prescreen for resident #5.*

*Also in-service for Resident service supervisor , dementia director and current resident services director.*

231e - No Objection Statement

**1. Requirements**

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

**Description of Violation**

*Resident #5 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] The home has no documentation that the resident and the resident's designated person have not objected to the admission.*

231e - No Objection Statement (continued)

**Plan of Correction**

**Accept**

*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 Divisional Director of Care Management reviewed regulation 2600.231.e with the Executive Director.*

*The Executive Director reviewed regulation 2600.231.e with the Resident Services Director, the Resident Services Supervisor, and the Life Guidance Director.*

*The Executive Director reviewed all policies and procedures pertaining to 2600.231.e with the Resident Services Director, Resident Services Supervisor, and the Life Guidance Director.*

*The Executive Director or designee shall perform an in-service on regulatory requirements with all Licensed Nursing Staff by 9/10/2020.*

*The Executive Director will audit the chart of new Secure Unit Move-Ins weekly at the Wellness meeting for 90 days with the Life Guidance Director, the Resident Services Director, and the Resident Services Supervisor to ensure compliance.*

*Existing resident charts will be audited at a rate of 10% a week for compliance to regulation. 100% completion within 90 days.*

**Completion Date:** 09/10/2020

**Document Submission**

**Implemented**

*Attached is the POA signed document for resident #5 to be moved to the secured dementia area, dated 05/04/2020.*

*Resident #5 did not move to the dementia area until 05/05/2020*

234a - Admission Support Plan

**1. Requirements**

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

**Description of Violation**

*Resident #5 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] However, the resident's initial support plan was not provided.*

234a - Admission Support Plan (continued)

**Plan of Correction**

**Accept**

*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 Divisional Director of Care Management reviewed regulation 2600.234.a with the Executive Director.*

*The Executive Director reviewed regulation 2600.234.a with the Resident Services Director, the Resident Services Supervisor, and the Life Guidance Director.*

*The Executive Director reviewed all policies and procedures pertaining to 2600.234.a with the Resident Services Director, the Resident Services Supervisor, and the Life Guidance Director.*

*The Executive Director or designee shall perform an in service on regulatory requirements with all Licensed Nursing Staff by 9/10/2020.*

*Executive Director will audit the chart of new Secure Unit Move Ins weekly at Wellness meeting for 90 days with Life Guidance Director, Resident Services Director and Resident Services Supervisor to ensure compliance.*

*Existing resident charts will be audited at a rate of 10% a week for compliance to regulation. 100% completion within 90 days.*

**Completion Date** 09/10/2020

**Document Submission**

**Implemented**

*Resident #5 transitioned from PC to dementia area on 05/05/2020. Documentation of move and service plan, pulled off of the electronic system, so not signed, dated 05/07/2020 provided.*

234b - Support Plan Needs Elements

**1. Requirements**

2600.

234.b. The support plan must identify the resident s physical, medical, social, cognitive and safety needs.

**Description of Violation**

*The home does not use the Department s support plan form. Specific details found in Sections 2, 3 and 4 of the Department's support plan are not on the home's form.*

*For Resident #5, the physician's telephone number is not provided. No informal support telephone number is specified on the home's form for Resident #5. The home's form does not specify the plan, frequency or responsible party to help Resident #5 with their medications.*

234b - Support Plan Needs Elements (continued)

**Plan of Correction**

**Accept**

*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").*

*Atria Center City respectfully takes issue with this violation and requests it be withdrawn. The community received a waiver from the Department on May 11, 2012 granting the community permission to use its own support plan form. A copy of this waiver is attached. Therefore, the community respectfully requests this violation be withdrawn.*

*The Executive Director reviewed all policies and procedures pertaining to 2600.234.b with the Resident Services Director, the Resident Services Supervisor, and the Life Guidance Director.*

*The Executive Director or designee shall perform an in service on regulatory requirements with all Licensed Nursing Staff by 9/10/2020.*

*Executive Director will audit the chart of new Secure Unit Move Ins weekly at Wellness meeting for 90 days with Life Guidance Director, Resident Services Director and Resident Services Supervisor to ensure compliance.*

*Existing resident charts will be audited at a rate of 10% a week for compliance to regulation. 100% completion within 90 days.*

**Completion Date** 09/10/2020

**Document Submission**

**Implemented**

*waiver is attached. See attached in service.*

234c - Support Plan Responsible Person

**1. Requirements**

2600.

234.c. The support plan must identify the individual responsible to address the resident's needs.

**Description of Violation**

*The support plan dated 5/7/20 for Resident #5 does not identify the individual responsible for addressing the resident's needs, including help with dressing, eating, toileting, and escorting to the dining and activities rooms.*

234c - Support Plan Responsible Person (continued)

**Plan of Correction**

**Accept**

*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").*

*Atria Center City respectfully takes issue with this violation and requests it be withdrawn. The community received a waiver from the Department on May 11, 2012 granting the community permission to use its own support plan form. A copy of this waiver is attached. Therefore, the community respectfully requests this violation be withdrawn.*

*The Executive Director reviewed regulation 2600.234.c with the Resident Services Director, the Resident Services Supervisor, and the Life Guidance Director.*

*The Executive Director reviewed all policies and procedures pertaining to 2600.234.c with the Resident Services, the Resident Services Supervisor Director, and the Life Guidance Director.*

*The Executive Director or designee will perform an in-service on regulatory requirements to all Licensed Nursing Staff by 9/10/2020.*

*The Executive Director will audit new resident charts weekly at the Wellness meeting for 90 days with the Life Guidance Director, the Resident Services Director, and the Resident Services Supervisor.*

*Existing resident charts will be audited at a rate of 10% a week for compliance to regulation. 100% completion within 90 days.*

**Completion Date:** 09/10/2020

**Document Submission**

**Implemented**

*See waiver attached. The updated assessment for resident #5 from 10/01/2020 is uploaded.*

252 - Record Content

**1. Requirements**

2600.

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

**Description of Violation**

*Resident #1 died in the home on [REDACTED] The resident's record does not contain a copy of the official death certificate.*

252 - Record Content (continued)

**Plan of Correction**

**Accept**

*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 Divisional Director of Care Management reviewed regulation 2600.252 with the Executive Director.*

*The Executive Director reviewed regulation 2600.252 with the Resident Services Director, the Resident Services Supervisor, and the Life Guidance Director.*

*The Executive Director reviewed all policies and procedures pertaining to 2600.252 with the Resident Services Director, the Resident Services Supervisor, and the Life Guidance Director.*

*The Executive Director or designee shall perform an in-service on regulatory requirements with all Licensed Nursing Staff by 9/10/20*

*The Executive Director will audit the records of deceased residents weekly at the Wellness meeting for 90 days with the Life Guidance Director, the Resident Services Director, and the Resident Services Supervisor to ensure compliance. Existing resident charts will be audited at a rate of 10% a week for compliance to regulation. 100% completion within 90 days.*

**Completion Date:** 09/10/2020

**Document Submission**

**Implemented**

*In service completed with Resident service director, Resident services supervisor and Dementia director. See attached.*