

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

July 15, 2025

[REDACTED]
WG CENTER CITY SH LLC
[REDACTED]

ATTN-ATRIA MGMT CO- LEGAL DEPT
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/28/2025 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:** 05/15/2025
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]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-1 **Date:** 12/12/2024 **Issued By:** City of Philadelphia L & I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 159 **Waking Staff:** 119

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 05/28/2025

Inspection Dates and Department Representative

05/28/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 165 **Residents Served:** 118

Secured Dementia Care Unit

In Home: Yes **Area:** Life Guidance **Capacity:** **Residents Served:** 21

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 118
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 41 **Have Physical Disability:** 0

Inspections / Reviews

05/28/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/21/2025

06/25/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 07/14/2025
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 07/14/2025

Inspections / Reviews *(continued)*

07/15/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/14/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

44g - Telephone Number

1. Requirements

2600.

44.g. The telephone number of the Department’s personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.

Description of Violation

The telephone numbers of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Disability Rights Pennsylvania (DRP) the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline is not posted in a conspicuous and public place in the secure dementia care unit of the home.

Plan of Correction

Accept [redacted] - 06/25/2025)

On 5/28/2025, the Executive Director (ED), immediately conducted a walkthrough of the community to ensure the telephone numbers of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Disability Rights Pennsylvania (DRP) the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline is posted in a conspicuous and public place especially in the secure dementia care unit of the home. This signage was immediately put up in the secure dementia unit on 5/28/25. No additional concerns identified within the entire community.

On 5/28/25, the ED spoke to our local Ombudsman, [redacted], who was on site at the time of this survey to inquire about the large blue posters with the local Ombudsman information. On 5/30/25, the large blue Ombudsman poster was delivered to the community and put up in a conspicuous area in the secure dementia unit.

On 6/16/25, the Life Guidance Director (LGD), sent an email to all memory care residents responsible parties notifying them of the local Ombudsman contact information.

On 6/25/25 and ongoing, This Plan of Correction will be discussed and evaluated quarterly for two quarters by the ED and Leadership Team at the Quality Management (QAPI) meeting to verify it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to verify the violation does not occur.

On 6/26/25 the ED will hold an Employee Townhall meeting to review the telephone numbers of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Disability Rights Pennsylvania (DRP) the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline and the importance that this information is in a conspicuous and public place especially in the secure dementia care unit of the home.

Licensee's Proposed Overall Completion Date: 07/03/2025

Implemented [redacted] - 07/15/2025)

54a - Direct Care Staff

2. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:
1. Be 18 years of age or older, except as permitted in subsection (b).

54a Direct Care Staff (continued)

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
- 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

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. Staff person A's high school diploma was not valid, and [redacted] nurse's aide registry expired [redacted].

Plan of Correction

Accept [redacted] - 06/25/2025)

On 5/28/25, staff person A was immediately removed from [redacted] care assignments on the floor due to [redacted] Pennsylvania nurse aide certificate showing expired on the registry effective: 12/10/2024.

On 5/28/25, staff person A immediately called and renewed [redacted] CNA with new expiration date of 12/10/2026.

On 5/29/2025, the ED conducted an in service with the Community Business Director (CBD), Resident Services Director (RSD) and Resident Services Supervisor (RSS) on the importance of Chapter 2600.54a and ensuring our direct care staff have appropriate qualifications especially an active nurse aide certificate.

On 5/29/2025, Community Business Director, (CBD) or designee conducted an audit on all direct care certified employee files to ensure each employee has the following qualifications: Be 18 years or older, have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry, be free from a medication condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety. No additional concerns identified.

Starting on 6/19/25, the CBD or designee will complete a weekly audit for 90 days from the first new direct care employee to verify each employee has the following qualifications: Be 18 years or older, have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry, be free from a medication condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

On 6/25/25 and ongoing, This Plan of Correction will be discussed and evaluated quarterly for two quarters by the ED and Leadership Team at the Quality Management (QAPI) meeting to verify it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to verify the violation does not occur.

Licensee's Proposed Overall Completion Date: 07/03/2025

Implemented [redacted] 07/15/2025)

65f - Training Topics

3. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 1. Medication self-administration training.
- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- 3. Care for residents with dementia and cognitive impairments.

65f - Training Topics (continued)

- 4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- 5. Personal care service needs of the resident.
- 6. Safe management techniques.
- 7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person B did not receive training in medication self-administration training during training year [REDACTED]

Plan of Correction

Accepted [REDACTED] - 06/25/2025)

On 5/28/25, ED reached out to Atria Training Team to add an annual training for medication self-administration.

On 6/12/25, Atria training team assigned Pennsylvania Medication Self Administration Annual Training to all direct care staff.

On 6/14/25, Staff Person B completed the Pennsylvania Medication Self Administration Annual Training pertaining to 2600.65f.

Starting on 6/12/2025 with a completion date of 6/30/2025 all direct care staff will complete required annual training for medication self-administration.

On 6/25/25 and ongoing, This Plan of Correction will be discussed and evaluated quarterly for two quarters by the ED and Leadership Team at the Quality Management (QAPI) meeting to verify it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to verify the violation does not occur.

On 6/26/25, the ED will conduct an employee townhall to review the training for medication self-administration.

On 7/1/2025, Resident Service Director, (RSD) and LGD will audit all direct staff training records to ensure they have completed annual self-administration training.

Licensee's Proposed Overall Completion Date: 07/03/2025

Implemented [REDACTED] 07/15/2025)

182b - Prescription Medication

4. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- 1. A physician, licensed dentist, licensed physician’s assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- 2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- 3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.

182b - Prescription Medication (continued)

- 4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

On [REDACTED], and [REDACTED] at 9:00 AM staff person A administered medications to residents to include the following: [REDACTED] to resident 1. Staff person A is not a staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; [REDACTED] and [REDACTED] [REDACTED] for insect bites or other allergies because staff person A did not meet the qualifications to provide direct care.

Plan of Correction

Accept [REDACTED] - 06/25/2025)

On 5/28/25, staff person A was immediately removed from [REDACTED] care assignments on the floor due to [REDACTED] Pennsylvania nurse aide certificate showing expired on the registry effective: 12/10/2024.

On 5/28/25, staff person A immediately called and renewed [REDACTED] CNA with new expiration date of 12/10/2026.

On 5/29/2025, the ED conducted an in-service with the CBD, RSD and RSS on the importance of Chapter 2600.182b and ensuring a staff person has completed the medication administration training as specified in 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

On 5/29/2025, Community Business Director, (CBD) or designee conducted an audit on all direct care certified employees who administer medication has completed the medication administration training as specified in 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies. No additional concerns identified.

Starting on 6/19/25, the CBD or designee will complete a weekly audit for 90 days from the first new direct care employee to verify all direct care certified employees who administer medication has completed the medication administration training as specified in 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

On 6/25/25 and ongoing, This Plan of Correction will be discussed and evaluated quarterly for two quarters by the ED and Leadership Team at the Quality Management (QAPI) meeting to verify it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to verify the violation does not occur.

Licensee's Proposed Overall Completion Date: 07/03/2025

Implemented [REDACTED] - 07/15/2025)

187a - Medication Record

5. Requirements

187a - Medication Record (continued)

2600.

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

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED], take 0.5 tablets daily in the morning and 1 tablet by mouth at bedtime. However, resident's [REDACTED] medication administration record reads: [REDACTED] "take one tablet at bedtime" scheduled at 9:00 AM, and [REDACTED] "take one tablet at bedtime" scheduled for 9:00 PM.

Plan of Correction

Accept ([REDACTED] 06/25/2025)

On 5/29/25, The medication order for the [REDACTED] for Resident [REDACTED] was discontinued and entered in the system to reflect the medication administration record correctly as per prescribers' orders.

On 5/30/25, RSD and RSS completed an audit to ensure all medication records for each resident included all requirements mentioned in Chapter 2600.187a especially administration times.

On 6/19/25, The Regional Care Director completed training to the Executive Director and Resident Service Director and Resident Services Supervisor on Management of Medication administration record using an electronic medication administration record (work instruction MED-003-01).

Starting 6/23/2025, RSD and RSS will monitor the Triple Checks weekly for 90 days to ensure all medication administration records meet the requirements of Chapter 2600.187a.

By 6/30/25, the RSD and RSS will complete an in-service for all Wellness Nurses on the importance of the requirements of Chapter 2600.187a as it relates to Management of Medication administration record using an electronic medication administration record (work instruction MED-003-01).

On 6/25/25 and ongoing, This Plan of Correction will be discussed and evaluated quarterly for two quarters by the ED and Leadership Team at the Quality Management (QAPI) meeting to verify it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to verify the violation does not occur.

Licensee's Proposed Overall Completion Date: 07/03/2025

Implemented [REDACTED] - 07/15/2025)

187a - Medication Record (continued)

236 - Staff Training

6. Requirements

2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

Direct care staff person A, who works in the Secure Dementia Care Unit (SDCU) had only 3.5 hours of training in dementia care during the [redacted] to [redacted] training year.

Direct care staff person B, who works in the Secure Dementia Care Unit (SDCU) had only 3.5 hours of training in dementia care during the [redacted] to [redacted] training year.

Plan of Correction

Accept [redacted] - 06/25/2025)

On 5/30/25, ED reached out to Atria Training Team via phone to add the additional 3 hours of annual 6-hour training related to dementia care and services for all direct care staff.

On 6/19/2025, Atria Training Team revamped our Pennsylvania Training calendar to reflect 6 hours of annual training related to dementia care and services for all direct care staff including Staff Person A & B.

Starting on 6/20/2025 with a completion date of 7/15/2025 all direct care staff will complete required annual training related to dementia care and services for all direct care staff including staff person A & staff person B.

On 6/25/25 and ongoing, This Plan of Correction will be discussed and evaluated quarterly for two quarters by the ED and Leadership Team at the Quality Management (QAPI) meeting to verify it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to verify the violation does not occur.

On 6/26/25, the ED will conduct an employee townhall to review the Pennsylvania Training calendar and the importance of 2600.236.

On 7/16/25, the ED will audit all direct staff training records to ensure they have completed the 6 hours of required dementia training relating to dementia care and services including staff person A & B.

Licensee's Proposed Overall Completion Date: 07/03/2025

Implemented [redacted] - 07/15/2025)