



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to WG CENTER CITY SH LLC
LEGAL ENTITY

To operate ATRIA CENTER CITY
NAME OF FACILITY OR AGENCY

Located at 150 NORTH 20TH STREET, PHILADELPHIA, PA 19103
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 165
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 25

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 15, 2024 until May 15, 2025,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **136571**


ISSUING OFFICER


ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: NOVEMBER 15, 2024

[REDACTED]
General Counsel and Secretary
WG Center City SH, LLC
Attn: Atria Mgmt Co. – Legal Department

RE: Atria Center City
150 North 20th Street
Philadelphia, Pennsylvania 19103
License #: 136571

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection June 17, 2024 and August 5, 2024 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance 136570 dated December 2, 2023 to December 2, 2024 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated December 2, 2023 to December 2, 2024 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from November 15, 2024 to May 15, 2025.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Mr. Tyler S. Whitty

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600 Section:	Class of Violation	Census at Inspection	Fine Per Resident X Per day	Calculated Fine = Per Day	Mandated Correction Date (to avoid Fine)
224(a)	II	129	\$5	\$645	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine. If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED], Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing

[REDACTED]
[REDACTED]
[REDACTED]

Mr. Tyler S. Whitty

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A solid black rectangular redaction box covering the signature of the Deputy Secretary.

Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

A large black rectangular redaction box covering the list of recipients for the cc field.

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

Facility Information

Name: ATRIA CENTER CITY **License #:** 13657 **License Expiration:** 12/02/2024
Address: 150 NORTH 20TH STREET, PHILADELPHIA, PA 19103
County: PHILADELPHIA **Region:** SOUTHEAST

Administrator

Name: [REDACTED]

Legal Entity

Name: WG CENTER CITY SH LLC
Address: [REDACTED]
Phone: [REDACTED]

Certificate(s) of Occupancy

Type: 1 1 **Date:** 07/01/1999 **Issued By:** PA L&I

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 151 **Waking Staff:** 113

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 06/17/2024

Inspection Dates and Department Representative

06/17/2024 **On 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:** 13

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 128
Diagnosed with Mental Illness: 51 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 23 **Have Physical Disability:** 0

Inspections / Reviews

06/17/2024 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 07/13/2024

Inspections / Reviews *(continued)*

07/19/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/05/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 07/24/2024

07/29/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/05/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/06/2024

10/10/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/05/2024

Reviewer: [REDACTED]

Follow Up Type: Enforcement

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on [REDACTED]. Repeated: 11/27/23 et al

Plan of Correction

Accept [REDACTED] - 07/18/2024)

- Resident Services Director/designee will complete updated DME for Resident #1 by 7/28/2024.
- Resident Service Director (RSD)/ designee will complete an audit of all current resident DMEs by 8/5/2024, to ensure compliance with regulation 2600 141b. Any issues found during the audit will be addressed immediately.
- Regional Care Director will provide additional education by 7/19/2024 to the Executive Director and Resident Services Director/designee to ensure compliance with regulation 2600 141b to ensure DMEs are completed within the required timeframe (annually).
- Executive Director will meet with the Resident Services Director/ designee weekly starting 7/29/2024 to audit new DMEs for next 90 days to ensure compliance with regulation 2600 141b. Resident Services Director/designee will be responsible to ensure continued compliance with

Licensee's Proposed Overall Completion Date: 08/05/2024

Implemented [REDACTED] - 10/10/2024)

183d - Prescription Current

2. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [REDACTED] at [REDACTED], [REDACTED] tablets prescribed for resident #2 were in the home's medication cart; however, the vitamins were discontinued on [REDACTED].

On [REDACTED], [REDACTED] tablets prescribed for resident #2, were in the home's medication cart; however, the medication was discontinued on [REDACTED].

Plan of Correction

Accept [REDACTED] 07/18/2024)

- Resident Services Director/ designee removed and destroyed Residents #2 discontinued medication on [REDACTED]
- Resident Services Director/ designee will audit all medication carts for any discontinued medications by [REDACTED]. Any issues found will be corrected immediately.
- The Regional Care Director will provide training to the Executive Director and Resident Services Director/ designee on work instruction MED-0003-07 Medication Controls- Access, Storage, and Labeling and Medication Cart Audit Process by 7/19/2024. The Resident Services Director/designee will conduct in-service on this training to all medication staff by 7/31/2024.
- The Resident Services Director/ designee will audit medication carts weekly starting 7/29/2024 for any expired medication for the next 90 days.

Licensee's Proposed Overall Completion Date: 07/31/2024

Not Implemented [REDACTED] - 10/10/2024)

184a - Resident's Meds Labeled

3. Requirements

2600.

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

- 4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label for resident #2's [REDACTED] does not include the correct prescribed dosage and instructions for administration. The pharmacy label reads "Take 2 by mouth every day at 8 PM." The resident's most recent physician's order dated [REDACTED] is for 1 tablet by mouth daily at 8 pm. Repeated 11/27/23 et al.

Plan of Correction

Accept [REDACTED] - 07/18/2024)

- Resident Service Director/Designee will ensure direction change sticker is on Resident #2 Melatonin by 7/19/2024.
- Resident Service Director/ designee will audit all medication carts to ensure medication labels match order on MAR by 7/31/2024. Any issues found will be corrected immediately.
- The Regional Care Director will provide training to the Executive Director and Resident Services Director/ designee on work instruction MED-0003-07 Medication Controls- Access, Storage, and Labeling and Medication Cart Audit Process by 7/19/2024. The Resident Services Director/designee will conduct in-service on this training to all medication staff by 7/31/2024.
- The Resident Services Director/ designee will audit all medication carts weekly beginning 7/29/2024 for any discrepancies with medication labels to ensure proper labeling for the next 90 days.

Licensee's Proposed Overall Completion Date: 07/31/2024

Not Implemented ([REDACTED] - 10/10/2024)

187a - Medication Record

4. Requirements

2600.

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

- 6. Dose.
- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #2's MAR for [REDACTED] 2024 does not list a diagnosis or purpose for [REDACTED]

Repeated: 11/27/23 et al.

Plan of Correction

Accept [REDACTED] - 07/29/2024)

- Resident Service Director/ designee will correct Resident #2's medication administration record (MAR) to indicate the diagnoses/purposes for [REDACTED].
- Resident Service Director/designee will complete audit of all resident MARs to ensure compliance with regulation 2600. 187a by 8/24/2024. Any issues found will be corrected immediately.
- The Regional Care Director will provide training by 7/19/2024 to the Executive Director and Resident Services Director/ designee on 2600.187a and the med cart audit process and order verification process to ensure understanding of policies and procedures. The Resident Service Director/designee will conduct in-service on this training to all medication staff by 7/31/2024.

187a - Medication Record (continued)

- The Resident Services Director/ designee will review order verification forms and med cart audits weekly beginning 7/29/2024 to ensure compliance with proper documentation in MAR for the next 90 days.

Licensee's Proposed Overall Completion Date: 08/24/2024

Not Implemented () - 10/10/2024)

187d - Follow Prescriber's Orders

5. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed the following medications each day at 9:00am. [REDACTED]
[REDACTED]. However, on [REDACTED], resident #3 was administered these doses at [REDACTED].

On [REDACTED], the home had [REDACTED] tablets for resident #3. However, resident #3's medication administration record has an order for [REDACTED]. Resident #3 received half the prescribed dose from [REDACTED].

Plan of Correction

Accept () - 07/19/2024)

- Resident Service Director/ designee will obtain clarification from physician for Resident #3's [REDACTED] and ensure correction is updated on the medication administration record (MAR) by [REDACTED]
- The Regional Care Director will provide training to the Executive Director and Resident Service Director/Designee on work instruction MED-0002-01 Assistance with/ Supervision of Self-Administration of Medication- Electronic Medication Administration Record (EMAR) by 7/19/2024 to include the importance of medications being given at the correct time and correct dose.
- The Executive Director or Resident Service Director/designee will provide additional training to all medication staff on work instruction MED-0002-01 Assistance with/ Supervision of Self-Administration of Medication- Electronic Medication Administration Record (EMAR) by 7/31/2024 to include the importance of medications being given at the correct time and correct dose.
- The Executive Director and Resident Service Director/designee will audit the Electronic Medication Administration Record weekly starting 7/29/2024 to ensure all medication administration is completed accurately for the next 90 days.

Licensee's Proposed Overall Completion Date: 07/31/2024

Not Implemented () - 10/10/2024)

224a - Preadmission Screen Form

7. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #4 was admitted to the home on [redacted]; however, the resident's preadmission screening form was completed on [redacted] Repeated: 11/27/23 et al.

Plan of Correction

Accept [redacted] - 07/19/2024)

• Resident #4's preadmission screening form was completed on [redacted] Resident did not physically move into the Community until [redacted]

224a Preadmission Screen Form (continued)

- Regional Care Director will provide education to the Executive Director and Resident Services Director/designee/ to ensure compliance with regulation 2600 231.c to make sure preadmission screening is completed within the required timeframe according to regulation. Regional Care Director will provide additional training to Executive Director and Resident Service Director/designee on move in process to ensure understanding of requirements for obtaining Preadmission Screening within specified timeframe per regulation 2600.224 a by 7/19/2024.
- Executive Director/designee will be meeting with the Resident Services Director/designee weekly starting 7/29/2024 to review preadmission screening for all new admissions for next 90 days to ensure compliance with regulation 2600 224a. Resident Services Director/designee will be responsible to ensure continue compliance with regulation.

Licensee's Proposed Overall Completion Date: 07/31/2024

Not Implemented [REDACTED] - 10/10/2024)

227g -Support Plan Signatures

8. Requirements

2600.

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

Description of Violation

On [REDACTED], an assessment and support plan were done of resident #1, with staff person A listed as the reviewer. Neither the assessment nor support plan was signed by any participants, including staff person A.

Plan of Correction

Accept [REDACTED] - 07/18/2024)

- Resident Service Director will ensure Resident #1 assessment/ service plan on [REDACTED] are signed by all parties including assessor by [REDACTED].
- Resident Services Director/designee will audit all current residents' most recent service plans to ensure compliance with regulation 2600. 227g by 8/5/2024. Any issues found during the audit will be addressed immediately.
- Regional Care Director will provide training to the Executive Director and Resident Service Director/Designee on assessment process to ensure understanding of requirements for obtaining signatures for assessments/service plans per regulation 2600.227g by 7/19/2024.
- Executive Director will meet with Resident Services Director/designee weekly starting 7/29/2024 for the next 90 days to audit any new or recent support plans to ensure compliance with regulation 2600 227g.

Licensee's Proposed Overall Completion Date: 08/05/2024

Not Implemented [REDACTED] - 10/10/2024)

234b - Support Plan Needs Elements

9. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan, dated [REDACTED], for resident #2 does not address agitation. The resident receives [REDACTED] for [REDACTED]

Plan of Correction

Accept [REDACTED] - 07/18/2024)

- Resident Service Director will complete a new assessment for Resident #2 to ensure documentation of behaviors

234b - Support Plan Needs Elements (continued)

and interventions by [REDACTED]

- Resident Service Director/Designee will complete an audit of all resident service plans/support plans by [REDACTED] to ensure service plans/support plan document/address the residents mental health needs/behaviors. Any issues found during audit will be addressed immediately.
- Regional Care Director will provide additional training on 2600.234b to Executive Director/Resident Service Director/Designee by 7/19/2024 to ensure service plans/support plans document/address mental health needs/behaviors.
- Executive Director/Designee and Resident Service Director will conduct weekly audits beginning 7/29/2024 for the next 90 days to review all new support plans to ensure service plans/support plans have documentation to address mental health/behavior needs.

Licensee's Proposed Overall Completion Date: 08/05/2024

Not Implemented [REDACTED] - 10/10/2024)

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

Facility Information

Name: ATRIA CENTER CITY **License #:** 13657 **License Expiration:** 12/02/2024
Address: 150 NORTH 20TH STREET, PHILADELPHIA, PA 19103
County: PHILADELPHIA **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: WG CENTER CITY SH LLC
Address: [REDACTED]

Certificate(s) of Occupancy

Type: I 1 **Date:** 07/01/1999 **Issued By:** L&I

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 155 **Waking Staff:** 116

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Monitoring **Exit Conference Date:** 08/05/2024

Inspection Dates and Department Representative

08/05/2024 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 165 **Residents Served:** 129

Secured Dementia Care Unit

In Home: Yes **Area:** Life Guidance **Capacity:** 22 **Residents Served:** 15

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 129
Diagnosed with Mental Illness: 54 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 26 **Have Physical Disability:** 11

Inspections / Reviews

08/05/2024 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 09/01/2024

Inspections / Reviews *(continued)*

09/10/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/01/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/02/2024

10/17/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/01/2024

Reviewer: [REDACTED]

Follow Up Type: Enforcement

183d - Prescription Current

4. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 8/5/2024, at 3:09 pm, [REDACTED], prescribed for resident 3, was in the home's medication refrigerator; however, there is no current order for this medication.

Plan of Correction

Accept ([REDACTED]) - 09/10/2024)

183d Prescription Current

- Resident #3 no longer resides in the community.
- Resident Services Director/ designee will audit all medication carts to ensure all medications being stored have corresponding orders by 9/30/2024. Any issues found will be corrected immediately.
- The Regional Care Director will provide training to the Executive Director and Resident Services Director/ designee on work instruction MED-0003-07 Medication Controls- Access, Storage, and Labeling and Medication Cart Audit Process by 9/2/2024. The Resident Services Director/designee will conduct in-service on this training to all medication staff by 9/30/2024.
- The Resident Services Director/ designee will audit medication carts weekly starting 9/9/2024 to ensure all medications have valid orders for the next 90 days.

Completion Date: 9/30/2024

Licensee's Proposed Overall Completion Date: 09/30/2024

Not Implemented ([REDACTED]) - 10/10/2024)

183e Storing Medications

5. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [REDACTED] at [REDACTED] resident 4's prescription on [REDACTED] tablet was torn on the back of the bubble pack in spots 2,3,17 and 19. Repeated: 11/27/23 et al.

Plan of Correction

Accept ([REDACTED]) - 09/10/2024)

183e Storing Medications

- Resident #4 no longer resides at the community.
- Resident Service Director/designee will audit all bubble packages to ensure no tears or separations in the cards by 9/30/2024. Any issues found will be addressed immediately with the pharmacy to obtain new medication in correct packaging. Damaged packages will be destroyed immediately per regulations and Atria guidelines.
- 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 by 9/2/2024. Regional Care Director will train to the importance of inspecting the packaging for any tears or separations in the bubble pack cards. The Resident Service Director/designee will conduct in-service on this training to all medication staff by 9/30/2024.

183e - Storing Medications (continued)

- The Resident Services Director/designee will audit medication carts weekly beginning 9/9/2024 to ensure secure packaging on all bubble packs for the next 90 days.
Completion Date: 9/30/2024

Licensee's Proposed Overall Completion Date: 09/30/2024

Not Implemented (████) - 10/10/2024)

185a - Implement Storage Procedures

6. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident 3 is prescribed ██████████ tablet , one tablet by mouth every 8 hours as needed for pain. On ██████████, this medication was not available in the home.

Plan of Correction

Accept (████) - 09/10/2024)

185a – Implement Storage Procedures

- Resident #3 no longer resides at the community. Hospice had already ordered medication for Resident #3 and medication was received same day on 8/5/2024.
- Resident Service Director will complete a medication cart audit to ensure all ordered medication is available by 9/30/2024. 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, order verification, and ordering and receiving medication policy MED-0003-03 by 9/2/2024 to ensure understanding of policies and processes related to ordering and receiving medications. The Resident Service Director/designee will conduct in-service on this training to medication staff by 9/30/2024.
- The Resident Services Director/designee will review triple checks aka order verification and med cart audits weekly beginning 9/9/2024 to ensure proper medication reordering and timely receipt of medications for the next 90 days.
Completion Date: 9/30/2024

Licensee's Proposed Overall Completion Date: 09/30/2024

Not Implemented (████) - 10/10/2024)

224a - Preadmission Screen Form

7. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident 1 was admitted to the home on ██████████ however, there was not a preadmission screening form in the resident's record on ██████████.

Repeated: 11/27/23 et al.

224a - Preadmission Screen Form (continued)

Plan of Correction

Accept () - 09/10/2024

224a Preadmission Screen Form

- Regional Care Director will provide education to the Executive Director and Resident Services Director/designee on 2600.224a to ensure preadmission screening is completed within the required timeframe. Regional Care Director will provide additional training to Executive Director and Resident Service Director/designee on move in process to ensure understanding of requirements for obtaining Preadmission Screening within specified timeframe per regulation 2600.224a by 9/2/2024.
- Executive Director/designee will be meeting with the Resident Services Director/designee weekly starting 9/9/2024 to review preadmission screening for all new admissions for next 90 days to ensure compliance with regulation 2600.224a.

Completion Date: 9/9/2024

Licensee's Proposed Overall Completion Date: 09/09/2024

Not Implemented () - 10/10/2024

225c - Additional Assessment

8. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident 4's current assessment was completed on [redacted]. The resident was admitted to the SDCU on [redacted] however the resident's support plan was not updated to address this change in condition/need.

Plan of Correction

Accept () - 09/10/2024

225c Additional Assessment

- Resident #4 no longer resides at the community.
- Regional Care Director will provide additional education to the Executive Director/designee and Resident Service Director/designee by 9/2/2024 on the importance of ensuring assessments/service plans are completed within 72 hours of the admission or transfer to the secured dementia care unit and the understanding of the move in process to ensure compliance with completing assessments timely.
- Executive Director/designee will meet with Resident Services Director/designee weekly starting 9/9/2024 for the next 90 days to review all new resident's assessment and service plan/support plans to ensure they are completed within 72 hours of the admission or transfer to the secured dementia care unit.

Completion Date: 9/9/2024

Licensee's Proposed Overall Completion Date: 09/09/2024

Not Implemented () - 10/10/2024

227a - Support Plan 30 Days

9. Requirements

227a Support Plan 30 Days (continued)

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident 1 was admitted on 8/3/2023; however, the resident's initial support plan was not completed as of 8/5/2024.

Plan of Correction

Accept [redacted] - 09/10/2024)

227a Support Plan 30 days

- Resident #1's assessment/support plan was completed on [redacted] Resident Services Director/designee completed Resident #1's annual assessment on [redacted].
 - Regional Care Director will provide education to the Executive Director/designee and Resident Service Director/designee by 9/2/2024 on the importance of ensuring service plans/ support plans are completed within 30 days of the admission to the community and the understanding of the move in process to ensure compliance with completing the service plan/support plan timely.
 - Executive Director/designee will meet with Resident Services Director/designee weekly starting 9/9/2024 for the next 90 days to review all new resident service plan/support plans to ensure they are completed within 30 days of the admission to the community.
- Completion Date: 9/9/2024

Licensee's Proposed Overall Completion Date: 09/09/2024

Not Implemented [redacted] - 10/10/2024)

231c Preadmission Screening

10. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident 4 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, resident 4's written cognitive preadmission screening was not completed as of [redacted].

Resident 5 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, resident 5's written cognitive preadmission screening was not completed as of [redacted].

Repeat violation: 11/27/2023 et al

Plan of Correction

Accept [redacted] - 09/10/2024)

231.c Preadmission Screening

- Resident #4 no longer resides at the Community.
- Regional Care Director will provide education to the Executive Director/designee and Resident Services Director/designee to ensure Preadmission Screening is completed within the required timeframe according to regulation and Atria expectations. Regional Care Director will provide additional training to Executive Director/designee and Resident Service Director/designee on move in process to ensure understanding of

231c - Preadmission Screening (continued)

requirements for obtaining Preadmission Screening 72 hours prior to move in for all residents requiring secured dementia care unit by 9/2/2024.

- Executive Director/designee will meet with the Resident Services Director weekly starting 9/9/2024 to review preadmission screening for all new admissions to the secured dementia care unit for next 90 days to ensure compliance with regulation 2600 231.c.*

Completion Date: 9/9/2024

Licensee's Proposed Overall Completion Date: 09/09/2024

Not Implemented [REDACTED] - 10/10/2024)