

Department of Human Services
Bureau of Human Service Licensing

May 27, 2021

██████████ REPRESENTATIVE
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 04/05/2021, 04/06/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

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: 12/02/2021
Address: 150 NORTH 20TH STREET, PHILADELPHIA, PA 19103
County: PHILADELPHIA Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: 2155645455 Email: [REDACTED]

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: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 07/01/1999 Issued By: City of Phila./Dept of L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 141 Waking Staff: 106

Inspection

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 04/06/2021

Inspection Dates and Department Representative

04/05/2021 - On-Site: [REDACTED]
04/06/2021 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 165 Residents Served: 80

Secured Dementia Care Unit

In Home: Yes Area: Life Guidance 2nd floor Capacity: 25 Resident Served: 15

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 79
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 61 Have Physical Disability: 7

Inspections / Reviews

04/05/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *05/08/2021*

5/11/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *05/31/2021*

5/27/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 4/5/21 and 4/6/21, the home did not have a copy of the current license inspection summary issued by the Department or a copy of the Personal Care Homes regulation book posted in a conspicuous and public place in the home.

Plan of Correction

Accept

Executive Director immediately compiled with the last licensure inspection and placed the current license in a binder. Binder was placed at the reception desk. Executive Director posted "state survey binder available at front desk" signs in 3 conspicuous locations. The Executive Director or designee will ensure compliance with 55 Pa code 2600(3.c.) when a new licensure inspection occurs moving forward.

Completion Date: 05/08/2021

Document Submission

Implemented

See attached documentation

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

Personal care and assisted living homes must post the required influenza information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1785). On 04-05-21 and 04-06-21 the home did not have an influenza poster anywhere.

Plan of Correction

Accept

Executive Director reviewed with state inspector requirement to post influenza information year-round as per Influenza Awareness Act (HB 1785). Executive Director immediately printed influenza posters and posted in several locations throughout the community. Executive Director, Resident Service Director or designee will ensure that influenza posters are always in public viewing, year-round moving forward.

Completion Date: 05/08/2021

Document Submission

Implemented

See attached documentation

25b - Contract Signatures

1. Requirements

2600.

- 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident s designated person if any, if the resident agrees.

25b - Contract Signatures (continued)

Description of Violation

Resident #1 did not sign the Atria Senior Living contract on [REDACTED] nor was there any documentation that resident #1 refused to sign or was unable to sign the contract.

Resident #2 did not sign the Atria Senior Living contract on [REDACTED] nor was there any documentation that resident #2 refused to sign or was unable to sign the contract.

Resident #3 did not sign the Atria Senior Living contract on [REDACTED] nor was there any documentation that resident #3 refused to sign or was unable to sign the contract.

Plan of Correction

Accept

Executive Director reviewed 55 pa code chapter 2600.25(b). Divisional Business Office Specialist educated the new Community Business Director to the 55 pa code chapter 2600.25(b) regulatory requirements. Community Business Director will conduct an audit by 05/31/2021, of the last 90 days new admissions for compliance to 2600.25(b). Community Business Director will immediately resolve any new discrepancies if found. Executive Director or designee will review all new resident move ins for the next 90 days for compliance to 55a chapter code 2600.25(b).

Completion Date: 05/08/2021

Update - 05/11/2021

SP 05-11-2021 - Home will attempt to have any unsigned contracts, signed by individuals specified in 2600.25b. Inability of residents and refusals will be documented.

Document Submission

Implemented

See attached documentation

41e - Signed Statement

1. Requirements

2600.

- 41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Residents #1, #2, and #3's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept

Executive Director reviewed pa code chapter 2600.41.e. Divisional Business Office Specialist educated the new Community Business Director to the 55 pa code chapter 2600.41.e regulatory requirements. Community Business Director will conduct an audit of the last 90 days of new resident admissions for compliance to 2600.41.e. Reviewing for a signed resident rights and complaint procedure document for the last 90 days of new resident move ins by 05/31/2021. Community Business Director will immediately resolve any issues found. Executive Director or designee will review all new resident move ins for next 90 days for compliance to 55a chapter code 2600.41.e, signed residents' rights and complaint procedures upon move in to community.

Completion Date: 05/08/2021

41e - Signed Statement (continued)

Update - 05/11/2021

SP - 05-11-2021 - Home will ensure resident records contain a signed statement by the resident acknowledging receipt of resident rights and complaint procedures in accordance with regulation 2600.41e.

Document Submission

Implemented

See attached documentation

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

The home did not provide documentation of a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry for direct care staff persons A, B, C or D.

Plan of Correction

Accept

Executive Director and divisional Business Office Specialist reviewed pa code chapter 2600.54.a. Divisional Business Office Specialist educated the new Community Business Director to the 55 pa code chapter 2600.54.a regulatory requirements. Community Business Director will conduct an audit of the last 90 days of new staff for compliance to 2600.54.a by 05/31/2021. Documentation to include HS diploma or equivalent or active registry on PA NA registry, drug screening/physical and 18 years or older or as permitted by subsection(b). Community business director will immediately resolve any issues noted. Executive Director, Community Business Director or designee will review all new staff documents for the next 90 days for compliance to 55a chapter code 2600.54.a.

Completion Date: 05/08/2021

Document Submission

Implemented

Staff #A - [REDACTED] no longer works for Atria

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

65a - FS Orientation 1st Day (continued)

Description of Violation

Staff person B's first day of work was [REDACTED]. The home did not provide documentation that staff person B received orientation on the following topics:

- evacuation procedures.
- duties and responsibilities during fire drills, as well as during emergency evacuation and transportation.
- the home's smoking policy and location of smoking areas.
- the location and use of fire extinguishers.
- smoke detectors and fire alarms.
- telephone use and notification of emergency services.

Staff person D's first day of work was [REDACTED]. The home did not provide documentation that staff person D received orientation on the following topics:

- evacuation procedures.
- duties and responsibilities during fire drills, as well as during emergency evacuation and transportation.
- the home's smoking policy and location of smoking areas.
- the location and use of fire extinguishers.
- smoke detectors and fire alarms.
- telephone use and notification of emergency services.

Plan of Correction

Accept

Executive Director reviewed 55a chapter code 2600.65.a.

Executive Director reviewed with new CBD and Maintenance Director 55a chapter 2600.65a requirements for new hires.

Community Business Director will audit all new staff for last 90 days for compliance with 55a chapter code 2600.65.a by 05/31/2021. Community Business Director will immediately resolve any issues noted.

Prior to or on first working day, Community Business Director will have the Maintenance Director and/or Executive Director meet with new hires to review evacuation procedures, fire drill process/procedures, community smoking policy/location of smoking area, safety procedures, location of smoke detectors, fire alarms, location/use of fire extinguishers and telephone use/notification of emergency services.

Executive Director or designee will review all training documentation for new staff for compliance to 55a chapter 2600.65.a for 90 days.

Completion Date: 05/08/2021

Update - 05/11/2021

SP - 05-11-2021 - Staff person B and D will receive required trainings by 05-17-2021. Documentation to be kept by home and made available for Department review.

Document Submission

Implemented

See attached documentation

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.

65b - Rights/Abuse 40 Hours (continued)

- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

Description of Violation

The home did not provide documentation that staff person B and D completed training in the following topics:

- resident rights.
- emergency medical plan.
- mandatory reporting of abuse and neglect under the Older Adult Protective Services Act.
- reporting of reportable incidents and conditions.

Plan of Correction

Accept

Executive Director reviewed 55a chapter code 2600.65.b guidelines.

Divisional Business Office Specialist reviewed 55a 2600.65.b, training new direct care staff, ancillary staff, and substitute staff with new Community Business Director.

Community Business Director will audit all new staff training documentation for last 90 days, for compliance with 2600.65.b, residents' rights, emergency medical plan, mandatory reporting abuse/neglect under older adult protective services act and reporting of reportable incidents/conditions by 05/31/2021. Community Business Director will immediately resolve any issues noted.

Executive Director or designee will review new staff training documentation for the next 90 days for compliance with 55a chapter code 2600.65.b. Any issues noted will be brought to the Community Business Directors' attention and corrected immediately.

Completion Date: 05/08/2021

Update - 05/11/2021

SP - 05-11-2021 - Staff persons B and D will receive required staff trainings by 05-17-2021

Document Submission

Implemented

See attached documentation

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 1. Training that includes a demonstration of job duties, followed by supervised practice.
- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- 3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.

65d - Initial Direct Care Training (continued)

Description of Violation

The home did not provide documentation that direct care staff personS B or D completed and passed the Department-approved direct care training course.

Plan of Correction

Accept

Executive Director reviewed 55a chapter code 2600.65.d.

Divisional Business Office Specialist reviewed with new Community Business Director the training requirements for direct care staff for compliance with 55a 2600.65.d, which includes 40 hours of training, to include, care videos, supervised/shadowing until able to demonstrate job duties. New direct care staff must also complete and pass department approved direct care training course and pass competency test. New direct care staff will also be trained on ADL's/IADLs, personal hygiene, caring for a dementia/cognitively impaired resident. New hired staff will also be educated to the normal aging process. Executive Director reviewed with community business director compliance with 2600.65.d is required for all direct care staff. Community Business Director will audit the last 90 days of new hires for compliance with 2600.65.d training and documentation of the same by 05/31/2021. Community Business Director will immediately resolve any issues noted.

Executive Director or designee will review all new staff training and documentation for the next 90 days for compliance with 2600.65.d. Any issues noted will be brought to the Community Business Directors' attention and corrected immediately

Completion Date: 05/08/2021

Update - 05/11/2021

SP - 05-11-2021 - Home will ensure staff persons B and D complete trainings specified in 2600.65d by 05-17-2021. Audit of all direct care staff persons files to be conducted to ensure trainings complete.

Document Submission

Implemented

See attached documentation

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 4/6/21, three large trash cans and two rectangular trash cans were observed uncovered and without lids in the kitchen.

85d - Trash Receptacles (continued)

Plan of Correction

Accept

Executive Director reviewed with Culinary Director 55a chapter code 2600.85.d. Culinary Director to purchase trash receptacles with lids by 05/15/2021. Culinary Director to complete in-service with culinary staff by 05/31/2021 on 2600.85.d requirements and the need to prevent insects/rodents with utilizing the lids on all trash receptacles n/around kitchen area.

Culinary Director or designee to monitor trash receptacles in/around kitchen area moving forward. Culinary Director will educate culinary staff as required to maintain requirements for 2600.85.d.

Completion Date: 05/08/2021

Document Submission

Implemented

See attached documentation

96a - First Aid Kit

1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the administrative area did not include a thermometer, tweezers or scissors.

Plan of Correction

Accept

Executive director reviewed 55 pa chapter code 2600.96.a.

Executive director reviewed with maintenance director and new first aid kits were ordered and received by 04/15/2021. They included tweezers and scissors. Executive director also purchased and received a box of disposable thermometers to meet 2600.96.a regulation.

Executive director, maintenance director, resident service director or designee will review first aid kits on a bi-weekly basis to remain in compliance with 2600.96.a

Completion Date: 05/08/2021

Document Submission

Implemented

See attached documentation. new first aide kits obtained on every floor and obtained disposable thermometers.

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Apartment # [redacted] and # [redacted] did not have a source of light that can be turned on/off at the bedside.

101j7 - Lighting/Operable Lamp (continued)

Plan of Correction

Accept

Executive Director reviewed 55a chapter code 2600.101j. Executive Director reviewed with Maintenance Director requirements for 2600.101j.

Maintenance Director will in service all maintenance staff and housekeeping staff to requirements of 2600.101j, to have an operable lamp or source of lighting that can be reached at bedside immediately for resident safety.

Maintenance Director or designee will note issues and resolve immediately for possible new light source or new bulb needed.

The Executive Director or designee and maintenance director will ensure that a bedside light source is available in apartments moving forward for resident safety.

Completion Date 05/08/2021

Document Submission

Implemented

See attached documentation. In service completed with housekeeping and maintenance

102h - Toilet Paper

1. Requirements

2600.

102.h. Toilet paper shall be provided for every toilet.

Description of Violation

There was no toilet paper in bathroom 236.

Plan of Correction

Accept

Executive Director reviewed with Maintenance Director the requirement for 55a chapter code 2600.102.h, toilet tissue shall be provided for every toilet. Housekeeping and Care staff will be in-serviced on that requirement.

Maintenance Director will in service all maintenance and housekeeping staff to the requirements of 2600.102.h by 05/15/2021. Maintenance Director will ensure satisfactory amounts of toilet tissue is ordered to meet the supply and demand.

Executive Director or designee and maintenance director will follow 2600.102.h requirements moving forward.

Completion Date: 05/08/2021

Document Submission

Implemented

See attached documentation. Resident's receiving extra toilet tissue so to have ample supply. Inservice completed with housekeeping

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There were two thermometers in the refrigerator in the SDCU kitchenette. One thermometer measured 46 degrees and the other was 50 degrees Fahrenheit.

103f - Refrigerator/Freezer Temps *(continued)*

Plan of Correction

Accept

Executive Director reviewed with Culinary Director and Dementia Director on the requirements for 2600.103.f. Culinary Director and Dementia Director will be conducting an in service with the culinary and dementia care staff on temperature taking and temperature requirements by 05/31/2021. One thermometer will be used in refrigerator section and one thermometer in the freezer section.

Dementia Director and Culinary Director will monitor the staff taking the temperatures on a daily basis moving forward to maintain the correct refrigerator temp 40 or below and freezer at 0 degrees to be in compliance with 2600.103.f

Completion Date: 05/08/2021

Document Submission

Implemented

See attached documentation. Inservice completed in culinary and Dementia neighborhood

103g - Storing Food

1. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

There were two tubs of uncovered ice cream in the kitchen freezer.

Plan of Correction

Accept

Executive Director reviewed with Culinary Director the compliance with 55 pa chapter code 2600.103.g, all food shall be stored in closed or sealed containers.

Culinary Director completed an immediate in-service with all culinary staff on closing/sealing all containers after the use of said food for compliance to 2600.103.g.

Culinary Director will observe for compliance of 2600.103.g moving forward and will continually re-educate culinary staff as required moving forward.

Completion Date: 05/08/2021

Document Submission

Implemented

Inservice completed by DCS with all culinary staff

107d - Procedure Emergency Management Agency Submission

1. Requirements

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 local emergency management agency since 11/4/2019.

107d - Procedure Emergency Management Agency Submission (continued)

Plan of Correction

Accept

Executive Director reviewed 55 pa chapter code 2600.107.d.

Executive Director compiled all information, updated information for emergency and disaster plan on 04/13/2021.

Packet was sent to the city of Philadelphia emergency management officials for review. Receipt confirmation received for compliance of 2600.107.d. Copy of emergency and disaster binder was placed in a conspicuous location at front desk.

Executive Director, moving forward will review, update and send to Philadelphia emergency management officials annually moving forward.

Completion Date: 05/08/2021

Document Submission

Implemented

Binder in conspicuous place at front desk, available to anyone without staff assistance. Signage is also posted in 2 places as to the locations of binder.

109b - Rabies Vaccination

1. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

The home does not have a current certificate of rabies vaccination for resident #4's cat. The cat's vaccination was due 8/6/2019.

Plan of Correction

Accept

Executive Director or designee will review and update the binder for all pets in the community for current rabies vaccinations for compliance to 55a chapter code 2600.109.b by 05/31/2021.

The Executive Director or designee will monitor this binder on a monthly basis and with any new resident move ins who has a pet entering the community for compliance to 2600.109.b moving forward.

Completion Date: 05/08/2021

Document Submission

Implemented

Resident #4 -Cat is no longer in the community. Any pets will have a record of vaccinations prior to moving to community and all will be kept up to date by Administrator assistance

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

The home's emergency procedures are not posted in a conspicuous and public place in the home.

123b - Emergency Procedures Posted *(continued)*

Plan of Correction

Accept

Executive Director reviewed 55 pa chapter code 2600.123.b for further information. Executive Director compiled all information, updated the information for emergency and disaster plan on 04/13/2021. Packet was sent to the city of Philadelphia emergency management officials for review. Receipt confirmation received for compliance of 2600.123.b. Maintenance Director placed a Copy of emergency and disaster binder in a conspicuous location at front desk. Maintenance Director scanned a copy of emergency and disaster packet into a computer file to maintain compliance with 2600.123.b. Executive Director or designee and maintenance director will update emergency and disaster plan, send to Philadelphia emergency management official on an annual basis moving forward.

Completion Date: 05/08/2021

Document Submission

Implemented

Binder in conspicuous place at front desk, available to anyone without staff assistance. Signage is also posted in 2 places as to the locations of binder. Sent to philadelphia emergency management

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 4/5/21 was not posted on the SDCU.

Plan of Correction

Accept

Executive Director reviewed 55 pa chapter code 2600.162.c with Culinary Director and Dementia Director for compliance. Culinary Director will send daily menu to dementia unit every am, to be posted in wooden framed, wall mounted menu display. Dementia Director will also monitor to be in compliance with 2600.162.c moving forward.

Completion Date: 05/08/2021

Document Submission

Implemented

compliant with POC

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

184a - Labeling OTC/CAM (continued)

Description of Violation

Resident #6 is prescribed 650mg of MAPAP at bedtime. However the medication bottle label states, "give one tablet by mouth every 8 hours as needed"

Plan of Correction

Accept

A direction change sticker was placed on the resident # 6 MAPAP container.

An audit of current residents' medications will be completed by the Resident Services Director or designee by 05/31/2021, to ensure compliance with regulation 2600 184a. Any issues found during the audit were addressed immediately.

Resident Services Director provided retraining to the nurses and medications technicians on regulation 2600 184a by 05/31/2021, to ensure community is following state and Atria requirements on medications labels.

Executive Director or designee, and Resident Services Director or designee will meet weekly for next 90days to review new orders and change orders to ensure compliance. Resident Service Director will be responsible to ensure continue compliance with regulation 2600 184a.

Completion Date: 05/08/2021

Document Submission

Implemented

Inservices completed , see attached

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #3 is prescribed 325mg of Acetaminophen every 8 hours as needed. On 4/6/21, the medication was not available in the home.

Plan of Correction

Accept

Resident # 3 Acetaminophen 325mg every 8hours as needed was requested and received from the pharmacy the same day.

An audit of current residents' medications was completed by the Resident Services Director or designee on 04/08/2021, to ensure compliance with regulation 2600 185a. Any issues found during the audit were addressed immediately.

Resident Services Director will be providing retraining to the nurses and medications technicians on regulation 2600 185a by 05/31/2021 , to ensure community is following state and Atria requirement.

Executive Director or designee, and Resident Services Director or designee will meet weekly for next 90days to review medication availability to ensure compliance. Resident Service Director will be responsible to ensure continue compliance with regulation 2600 185a.

Completion Date: 05/08/2021

Document Submission

Implemented

inservices completed, see attached

187d - Follow Prescriber's Orders

1. Requirements

2600.

187d - Follow Prescriber's Orders *(continued)*

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed Vitamin D3 which is to be administered every day. However, this medication was not administered on 4/5/21 or 4/6/21 because the medication was not available in the home. The medication was last administered on 4/4/21.

Plan of Correction

Accept

Resident #1 Vitamin D3 was requested and received from the pharmacy the same day and resident has been taking it as prescribed. Primary Care Physician was notified on 04/08/2021 but no new orders received. Family was also notified by the Resident Services Director on 04/08/2021.

An audit of current residents' medications will be completed by the Resident Services Director or designee by 05/31/2021, to ensure compliance with regulation 2600 187d. Any issues found during the audit was addressed immediately.

Resident Services Director or designee will be providing retraining to the nurses and medications technicians on regulation 2600 187d by 05/31/2021, to ensure community is following state and Atria requirement.

Executive Director or designee, and Resident Services Director or designee will meet weekly for next 90days to review medication availability to ensure compliance. Resident Service Director will be responsible to ensure continue compliance with regulation 2600 187d.

Completion Date: 05/08/2021

Document Submission

Implemented

inservice completed, see attached

191 - Resident Right to Refuse

1. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

The home did not provide documentation that residents #1, #2, and #3 were educated to the resident's right to refuse medication if the resident believes that there may be a medication error. The residents did not sign their contract and there was no documentation indicating they were educated on medication refusal.

Plan of Correction

Accept

Resident Services Director educated residents # 1, #2, and #3 on their rights to refused medications. Primary Care Physician and families were also notified on 05/06/2021. No new orders received.

An audit of current residents' medications will be completed by the Resident Services Director by 05/31/2021, to ensure compliance with regulation 2600 191. Any issues found during the audit were addressed immediately.

Resident Services Director provided retraining to the nurses and medications technicians on regulation 2600 191 by 05/15/2021 , to ensure community is following state and Atria requirement.

Executive Director or designee, and Resident Services Director or designee will meet weekly for next 90days to review medication refusal and follow up to ensure compliance. Resident Service Director will be responsible to ensure continue compliance with regulation 2600 191.

Completion Date: 05/08/2021

191 - Resident Right to Refuse *(continued)*

Document Submission

Implemented

*n*services completed, see attached

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for resident #5 within 15 days of admission. The resident was admitted to the home on [REDACTED]

Plan of Correction

Accept

Resident #5 assessment was completed immediately by the Resident Services Director to ensure compliance. An audit of current residents' assessment was completed by the Resident Services Director on 04/14/2021, to ensure compliance with regulation 2600 225a. Any issues found during the audit were addressed immediately. Resident Services Director was trained on regulation 2600 225a by the Divisional Director of Care Management on 4/13/21 to community is completing assessments as required by state and Atria guidelines. Executive Director or designee, and Resident Services Director or designee will meet weekly for next 90days to review assessments for new residents to ensure compliance. Executive Director or designee will be responsible to ensure continue compliance with regulation 2600 225a.

Completion Date: 05/08/2021

Document Submission

Implemented

*n*service completed, see attachment

227a - Support Plan 30 Days

1. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

The home did not complete a support plan within 30 days of admission for resident #5. The resident was admitted on [REDACTED]

Plan of Correction

Accept

Resident #5 care plan was completed immediately by the Resident Services Director to ensure compliance. An audit of current residents' care plans will be completed by the Resident Services Director by 05/31/2021, to ensure compliance with regulation 2600 227a. Any issues found during the audit were addressed immediately. Resident Services Director was trained on regulation 2600 227a by the Divisional Director of Care Management on 4/13/21 to community is completing assessments as required by state and Atria guidelines. Executive Director or designee, and Resident Services Director or designee will meet weekly for next 90days to review care plans for new residents to ensure compliance. Executive Director or designee will be responsible to ensure continue compliance with regulation 2600 227a.

Completion Date: 05/08/2021

227a - Support Plan 30 Days *(continued)*

Document Submission

Implemented

inservice completed, see attachments