

Department of Human Services
Bureau of Human Service Licensing

June 6, 2022

[REDACTED], SENIOR OPERATIONS COUNSEL
[REDACTED]
[REDACTED]

RE: ATRIA AT CRANBERRY WOODS
3020 FAIRPORT LANE
CRANBERRY TOWNSHIP, PA, 16066
LICENSE/COC#: 45268

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/16/2022, 03/17/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

May 4, 2022

[REDACTED], SENIOR OPERATIONS COUNSEL
[REDACTED]
[REDACTED]

RE: ATRIA AT CRANBERRY WOODS
3020 FAIRPORT LANE
CRANBERRY TOWNSHIP, PA, 16066
LICENSE/COC#: 45268

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 03/16/2022, 03/17/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *ATRIA AT CRANBERRY WOODS* License #: *45268* License Expiration: *04/13/2023*
Address: *3020 FAIRPORT LANE, CRANBERRY TOWNSHIP, PA 16066*
County: *BUTLER* Region: *WESTERN*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *01/29/2021* Issued By: *Cranberry Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *53* Waking Staff: *40*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *03/17/2022*

Inspection Dates and Department Representative

03/16/2022 - On-Site: [REDACTED]
03/17/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *115* Residents Served: *39*

Secured Dementia Care Unit

In Home: *Yes* Area: *0* Capacity: *41* Residents Served: *11*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *39*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *14* Have Physical Disability: *0*

Inspections / Reviews

03/16/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/28/2022*

04/28/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/05/2022*

05/03/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/10/2022*

05/04/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/04/2022*

06/06/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

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

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet, from any fossil-fuel burning device or appliance. If there is not at least 15 feet between the fossil fuel burning device and the door that leads out of the enclosed area to the rest of the building, then the carbon monoxide detector should be placed just outside of the door, unless the manufacturer's instructions indicate otherwise.

On 3/16/22 at 10:15 a.m., the mechanical/boiler room did not have at least 15 feet between the (3) fossil fuel burning hot water tanks and the door that leads out of the enclosed area to the rest of the building; however, the carbon monoxide detector for the hot water tanks was placed approximately 10 feet from the tanks, inside the room.

Plan of Correction

Accept

The Executive Director added a Carbon Monoxide Alarm outside of the Boiler Room on 3/16/2022 at approx. 5:30 pm. This was noted by the surveyor on 3/17/2022 at approx. 10:00 AM. See attached photo of the Carbon Monoxide Alarm. The Maintenance Director or designee as of 4/1/2022 will monitor the Carbon Monoxide detector monthly to ensure it is operational; this requirement has been added to our Preventative Maintenance Schedule to ensure compliance.

Completion Date: 03/17/2022

Document Submission

Implemented

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 3/16/22, the bed enabler attached to resident #1's bed was not securely fastened and moved approximately 5" in each direction when pulled, creating a potential fall hazard.

REPEAT VIOLATION: 6/15/2021 et al.

Plan of Correction

Accept

The bed enabler was corrected and securely fastened to the bed on 3/16/2022. Noted by surveyor on site on 3/17/2022. A picture of the secure bed enabler is attached.

The Resident Services Director (RSD) and or designee will ensure all current bed enablers are correctly placed and securely fastened to the bed by 5/14/2022.

Regional Care Director (RCD) will provide training to the Assisting in the Use of a Bed Rail Work Instruction by 5/10/2022. Resident Service Director (RSD) and or designee will provide staff training on Work Instruction (WI) AL-0004-28 Assisting in the Use of a Bed Rail. Atria care staff take the following steps: 1. Check the correct placement of the Bed Rail when in the resident's apartment. 2. Report concerns reported to you or observed by you with the resident's use of the Bed Rail to the Supervisor on their shift. 3. Document complete or incomplete service on the iPod or, if no access to the iPod or you are unable to use the iPod, document complete or incomplete task on the task

81b - Resident Personal Equipment (continued)

assignment sheet by 5/27/2022

Resident Service Director (RSD) and Executive Director (ED) will audit bed rails weekly for 90 days to ensure proper placement.

Completion Date: 05/14/2022

Document Submission

Implemented

Documentation uploaded.

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

Throughout the day on 3/16/22 and 3/17/22, there was a pungent rotten egg/sulfur odor near the first floor elevator and the exit door at the end of the hallway near resident room 103.

On 3/16/22, at 9:50 a.m., there were approximately 20 cigarette butts on the ground of the home's designated smoking area located next to the home's two dumpsters in the rear of the building.

Plan of Correction

Accept

The Maintenance Director retained a leak detection company to determine the source of odor, which they found to be from a drain in a mechanical room. The Maintenance Director checks every 3 days for water after adding water and vegetable oil to the drain to keep the water from evaporating. No further issues noted. The Maintenance Director or designee will monitor the area weekly starting 4/1/2022 for the next 90 days to ensure that water is remaining in drain to prevent the odor; this requirement has been added to the Preventative Maintenance Schedule to ensure compliance.

The Maintenance Director chained the designated smoking butt hut to the post to keep it from blowing over onto the ground on 3/16/2022. This correction was noted by the surveyor on site on 3/17/2022. The Maintenance Director or designee will monitor it weekly starting 4/1/2022 to ensure that it is upright, and area is free of debris; this has been added to the Preventative Maintenance Schedule to ensure compliance.

Completion Date: 03/28/2022

Document Submission

Implemented

103g - Storing Food

1. Requirements

2600.

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

Description of Violation

On 3/16/22 at 10:40 a.m., there was an opened and unsealed 5-gallon container of Hershey's Premium ice cream on the floor of the ice cream freezer in the kitchen.

Plan of Correction

Accept

The Director of Culinary Services purchased lids that seal to use for the 5-gallon containers of ice cream on 3/19/2022. See attached photo of the new lids. The Director of Culinary Services will in-service all kitchen staff by 5/4/2022 on the rule and internal policy requiring food to be stored in closed or sealed containers. The Director of

103g - Storing Food (continued)

Culinary Services and/or the Assistant Director of Culinary Services will monitor lids for compliance as part of their daily tasks starting 5/1/2022.

Completion Date: 05/04/2022

Document Submission

Implemented

141a - Medical Evaluation

1. Requirements

2600.

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

Description of Violation

Resident #2 was admitted to the home on 4/30/21; however, the resident's initial medical evaluation was completed on 1/29/21.

Plan of Correction

Accept

The Resident Services Director contacted resident # 2 primary care physician and a new DME was completed as per regulation on 4/26/2022.

The Resident Service Director (RSD) completed an audit of all current resident DMEs on 4/15/2022, to ensure compliance with regulation 2600 141a. Any issues found during the audit were addressed immediately.

The Resident Services Director was trained during onboarding by Regional Care Director on 3/22/22 to ensure compliance with regulation 2600 141a to make sure DMEs are completed within the required timeframe according to regulation and Atria expectations. Regional Care Director will provide additional training to Executive Director and Resident Service Director on move in process to ensure understanding of requirements for obtaining DME and DME completeness by 5/5/2022.

The Executive Director will be meeting with the Resident Services Director weekly starting 4/15/2022 to review new DMEs for the next 90 days to ensure compliance with regulation 2600 141a. The Resident Services Director will be responsible for ensuring continued compliance with regulations.

Completion Date: 05/05/2022

Document Submission

Implemented

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

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

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

141a 1-10 Medical Evaluation Information (continued)

Description of Violation

Resident #3's initial medical evaluation, dated [REDACTED], does not include the resident's body positioning/movement, health status, and cognitive functioning. These areas of the form are blank.

Plan of Correction

Accept

The Resident Services Director contacted resident #3 doctor about the missing information on the DME and it was corrected immediately on 4/5/2022.

The Resident Service Director (RSD) completed an audit of the current residents DMEs was completed by the Resident Services Director on 4/15/2022, to ensure compliance with regulation 2600 141a. Any issues found during the audit were addressed immediately.

The Resident Services Director was trained during onboarding by Regional Care Director on 3/22/22 to ensure compliance with regulation 2600 141a to make sure DMEs are reviewed for completeness. Regional Care Director will provide additional training to Executive Director and Resident Service Director on move in process to ensure understanding of requirements for obtaining DME and DME completeness by 5/5/2022.

The Executive Director will be meeting with the Resident Services Director starting 4/15/2022 weekly to review new DMEs for the next 90-days to ensure compliance with regulation 2600 141a. The Resident Services Director will be responsible for ensuring continued compliance with regulations.

Completion Date: 05/05/2022

Document Submission

Implemented

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 Violation

The support plan for resident #3, dated [REDACTED], is not signed by the resident and does not indicate if the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

Plan of Correction

Accept

Resident Services Director reviewed service plan with resident # 3, and it was signed appropriately according to the requirement of the state by [REDACTED].

An audit of the current residents' service plans was completed by the Resident Services Director on 4/15/2022, to ensure compliance with regulation 2600 227g. Any issues found during the audit were addressed immediately.

The Resident Services Director was retrained by the Regional Care Manager on 3/23/22 to ensure all service plans are signed appropriately in accordance with regulation 2600 227g. Regional Care Director will provide additional training to Executive Director and Resident Service Director on Assessment process to ensure understanding of requirements for obtaining signatures for assessments/service plans by 5/5/2022.

The Executive Director will meet with the Resident Services Director weekly starting 4/15/2022 for the next 90-days to review all additional support plans to ensure compliance with regulation 2600 227g. The Resident Services Director will be responsible for compliance with regulations.

Completion Date: 05/05/2022

Document Submission

Implemented