

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

January 31, 2023

[REDACTED]
WG BETHLEHEM SH LLC
[REDACTED]
[REDACTED]

RE: ATRIA BETHLEHEM
1745 WEST MACADA ROAD
BETHLEHEM, PA, 18017
LICENSE/COC#: 22281

Dear Ms. Alyssa Smith,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/21/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *ATRIA BETHLEHEM* License #: *22281* License Expiration: *10/16/2023*
 Address: *1745 WEST MACADA ROAD, BETHLEHEM, PA 18017*
 County: *NORTHAMPTON* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *WG BETHLEHEM SH LLC*
 Address: *300 EAST MARKET ST, SUITE 100, ATTN-ATRIA MGMT CO- LEGAL DEPT, LOUISVILLE, KY, 40202*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *09/28/1998* Issued By: *PALI*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *148* Waking Staff: *111*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Interim* Exit Conference Date: *12/21/2022*

Inspection Dates and Department Representative

12/21/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *150* Residents Served: *129*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *1*

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: *19* Have Physical Disability: *1*

Inspections / Reviews

12/21/2022 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/21/2023*

01/23/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *01/30/2023*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/27/2023*

Inspections / Reviews *(continued)*

01/31/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/30/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

57b - 1 Hour/Day

1. Requirements

2600.

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

Description of Violation

On 12/9/2022 and 12/10/2022, the home had 126 residents in house and are required to staff at least 126 direct care hours. The home was only able to verify that 112 direct care hours were staffed each of these 2 days.

Repeat Violation - 10/18/2022.

Plan of Correction

Accept (MM - 01/23/2023)

? Immediate: Executive Director has recently hired 2 direct care staff

? On 1/3/2022 Executive Director received 23 additional hours to use towards new hires

| One hire will start 1/27/2023

| The other hire will start 1/28/2023

| Working with care agency starting 1/18/2023, to place 2 caregivers in morning shift and evening shift to assist with care. Awaiting a start date.

? Executive Director/Care Director have completed an audit on 1/4/2023 of the care schedule daily to ensure that all working direct care staff are visible on the schedule- this audit will be completed daily

? Executive Director /designee will audit employee files twice a week to make sure that all staff working in care have an active direct care certificates starting 1/14/2022

Licensee's Proposed Overall Completion Date: 02/16/2023

Implemented (MM - 01/31/2023)

57c - 2 Hours/Day

2. Requirements

2600.

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

Description of Violation

On 12/9/2022 and 12/10/2022, the home had a census of 126 residents in house and 19 residents with mobility needs. The home is required to staff at least 145 direct care hours on these days based upon the mobility needs of the residents. The home was only able to verify that 112 direct care hours were staffed each of these days. On 12/11/2022 the home had a census of 126 residents in house and 19 residents with mobility needs. The home is required to staff at least 145 direct care hours on this day based upon the mobility needs of the residents. The home was only able to verify that 128 direct care hours were staffed this day.

Repeat Violation from 10/18/2022.

Plan of Correction

Accept (MM - 01/23/2023)

? Immediate: Executive Director has recently hired 2 direct care staff

? On 1/3/2022 Executive Director received 23 additional hours to use towards new hires

| One hire will start 1/27/2023

| The other hire will start 1/28/2023

57c - 2 Hours/Day (continued)

| Working with care agency starting 1/18/2023, to place extra caregivers in morning shift and evening shift to assist with care. Awaiting a start date.

? Executive Director/Care Director have completed an audit on 1/12/2023 of the care schedule daily to ensure that all working direct care staff are visible on the schedule- this audit will be completed daily

? Executive director/ designee will do an audit of the resident immobile/mobile list weekly and upon change of condition to ensure that the list is accurate starting 1/18/2023

Licensee's Proposed Overall Completion Date: 02/19/2023

Implemented (MM - 01/31/2023)

57d - Waking Hours

3. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On 12/9/2022, 12/10/2022, and 12/11/2022, the home had a census of 126 residents in house and 19 residents with mobility needs. The home is required to staff 75% of their required 145 direct care hours during daytime hours or 108.75 daytime direct care hours on these days. The home was only able to verify that 88 direct care hours were staffed during their daytime hours on 12/9/2022 & 12/10/2022. On 12/11/2022 the home was only able to verify that 104 direct care hours were staff during their daytime hours.

Repeat Violation - 10/18/2022.

Plan of Correction

Accept (MM - 01/23/2023)

? Immediate: Executive Director has recently hired 2 direct care staff

? On 1/3/2022 Executive Director received 23 additional hours to use towards new hires

| One hire will start 1/27/2023

| The other hire will start 1/28/2023

| Working with care agency to place extra caregivers in morning shift and evening shift to assist with care. Awaiting a start date.

? Executive Director/Care Director have completed an audit on 1/12/2023 of the care schedule daily to ensure that all working direct care staff are visible on the schedule- this audit will be completed daily

? Executive director/ designee will do an audit of the resident immobile/mobile list weekly and upon change of condition to ensure that the list is accurate starting 1/18/2023

Licensee's Proposed Overall Completion Date: 02/19/2023

Implemented (MM - 01/31/2023)

63a - First Aid/CPR Training

4. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

63a - First Aid/CPR Training (continued)**Description of Violation**

On 12/9/2022 and 12/10/2022 the home had 126 residents in house. They were only able to verify that 2 first aide certified staff members were present from 11:00pm until 7:00am. This is a repeat violation from 10/18/2022.

Plan of Correction**Accept (MM - 01/23/2023)**

? Immediate: Acknowledging the need to comply with this regulation Community Business Director and Care Director completed audit on 1/15/23 of all staff and agency files to verify that their CPR certifications are up to date.

? Immediate: On 10/21/22 Executive Director contacted the agency used for the LPN overnight and requested all credentials (including CPR)

? Information was received that day an all files were updated.

? To prevent this violation from reoccurring, Business Director created a CPR binder 11/21/2022 and placed in their office

? This CPR binder is reviewed bi-weekly

Licensee's Proposed Overall Completion Date: 02/19/2023

Implemented (MM - 01/31/2023)