





Emailing Date: December 10, 2020

Mr. W. Bryan Hudson, EVP  
General Counsel and Secretary  
CA Senior McCandless Operations, LLC  
300 East Market Street, Suite 100  
Louisville, Kentucky 40202

RE: Atria McCandless  
8870 Duncan Avenue  
Pittsburgh, Pennsylvania 15237  
License #: 452171

Dear Mr. Hudson:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on August 6, 2020 and August 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 PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink that reads "Jamie L. Buchenauer". The signature is written in a cursive, flowing style.

Jamie L. Buchenauer  
Deputy Secretary  
Office of Long-term Living

Enclosures

License

Licensing Inspection Summary

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

**Facility Information**

Name: *Atria McCandless* License #: *45217* License Expiration Date:  
 Address: *8870 Duncan Ave, Pittsburgh, PA 15237*  
 County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

Name: *Christopher James* Phone: *412-536-7001* Email: *christopher.james@atriaseniorliving.com*

**Legal Entity**

Name: *CA Senior McCandless Operator LLC*  
 Address: *300 East Market Street, Suite 100, Louisville, KY, 40202*  
 Phone: *502-779-4700* Email: *diane.morris@atriaseniorliving.com*

**Certificate(s) of Occupancy**

Type: *I-1* Date: *06/19/2020* Issued By: *Town of McCandless*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *0* Waking Staff: *0*

**Inspection**

Type: *Partial* Notice: *Announced* BHA Docket #:  
 Reason: *New* Exit Conference Date: *08/28/2020*

**Inspection Dates and Department Representative**

*08/06/2020 - On-Site: Ashley Roser*  
*08/24/2020 - On-Site: Ashley Roser*  
*08/28/2020 - Off-Site: Ashley Roser*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *211* Residents Served: *0*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *First Floor* Capacity: *35* 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*

## Inspections / Reviews

## 08/06/2020 - Partial

Lead Inspector: *Ashley Roser*Follow-Up Type: *POC Submission*Follow-Up Date: *09/19/2020*

## 9/21/2020 - POC Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *POC Submission*Follow-Up Date: *09/25/2020*

## 9/23/2020 - POC Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *POC Submission*Follow-Up Date: *09/29/2020*

## 11/6/2020 - POC Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *POC Submission*Follow-Up Date: *11/12/2020*

## 11/13/2020 - POC Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *Document Submission*Follow-Up Date: *11/19/2020*

## 12/2/2020 - Document Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *Exception*

## 18 - Compliance With Laws

### 1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

#### Description of Violation

*There is no influenza poster posted in a public place in accordance with the Influenza Awareness Act, enacted in July, 2016.*

*Act 56 of 2007 requires that, "no person, organization, or program shall use the term 'assisted living' in any name or written material unless the person, organization, or program is an assisted living residence licensed in accordance with 55 Pa. Code Chapter 2800 (relating to assisted living residences)". The home advertises its care as "assisted living" under the supportive living section of the home's website. Also, the home has multiple policies that reference "assisted living", to include assisted living files/resident records, incident investigation and incidental health services.*

#### Plan of Correction

**Accept**

*Atria McCandless 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 Influenza Poster is posted at the receptionist desk upon entry to the community and will be monitored by the Assistant Executive Director (AED) weekly to ensure compliance.*


*Appendix 1: Picture of Poster Displayed*

*Website format and compliance was previously review and approved by DHS.*

*Atria McCandless takes issue with this violation and respectfully requests it be withdrawn. The Department of Human Services addressed this issue with a sister community in July 2017. The sister community submitted a Plan of Correction which revised the websites and implemented the current layout and language of the respective websites. The Department of Human Services accepted this Plan of Correction and the layout and language on or about August 15, 2017. Accordingly, since the Department of Human Services previously accepted the current status of the respective website through a prior violation and Plan of Correction from a sister community, this violation is inconsistent with the prior findings and approvals of the DHS and is therefore without merit and should be withdrawn.*

**Completion Date:** 09/04/2020 Licensee's Proposed Date for POC Implementation

18 - Compliance With Laws (continued)

12/10/20   
Implemented

**Document Submission**

*Atria McCandless 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 Influenza Poster is posted at the receptionist desk upon entry to the community and will be monitored by the Assistant Executive Director (AED) weekly to ensure compliance.*

*Appendix 1: Picture of Poster Displayed*

*Website format and compliance was previously review and approved by DHS.*

*Atria McCandless takes issue with this violation and respectfully requests it be withdrawn. The Department of Human Services addressed this issue with a sister community in July 2017. The sister community submitted a Plan of Correction which revised the websites and implemented the current layout and language of the respective websites. The Department of Human Services accepted this Plan of Correction and the layout and language on or about August 15, 2017. Accordingly, since the Department of Human Services previously accepted the current status of the respective website through a prior violation and Plan of Correction from a sister community, this violation is inconsistent with the prior findings and approvals of the DHS and is therefore without merit and should be withdrawn.*

25c2 - Fee Schedule

**1. Requirements**

2600.

25.c. At a minimum, the contract must specify the following:

- 2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

**Description of Violation**

*The resident-home contract does not include the following:*

- \* *A list the actual rates for level of care services the residents will be charged*
- \* *A description of the home's Skynet system*
- \* *The charge for a lost watch/bracelet/key fob relating to the home's Skynet system*

**Plan of Correction**

**Accept**

*Atria McCandless 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 Personal Care Home (PCH) Agreement reflects the schedule of fees for services offered on page 25. The Skynet watch, bracelet and key fob replacement charges are listed in the PCH Agreement on page 25. The Community Business Director will review services with the resident during signing of the PCH Agreement and the Executive Director (ED) will review final PCH Agreement for signatures and compliance. An audit will be performed semi-annually by the AED to ensure all PCH Agreements remain compliant. The ED will verify the audit was performed by reviewing the completed log audit form which will be kept in the administration office.*

*Appendix 2: Personal Care Home (PCH) Agreement*

**Completion Date:** 10/14/2020 Licensee's Proposed Date for POC Implementation

25c2 - Fee Schedule (continued)

12/10/20 

**Document Submission**

**Implemented**

*Atria McCandless 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 Personal Care Home (PCH) Agreement reflects the schedule of fees for services offered on page 25. The Skynet watch, bracelet and key fob replacement charges are listed in the PCH Agreement on page 25. The Community Business Director will review services with the resident during signing of the PCH Agreement and the Executive Director (ED) will review final PCH Agreement for signatures and compliance. An audit will be performed semi-annually by the AED to ensure all PCH Agreements remain compliant. The ED will verify the audit was performed by reviewing the completed log audit form which will be kept in the administration office.*

*Appendix 2: Personal Care Home (PCH) Agreement*

42s - Privacy

**1. Requirements**

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

**Description of Violation**

*The home is using an Amazon Echo in it's activity room; however, this device has the capability of audio monitoring residents who are in the activity room.*

*The home plans to mandate the use of bracelets/necklaces for most residents, which will communicate with the home's Skynet system; however, these devices have the capability of GPS monitoring, prescription tracking, vital signs charting and the monitoring of habits and activities with tracking reports and statistics, which cannot be disabled by the resident. The home has no written procedures regarding the digital bracelet services on obtaining written consent or allowing the resident to discontinue usage at any time.*

**Plan of Correction**

**Directed**

*Atria McCandless 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 Engaged Life Director has removed the Amazon Echo to avoid resident privacy concerns.*

*The PCH Agreement will be provided which includes a disclosure of Smart Technology services and the consent of usage by the resident. This is found on page 31 of the PCH Agreement. A Waiver Addendum is available for residents who choose not to employ the Skynet system services. The AED will monitor monthly to ensure Engaged Life proگرامing technology is complaint with privacy requirements as referenced in code: 2600.42s.*

*Within 5 days of receipt of the plan of correction: The home shall update their “Smart Technology” policy to include the alternative measures the home will provide to a resident if a resident does not wish to participate in the Skynet system, including the alternative measure for residents to gain entry to their bedrooms. The policy shall also include specific protocols in place to protect resident information obtained and stored from the home’s Skynet system, what specific staff persons will have access to the Skynet system and how and where the resident information will be stored. Documentation of the updated policy shall be kept. LM 11/13/2020*

**Completion Date:** 10/14/2020 Licensee's Proposed Date for POC Implementation

42s - Privacy (continued)

12/10/20   
Implemented

Document Submission

Updated Smart Technology Policy to include all items that we were directed to per Larry Mazza.

See Smart Technology Policy Final POC

100a - Exterior - Free of Hazards

1. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

There are numerous bedrooms above grade level which have external balconies; however, the home has no assessment tool in place to ensure the safety of residents who will reside in these bedrooms.

Plan of Correction


Accept

Atria McCandless 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 Assessments include safety, functional, and cognitive assessments that determine the appropriateness of residents living in apartments with balconies. All residents are assessed prior to move in ensuring apartment selection is safe for that resident to reside in. Residents are reassessed 30 and 90 days after admission and every 6 months thereafter. More frequent assessments can take place if there is a change of condition. Resident Services Director (RSD) is responsible for the oversight and monitoring of this process. The Atria Care software program will track compliance of the resident assessments which will include the date of the assessment and who performed the assessment. The resident physician report received prior to admission will provide any additional indicators such as physical and mental health concerns to determine appropriateness for apartment selection and other services. The resident physician report is reviewed by the RSD prior to admission. The RSD communicates to the care team to ensure physician orders are followed. The Atria Care software program tracks compliance of the completed tasks. The RSD notifies the ED should a change of apartment or services be needed. A conference is arranged by the ED with the resident and or agent to discuss the change/s needed to ensure the resident's safety. The resident physician report is a part of the resident file and associated tasks to fulfill the physician's orders are a part of the resident assessment to ensure compliance.

Document Submission

Not Implemented

Completion Date: 10/14/2020 Licensee's Proposed Date for POC Implementation

12/10/20 

101i - Access to Bedroom

1. Requirements

2600.

101.i. A resident shall have access to his bedroom at all times.

101i - Access to Bedroom (continued)

**Description of Violation**

The bedroom doors of all resident bedrooms automatically lock and can only be unlocked using a key fob, watch or necklace; however, residents cannot regain immediate access to their bedroom if the device is left in their bedroom, the device is lost or the device becomes inoperable. The home has no written procedures regarding the digital bracelet services on obtaining written consent or allowing the resident to discontinue usage at any time.

**Plan of Correction**

**Accept**


Atria McCandless 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 key fobs, resident apartment doors, watches, pendants (necklace) are monitored daily by the Maintenance Director (MD) to ensure all devices are operable for immediate access to resident's apartment. The Skynet system tracks and alerts MD if any device is malfunctioning. The MD resolves the malfunction immediately. Upon resident notification to the receptionist of a lost device or left behind device in the apartment, during normal business hours (8a -8p) immediate access to their apartment will be provided by any of the following staff members: Housekeeping, Caregivers, Maintenance or Administration. After business hours and upon resident notification to any staff member of a lost device or locked out of their apartment, a staff member will immediately provide access. The resident also has the option of using a phone in the common area to call the front desk and a staff member will immediately be available to provide access to resident's apartment. After business hours, if a resident is re-entering the community and has lost their device, the resident would make a call to the community for assistance and be given immediate access to their apartment by a caregiver. Replacement devices during the hours of 7a - 5p will be provided within 1 hour by any of the following staff members: MD or ED. After 5p replacement devices will be provided next day by 8a by the staff in the Maintenance department or the Executive Director. Visitors will have access to resident's apartment after signing in at the receptionist desk and if permissible by the resident. The receptionist will call the resident to announce a visitor has arrived and to get their approval of receiving that visitor to their room. The resident has the right to deny visitor access to their room at any time. No access to the resident's room will be granted without the resident's permission. In the event the resident cannot be contacted via phone an employee will go to their room and inform them of their visitor. Access will be granted once the resident gives their permission. If the resident is unable to unlock the apartment door, a temporary device to unlock the door will be given to the visitor by the staff in maintenance or the Executive Director. The device will be retrieved and deactivated upon visitor log signing out from the community. Any visitors after 5p and unscheduled will be given access by a caregiver after signing in/screening process. A lost device/access log will be kept by the MD that will track the name of the resident, notification date and time and the resolution date and time to ensure compliance. Special Care residents are within eyesight of all staff while in the common areas therefore immediate access is given. Special Care residents while in their apartments are checked on according to the frequency identified in their assessment.

Appendix 4: Screenshot of device monitoring

Document Submission

Completion Date: 10/14/2020 Licensee's Proposed Date for POC Implementation

Not Implemented

12/10/20 

106 - Swimming Areas

1. Requirements

2600.

106. Swimming Areas - If a home operates a swimming area, the following requirements apply:

- 2. Written policy and procedures to protect the health, safety and well-being of the residents shall be developed and implemented.

Description of Violation

The home has not developed and implemented written policies and procedures to protect the health, safety and well-being of the residents in the home's swimming area.

Plan of Correction

Accept


Atria McCandless 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"). A policy has been created and will be enforced by MD. The policy requires Atria McCandless to comply with all local, regional, state, and national rules and regulations. Specifically, Atria McCandless must comply with the applicable rules and regulations regarding safety and rules signage and life safety. Pursuant to the Allegheny County Department of Health and the ordinances, rules, and regulations governing swimming pools, Atria McCandless is exempt from being required to have a lifeguard on duty. Atria McCandless posted the appropriate and necessary signage pursuant to the Allegheny County Department of Health which includes, but is not limited to, notifying users that no lifeguard is on duty, information regarding life safety, and operating hours. The swimming pool will be accessible during the stated operating hours. Access to the swimming pool will also be controlled through a programmed electronic locking system. Residents will use programmed key fobs and/or electronic key devices to gain access. Pursuant to the policy, users of the swimming pool must also receive permission from Atria McCandless, understand the rules to use the swimming pool, and execute a Release & Waiver of Liability. Residents requiring an assessment prior to use may do so through a qualified health care professional including but not limited to a physician or a physical therapist. Atria McCandless may arrange for any assistance or supervision that is required for residents determined to be appropriate to use the swimming pool. The policy will be monitored monthly by the AED. The policy will be reviewed in all staff new hire orientations and a training log will be maintained by the MD to substantiate such training.

Appendix 5: Copy of Pool Policy

Document Submission

Not Implemented

Completion Date: 10/14/2020 Licensee's Proposed Date for POC Implementation

12/10/20 

123a - Exit Doors

1. Requirements

2600.

- 123.a. Exit doors must be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.

Description of Violation

The 3 exit doors located in the secure dementia care unit require a key fob to be swiped in order to open the doors.


123a - Exit Doors (continued)

**Plan of Correction**

**Accept**

*Atria McCandless 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 fob entry and exit access in memory care was replaced with a keypad on 10/24/2020. We have received written approval from the manufacturer and the fire marshal that the doors will unlock upon a signal from the activated fire system, heat or smoke detector, a power failure or overriding the electric lock with the use of the keypad. This documentation will be kept on file.*

**Completion Date:** 10/24/2020 Licensee's Proposed Date for POC Implementation

12/10/20 

**Document Submission**

**Implemented**

*Atria McCandless 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 fob entry and exit access in memory care was replaced with a keypad on 10/24/2020. We have received written approval from the manufacturer and the fire marshal that the doors will unlock upon a signal from the activated fire system, heat or smoke detector, a power failure or overriding the electric lock with the use of the keypad. This documentation will be kept on file.*

123b - Emergency Procedures Posted

**1. Requirements**

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

**Description of Violation**

*A copy of the municipality's emergency preparedness plan was not posted in a public and conspicuous place in the home.*

**Plan of Correction**


**Accept**

*Atria McCandless 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"). A copy of the municipality's emergency preparedness plan is posted at the receptionist desk and will be monitored by the AED on a weekly basis. The AED will review the plan annually to ensure local/state compliance of the document content.*

*Appendix 6 - Copy of the municipality's preparedness plan)*

**Completion Date:** 09/04/2020 Licensee's Proposed Date for POC Implementation

123b - Emergency Procedures Posted (continued)

12/10/20   
Implemented

**Document Submission**

*Atria McCandless 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”). A copy of the municipality's emergency preparedness plan is posted at the receptionist desk and will be monitored by the AED on a weekly basis. The AED will review the plan annually to ensure local/state compliance of the document content.*  
*Appendix 6 - Copy of the municipality's preparedness plan)*

223b - Service Procedures

**1. Requirements**

2600.

223.b. The home shall develop written procedures for the delivery and management of services from admission to discharge.

**Description of Violation**


*The home's written description of services and activities do not include the mandated usage of the Skynet system, obtaining written consent from the resident for use of the Skynet system, allowing the resident to discontinue usage at any time, procedures for lost or replacement watches, battery checks of the devices, who will have access to and be responsible for the system, how daily staffing assignments will work within the Skynet system and how confidentiality will be maintained.*

**Plan of Correction**

Accept

*Atria McCandless 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 PCH Agreement (page 31) and Waiver outlines the delivery and management of services as it pertains to Skynet from admission to discharge. The ED will monitor PCH Agreement to ensure the resident's choice is maintained. First monitoring will occur after the signing of the PCH Agreement, change in resident choice; if needed, and semi-annually during PCH Agreement audit. The ED will verify the semi-annual audit was performed by the AED substantiated by reviewing the completed log audit form which will be kept in the administration office.*  
*Appendix 2: Residency Agreement, Appendix 3: Waiver, Appendix 7: Smart Technology Policy*

**Completion Date:** 10/14/2020 Licensee's Proposed Date for POC Implementation

12/10/20 

**Document Submission**

Implemented

*Atria McCandless 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 PCH Agreement (page 31) and Waiver outlines the delivery and management of services as it pertains to Skynet from admission to discharge. The ED will monitor PCH Agreement to ensure the resident's choice is maintained. First monitoring will occur after the signing of the PCH Agreement, change in resident choice; if needed, and semi-annually during PCH Agreement audit. The ED will verify the semi-annual audit was performed by the AED substantiated by reviewing the completed log audit form which will be kept in the administration office.*  
*Appendix 2: Residency Agreement, Appendix 3: Waiver, Appendix 7: Smart Technology Policy*

254b - Policy and Procedures

1. Requirements

2600.

254.b. Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

Description of Violation


The home does not have policies and procedures for the accessibility, security, storage and authorized use for the home's Skynet system, which has the capability of GPS monitoring, prescription tracking, vital signs charting and the monitoring of habits and activities with tracking reports and statistics.

Plan of Correction

Accept

Atria McCandless 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 PCH Agreement (page 31) and Waiver addresses the accessibility, security, storage and authorized use for the Skynet system. Residents that decline to use the Skynet system will be provided an alternative key fob to access his/her respective apartment. Further, the Smart Technology Policy ensures all data collected through the Skynet system is properly stored, secured and only accessed by designated management and employees as necessary pursuant to job responsibilities and functions.

Appendix 2: PCH Agreement, Appendix 3: Waiver, Appendix 7: Smart Technology Policy

12/10/20 

Document Submission

Not Implemented

Completion Date: 10/14/2020 Licensee's Proposed Date for POC Implementation