

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

March 20, 2024

[REDACTED]
WG BETHLEHEM SH LLC
[REDACTED]

ATTN-ATRIA MGMT CO- LEGAL DEPT
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/28/2024 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: *10/16/2024*
 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *116* Waking Staff: *87*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Interim* Exit Conference Date: *02/28/2024*

Inspection Dates and Department Representative

02/28/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *150* Residents Served: *102*

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

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *101*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *14* Have Physical Disability: *2*

Inspections / Reviews

02/28/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/10/2024*

03/11/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/18/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/18/2024*

Inspections / Reviews *(continued)*

03/20/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/18/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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

The thermometer found in the ice cream chest located in the home's kitchen had a temperature reading of 4°F. Frozen foods are required to be stored at or below 0°F.

Plan of Correction

Accepted [redacted] 03/11/2024)

Immediate: On [redacted] Director of Culinary Services removed the old thermometer and placed a new thermometer in the ice cream chest.

Immediate: On [redacted] Director of Culinary Services inspected both thermometers and the ice cream chest to ensure that all appliances followed Regulation 103.f

On [redacted] Director of Culinary Services placed both thermometers in a security box to ensure that appliances are not damaged while they are in the ice cream chest.

Director of Culinary will have lead waitstaff check the thermometers in the ice cream chest daily to ensure that appliance is in compliance with Regulation 103j by 3/16/2024

Director of Culinary will in-service all culinary staff by 3/16/2024 to ensure that they complete the process to keep the ice cream chest in compliance with Regulation 103j

Licensee's Proposed Overall Completion Date: 03/18/2024

Implemented [redacted] - 03/20/2024)

184a - Resident's Meds Labeled

2. Requirements

2600.

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

- 3. The date the prescription was issued.
- 4. The prescribed dosage and instructions for administration.
- 5. The name and title of the prescriber.

Description of Violation

The insulin pens belonging to the residents listed below were stored in plastic bags in the medication cart with no pharmacy labels attached to the [redacted] or stored in the plastic bags:

- Resident [redacted]
- Resident [redacted]
- Resident [redacted]
- Resident [redacted]

184a - Resident's Meds Labeled (continued)

Plan of Correction

Accept [REDACTED] **03/11/2024)**

· Resident Service Director called [REDACTED] pharmacy on [REDACTED] and had pharmacy labels printed for all insulin pens for residents [REDACTED] and [REDACTED]. Labels were received and added to the individual [REDACTED] storage bags. Resident Service Director provided education to the pharmacy manager on regulation 184a and the importance of having labels for every [REDACTED] on [REDACTED]

· Resident Service Director/ designee will audit all medication carts by [REDACTED] to ensure all [REDACTED] have medication labels. Any issues found will be corrected immediately.

· The Regional Care Director will provide training to the Executive Director and Resident Services Director on work instruction MED-0003-07 Medication Controls- Access, Storage, and Labeling and Medication Cart Audit Process by 3/15/2024. The Resident Service Director/designee will conduct in-service on this training to all medication staff by 3/16/2024.

· The Resident Services Director/designee will audit all carts weekly starting 3/18/2024 for the next 90 days to ensure all insulin pens have proper labeling

Licensee's Proposed Overall Completion Date: 03/18/2024

Implemented [REDACTED] **- 03/20/2024)**