

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

May 3, 2023

[REDACTED], ADMINISTRATOR
WG CENTER CITY SH LLC

RE: ATRIA CENTER CITY
150 NORTH 20TH STREET
PHILADELPHIA, PA, 19103
LICENSE/COC#: 13657

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/02/2023 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 CENTER CITY **License #:** 13657 **License Expiration:** 12/02/2023
Address: 150 NORTH 20TH STREET, PHILADELPHIA, PA 19103
County: PHILADELPHIA **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: WG CENTER CITY SH LLC
Address: [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: Complaint **Exit Conference Date:** 03/02/2023

Inspection Dates and Department Representative

03/02/2023 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 165 **Residents Served:** 130

Secured Dementia Care Unit

In Home: Yes **Area:** SDCU **Capacity:** 22 **Residents Served:** 19

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 130
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 39 **Have Physical Disability:** 0

Inspections / Reviews

03/02/2023 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 03/24/2023

Inspections / Reviews *(continued)*

03/28/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/01/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 04/01/2023

04/05/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/01/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/27/2023

05/03/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/01/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

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] at [REDACTED] PM, resident 1 had an unwitnessed fall and was found lying in the shower with the water still running. It is unknown how long resident 1 was on the shower floor but staff of the home did not check on resident between [REDACTED] when the resident was found on the shower floor by a family member. Resident 1 was sent to the emergency room for evaluation. The home did not report this incident to the department.

Plan of Correction

Accept ([REDACTED] - 04/05/2023)

Resident Services Director, Executive Director, Manager on Duty/designee will monitor communication logs daily for resident incident information to include but not limited to falls starting 3/24/23.

Resident Service Director will complete an audit of communication logs from 3/24/23 to 4/24/23 to ensure that all falls have had an incident report completed. 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 Incident Reporting Policy LE-004 and the process for Use of the Communication Log (WI)AL-0012 by 3/30/2023 to ensure timely and accurate incident reporting to state. The Executive Director and Resident Service Director will provide training to all Manager on Duty/ designee on the Incident reporting policy and the process for Use of the Communication Log to ensure their understanding of timely and accurate incident reporting to the state by 4/07/2023.

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

Completion Date: 4/24/2023

Licensee's Proposed Overall Completion Date: 04/24/2023

Implemented ([REDACTED] - 05/03/2023)

23a - Activities of Daily Living Assistance

2. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment for resident 1, dated [REDACTED], indicates the resident requires assistance emptying their foley bag every 4 hours. The resident's support plan, dated 1/18/23, documents that a private duty aid will provide this assistance, however resident 1 had a private duty aid present from only 8am to 7pm daily, requiring that staff of the home check the bag every four hours after the private duty aid has left for the day. The assessment also indicates that the resident has a need for assistance in changing the foley bag from a day bag, to a night bag and vice versa. The support plan indicates that staff of the home are to provide this assistance up to 3 times daily. On 2/10/23, staff of the home did not change the bag to a night bag after the private duty aid had left for the day or check on the resident every 4 hours to see if the bag needed to be emptied as per the support plan.

23a - Activities of Daily Living Assistance (continued)

Plan of Correction

Accept (MS - 04/05/2023)

The Resident Service Director (RSD)/ designee will complete an audit of all current resident Support Plans by 4/07/2023, to ensure support plans accurately reflect care needed by resident. Any issues found during the audit will be addressed immediately.

Regional Care Director will provide additional education to the Executive Director and Resident Services Director/ designee to ensure residents activities of daily living assistance is occurring per resident support plan by 3/31/2023. Executive Director and/or Resident Service Director will provide additional education to care staff on the importance of providing care per the daily assignments for each resident to ensure that all care needs are being met per the support plan by 3/31/2023.

Executive Director will be meeting with the Resident Services Director/designee weekly starting 3/31/2023 and continuing for the next 90 days to review completed resident assignment tasks to ensure compliance .Resident Services Director will review and address task completions daily, starting 3/31/23 and continuing for the next 90 days, to ensure continued compliance with regulations.

Completion Date: 6/30/2023

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented [REDACTED] - 05/03/2023)

42b - Abuse

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED], resident 1 was receiving 1 to 1 care from a private aide daily from [REDACTED]. Resident 1 has a daytime and nighttime foley bag which, at this time was emptied and changed by the private duty aide while they were present with the resident and by the staff of the home after the private duty aide leaves for the day. On Friday 2/10/23, resident 1's private 1 to 1 aide left at 6PM with resident 1 having the daytime foley bag on so that resident could attend an activity that evening. The daytime foley bag is smaller, more discrete and needs to be emptied more often. The night bag must hang a certain way, and is larger so it is not worn during activity. On Saturday 2/11/23 at 8AM, resident 1's private 1 to 1 aide arrived in the home to find that resident 1's foley bag had not been changed or emptied by staff of the home from when the aide left at [REDACTED], the night before. Resident 1's [REDACTED] service plan documents that resident 1 requires assistance emptying urine from the foley bag every 4 hours and requires assistance from staff of the home in switching from the day bag to the night bag.

On [REDACTED] resident 1's daughter arrived in the home at [REDACTED] PM. The daughter found resident 1 collapsed in the shower floor with the shower still running. The shower water was flooding out onto the bathroom floor and into the living area. Resident 1's day foley bag was changed that morning at 7AM, however the hours of [REDACTED] there is no documentation of anyone checking in on resident 1. It is unknown how long resident 1 was on the shower floor. Staff member A reported that resident 1 was not checked in on from the morning, until found on the shower floor even after Resident 1 was not at lunch at 12:00pm. The home has a procedure in effect that if a resident is not present at lunch, they are marked absent and a staff person is to check on the resident. Staff of the home report that they did not check on resident 1 at lunch.

42b - Abuse (continued)

Plan of Correction

Accept ([redacted] - 04/05/2023)

Resident # 1 had been checked on after breakfast following the meal check process as indicated by the breakfast meal check list for [redacted]. Resident #1 was checked on after lunch as indicated by the lunch meal check list for [redacted]. Resident #1 also regularly uses [redacted] pendant to call for help and has not been known to need status checks because of the regular use of [redacted] pendant when [redacted] is in need.

Regional Care Director will provide additional training to the Executive director and Resident Services Director regarding monitoring of foley bag to ensure change from night to day bags and day to night bags as appropriate as well as review of the meal check process by 3/31/23. Executive Director will provide education to all staff on the meal check process and reeducation/training on resident rights, neglect and abuse. Resident Services Director will provide education to care staff on failure to complete services including foley bag change to ensure change by 4/7/23. Executive Director will review the meal attendance checklist daily beginning 3/31/2023 for the next 90 days to ensure proper follow-up . RSD will audit resident files for residents with catheter care weekly beginning 3/31/2023 for the next 90 days.

Completion Date: 4/7/2023

Licensee's Proposed Overall Completion Date: 04/07/2023

Implemented [redacted] - 05/03/2023)

54a - Direct Care Staff

4. Requirements

2600.

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

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Repeated Violation- 7/19/22, et al

Plan of Correction

Accept ([redacted] - 04/05/2023)

Staff person A is no longer employed by home as of [redacted] Executive Director and Community Business office Director reviewed PA 2600.54.a. regulatory requirements related to high school diploma, GED or active registry on 3/23/23.

The Community Business Director (CBD) will conduct an audit of the past 90 days of new staff for compliance with PA 2600.54.a by 04/14/2023. The CBD will immediately resolve any issues noted.

Executive Director, CBD or designee will review all new staff documents beginning 3/31/2023 for the next 90 days to ensure compliance with PA 2600.54.a

Completion Date: 4/14/2023

Licensee's Proposed Overall Completion Date: 04/14/2023

Implemented [redacted] - 05/03/2023)

227d - Support Plan Medical/Dental

5. Requirements

2600.

227.d. Each home shall document in the resident’s support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident 1, dated [REDACTED], indicates the resident requires assistance emptying their foley bag every 4 hours. The resident's support plan, dated [REDACTED], documents that a private duty aid will provide this assistance, however resident 1 had a private duty aid present from only 8am to 7pm daily, requiring that staff of the home check the bag every four hours after the private duty aid has left for the day. The assessment also indicates that the resident has a need for assistance in changing the foley bag from a day bag, to a night bag and vice versa. The support plan indicates that staff of the home are to provide this assistance up to 3 times daily. Resident 1's record does not document the dates, times, or name of staff person who provided this assistance daily. Further more, on 2/10/23, staff of the home did not change the bag to a night bag or check on the resident every 4 hours to see if the bag needed to be emptied as per the support plan.

Plan of Correction

Accept [REDACTED] - 04/05/2023)

Executive Director/Resident Services Director will complete new service plan/support plan for Resident #1 by 3/31/2023 to ensure the correct needs for catheter management is captured on resident support plan. Resident Service Director/designee will complete an audit of the current residents' service plans/support plans by 4/07/2023, to ensure the correct needs for catheter management is captured on resident support plan if applicable. Any issues found during the audit will be addressed immediately. Regional Care Director will provide additional training to the Executive Director and Resident Services Director/designee by 4/03/2023 to ensure all service plans/support plans are capturing the correct needs for catheter management. Executive Director will meet with Resident Services Director/designee weekly starting 3/31/2023 and continuing for the next 90 days to review all new support plans to ensure that all resident's care needs are accurately reflected including but not limited to catheter management as applicable. Resident Services Director will be responsible for compliance with regulation.

Licensee's Proposed Overall Completion Date: 04/07/2023

Implemented [REDACTED] - 05/03/2023)

227g -Support Plan Signatures

6. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 1 participated in the development of his/her support plan on [REDACTED]. However, the resident did not sign the support plan.

Resident 1 participated in the development of his/her support plan on [REDACTED]. However, the resident did not sign the support plan.

Plan of Correction

Accept [REDACTED] - 03/28/2023)

227g -Support Plan Signatures (continued)

Resident Services Director reviewed service plan with resident # 1, and it was signed appropriately according to the requirement of the state by 3/31/2023.

The Resident Service Director and/or designee will complete an audit of current resident service plans/support plan by 4/07/2023, to ensure compliance with regulation 2600 227g. Any issues found during the audit will be addressed immediately.

Regional Care Director will provide additional training to the Executive Director and Resident Services Director to ensure all service plans are signed appropriately in accordance with regulation 2600 227g by 3/31/2023.

Executive Director will meet with Resident Services Director weekly starting 3/31/2023 for the next 90 days to review all new support plans to ensure compliance with regulation 2600 227g. Resident Services Director will be responsible for compliance with regulation.

Licensee's Proposed Overall Completion Date: 04/07/2023

Implemented ([REDACTED] - 05/03/2023)