



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

Sent via e-mail [REDACTED]

September 14, 2022

[REDACTED]  
Regional Legal Representative  
WG Center City SH, LLC

[REDACTED]  
[REDACTED]  
[REDACTED]

RE: Atria Center City  
150 North 20th Street  
Philadelphia, Pennsylvania 19103  
License #: 13657

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on 05/06/2022, 05/09/2022, 05/11/2022, 05/13/2022, 05/16/2022, 05/17/2022 of the above facility, we have determined that your submitted plan of correction is not fully implemented. Continued compliance must be maintained.

Sincerely,

*Claire Mendez*

Claire Mendez  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

**Facility Information**

Name: *ATRIA CENTER CITY* License #: *13657* License Expiration: *12/02/2022*  
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**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *169* Waking Staff: *127*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *05/17/2022*

**Inspection Dates and Department Representative**

05/06/2022 - Off-Site: [REDACTED]  
05/09/2022 - Off-Site: [REDACTED]  
05/11/2022 - Off-Site: [REDACTED]  
05/13/2022 - Off-Site: [REDACTED]  
05/16/2022 - Off-Site: [REDACTED]  
05/17/2022 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *165* Residents Served: *128*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Life Guidance* Capacity: *25* Residents Served: *16*

**Hospice**

Current Residents: *xx*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *128*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *41* Have Physical Disability: *0*

Inspections / Reviews

05/06/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/05/2022*

06/16/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/21/2022*

06/23/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/29/2022*

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 05/06/2022 at 09:45 AM, the home was contacted about a medication error incident. A voice message was left for the resident service director and two voice messages for the executive director. Other attempts to reach any directors onsite failed due to the receptionist continuing to transfer the calls to the executive director, who did not answer the phone. No return call was received through 10:45 AM on 05/09/2022. Another call was subsequently attempted and was successful.*

**Plan of Correction**

**Accept**

*Executive Director, Resident Services Director and Community Business Director reviewed 55 Pa. code chapter 2600.5.a*

*The Executive Director or designee will monitor communications received by the Receptionist weekly to ensure all calls requiring immediate attention, including those from the state, are not only forwarded to the right person but are then followed up on by a director within one day.*

*IN servicing to be provided to reception/concierge staff regarding administrator designee and DHS immediate access protocol*

**Completion Date:** 06/16/2022 *Licensee's Proposed Date of POC Implementation*

**Implemented 9/14/22 CM**

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

**Description of Violation**

*On [REDACTED] around 11:10 AM, resident #1 was sent out to an ER via 911 due to shortness of breath (SOB) and was admitted to a hospital for congestive heart failure (CHF) exacerbation. The resident was found to have missed [REDACTED] Furosemide 80 mg daily dose on 04/02 and 04/03/2022. The home did not report this incident to the department until 04/06/2022.*

**Plan of Correction**

**Accept**

*Resident Services Director provided verbal education to staff members via telephone on 06/15/2022 regarding the required physician notification of missed/refused medications and incidents. Education provided included PA code 2600.16C 24-hour maximum timeframe for state reporting of incidents.*

*The Regional Care Director provided training to the Executive Director and Resident Services Director/designee on the Incident Reporting Policy LE-004 and The Use of the Communication Log Policy AL-012 on 6/19/2022 to ensure timely and accurate incident reporting to state. The Executive Director and Resident Service Director will provide training to all Manger on Duty/ designee on the Incident reporting policy and use of the communication log policy to ensure their understanding of timely and accurate incident reporting to the state by 6/25/2022.*

*Resident Services Director, Executive Director, Manager on Duty/designee will monitor communication log forms daily for resident incident information to include but not limited to missed medications to ensure compliance with 24-hour state reporting requirement for all incidents.*

*Resident Service Director will complete an audit of resident Medication Administration Records for the past 30 days*

16c - Written Incident Report (continued)

to ensure that missed doses of medication occurred to be reported to physician and RP/POA, have incident reports completed and sent to state.

The Executive Director and Resident Services Director/designee will audit all incident reports to ensure proper state reporting for the next 90 days.

**Completion Date:** 09/21/2022 Licensee's Proposed Date of POC Implementation

Not Implemented 9/14/22 CM

185b - Medication Procedures

1. Requirements

2600.

185.b. At a minimum, the procedures must include:

2. A process to investigate and account for missing medications and medication errors.

Description of Violation

The home's procedures for the safe use of medications and medical equipment include Triple check Physician Verification Order and use of Medication Clarification Fax Form.

Triple Check Physician Verification Order includes transcribing a medication order, a second check by the next oncoming medication tech, and a final check by RSD (resident service director). Medication clarification is to be requested anytime a physician medication order does not contain all the required components of an order or when the order is unclear.

However, these procedures were not followed with resident #1's Furosemide 80 mg order dated 03/24/2022 and 03/31/2022. The 03/24/2022 order had some discrepancy between page 1 (Furosemide 80 mg once daily alternating with 80 mg twice daily) and page 2 (Furosemide 40 mg two tabs in the morning and one tab at 03:00 PM); however, no clarification was sought. The 03/31/2022 order read: discontinue previous Furosemide order and start Furosemide 80 mg once daily. However, Furosemide 80 mg daily was discontinued on 04/02/2022 and nobody caught this error until 04/06/2022.

Plan of Correction

Accept

Resident Service Director will complete audit of all prescribed orders to ensure medication is available in medication carts by 6/30/2022. Any issues found will be corrected immediately.

The Regional Care Director will provide training to the Executive Director and Resident Services Director/designee on the med cart audit process, triple check process aka order verification, and proper use of the medication clarification fax form by 6/19/2022 to ensure understanding of policies and processes related to ordering and clarification of medications. The Resident Service Director/designee will conduct in-service on this training to all medication staff by 6/30/2022.

The Resident Services Director/designee will review triple checks aka order verification and med cart audits weekly to ensure proper medication reordering, clarification of orders, and timely receipt of medications for the next 90 days.

**Completion Date:** 06/30/2022 Licensee's Proposed Date of POC Implementation

Implemented 9/14/22 CM

186c - Change in Medications

1. Requirements

2600.

186.c. Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

186c - Change in Medications (continued)

Description of Violation

On 03/31/2022, resident #1's Furosemide 80 mg order was changed to once daily from once daily alternating with twice daily. On 04/02/2022, resident #1's Furosemide 80 mg order was discontinued without any written or verbal order. The home explains that on 04/02/2022 the pharmacy acted upon the 03/31/2022 order (please discontinue previous order for Furosemide and start Furosemide 80 mg 1 tab by mouth daily) and discontinued the existing order without entering the new order.

Plan of Correction

Accept

Resident Service Director will complete audit of all prescribed orders to ensure medication is in medication carts per the physician order by 6/30/2022. Any issues found will be corrected immediately. The Regional Care Director will provide training to the Executive Director and Resident Services Director/designee on the med cart audit process, triple check process aka order verification by 6/19/2022 to ensure understanding of policies and processes related to physician orders and medication ordering and clarification. The Resident Service Director/designee will conduct in-service on this training to all medication staff by 6/30/2022. The Resident Services Director/designee will review triple checks aka order verification and med cart audits weekly to ensure proper medication reordering, clarification of orders, and timely receipt of medications for the next 90 days.

Completion Date: 06/30/2022 Licensee's Proposed Date of POC Implementation

Implemented 9/14/22 CM

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #1 is prescribed Amoxicillin 500 mg, Bumetanide 2 mg, Therems-M 27 mg-0.4 mg, OS-Cal 500 mg, Oyster Shell Calcium 500 mg, Mucinex 600 mg, and Breo Ellipta. However, the resident's May MAR (medication administration record) does not indicate the diagnoses or purpose of these medications.

Plan of Correction

Accept

Resident Service Director will ensure medication administration record has diagnoses or purpose for all medication for Resident #1 by 6/16/2022. Resident Service Director will complete audit of all prescribed orders to ensure all medication has diagnoses or purpose of medication by 6/30/2022. Any issues found will be corrected immediately. The Regional Care Director will provide training to the Executive Director and Resident Services Director/designee on the triple check process aka order verification by 6/19/2022 to ensure understanding of policies and processes related to physician orders and need for diagnoses or purpose for all medication orders and seeking clarification when needed. The Resident Service Director/designee will conduct in-service on this training to all medication staff by 6/30/2022. The Resident Services Director/designee will review triple checks aka order verification weekly ensure all new medication orders have diagnoses or purpose for medication for the next 90 days.

Completion Date: 06/30/2022 Licensee's Proposed Date of POC Implementation

Implemented 9/14/22 CM

187c - Refusal of Medication

1. Requirements

187c - Refusal of Medication (continued)

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**Description of Violation**

*Resident #1 is prescribed Senna 8.6 mg at 09:00 PM daily and Clearlax 17 mg and Os-Cal-500 daily at 09:00 AM. The resident refused to take these meds on following days:*

*Senna 8.6 mg from 05/01~05/08/2022*

*Clearlax 17 mg on 05/01, 02, 04, 07/2022*

*Os-Cal-500 on 05/01, 02, 03, 07/2022*

*The same resident is also prescribed daily weight check. The resident refused this weight check on 05/07, 08. 09/2022. However, the home did not notify the prescriber of these refusals within 24 hours.*

**Plan of Correction**

**Accept**

*Resident Service Director conducted a review of resident #1 medication record. Resident refusals will be reported to the physician by 6/16/22 and documented in the resident record.*

*Resident Service Director will complete an audit of resident Medication Administration Records for the past 30 days to ensure that missed doses of medication have been reported to the resident physician's and proof of such notification was available. Any issues found will be corrected immediately.*

*Resident Services Director (RSD) will complete additional training with all medication staff on 55 Pa Code 2600.185 and MED-013 Medication Administration Record (MAR)/Medication Observation Record (MOR) and MED-027 Medication Missed or Refused by 6/30/2022.*

*The Resident Service Director and Executive Director and/or designee will be responsibility for ensuring compliance by reviewing Electronic Medication Record System three times weekly for medication refusal and ensure there was physician notification for the next 90 days.*

**Completion Date:** 06/30/2022

*Licensee's Proposed Date of POC Implementation*

**Implemented 9/14/22 CM**

187d - Follow Prescriber's Orders

**1. Requirements**

2600.

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

**Description of Violation**

*Resident #1 was prescribed Furosemide 80 mg daily at 09:00 AM. However, resident #1 was not administered this medication on 04/02/2022 and 04/03/2022.*

*Repeated Violation: 4/5/2021*

**Plan of Correction**

**Accept**

*Resident Service Director will ensure medication is available in community for Resident #1 by 6/25/2022.*

*Resident Service Director will complete audit of all prescribed orders to ensure medication is available in medication carts by 6/30/2022. Any issues found will be corrected immediately.*

*The Regional Care Director will provide training to the Executive Director and Resident Services Director/designee on the med cart audit process, triple check process aka order verification, and ordering and receiving medication policy MED-0003-03 by 6/5/2022 to ensure understanding of policies and processes related to ordering and receiving*

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

*medications. The Resident Service Director/designee will conduct in-service on this training to medication staff by 6/30/2022.*

*The Resident Services Director/designee will review triple checks aka order verification and med cart audits weekly to ensure proper medication reordering and timely receipt of medications for the next 90 days.*

**Completion Date:** *06/30/2022 Licensee's Proposed Date of POC Implementation*

**Implemented 9/14/22 CM**