



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

Sent via e-mail [REDACTED]

August 11, 2022

[REDACTED]
[REDACTED]
WG Center City SH, LLC
[REDACTED]
[REDACTED]
[REDACTED]

RE: Atria Center City
150 North 20th Street
Philadelphia, Pennsylvania 19103
License #: 13657

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 26 and 27, 2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

[REDACTED]

Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: ATRIA CENTER CITY **Licen e #:** 13657 **Licen e Expiration Date:** 12/02/2021
Addr e : 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:** 07/01/1999 **Issued By:** City of Philadelphia

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 122 **Waking Staff:** 92

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 01/26/2021

Inspection Dates and Department Representative

01/26/2021 - On-Site: [REDACTED]
01/26/2021 - Off-Site: [REDACTED]
01/27/2021 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 165 **Residents Served:** 97

Secured Dementia Care Unit

In Home: Yes **Area:** Life Guidance Unit **Capacity:** 25 **Re ident Served:** 7

Hospice

Current Residents: 2/18

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 97
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 25 **Have Physical Disability:** 0

Inspections / Reviews

01/26/2021 - Partial

Lead In pector: [REDACTED]

Follow Up Type: *Exception*

15a - Resident Abuse Report

1. Requirements

2600.

- 15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED]/21, at approximately [REDACTED] pm, staff person A escorted resident #1 out of the kitchen area by holding the resident's arm in a rough manner. Once out of the kitchen area, staff person A then pushed resident #1 in the back away from the "staff only" area. This incident was observed by staff person B. This incident was reported to staff person C on [REDACTED]/21 and an investigation was initiated on [REDACTED]/2021. However, this allegation of abuse was not reported to the local area agency on aging until [REDACTED]/21 at [REDACTED] pm.

Plan of Correction

Directed

(Directed)

Within 45 days of receipt of this plan of correction: All direct care staff, ancillary staff persons, substitute personnel, volunteers and management staff including the administrator will receive training in abuse reporting and prevention and resident rights from a Department-approved outside source. Documentation of training shall be submitted to the Department and kept in the staff records. [REDACTED] 5/27/21

Completion Date:

Implemented

15b - Supervisor Plan

1. Requirements

2600.

- 15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [REDACTED]/2021, at approximately [REDACTED] PM, staff person A was witnessed by staff person B escorting resident #1 out of the kitchen area roughly by the resident's arm and pushed resident in the back. The home did not develop and implement a plan of supervision or suspend staff person A until [REDACTED]/2021.

Plan of Correction

Directed

(Directed)

Immediately: If any suspected abuse or allegations of abuse occur, the home will immediately place the accused staff person on a plan of supervision which includes not having access to any residents without the presence of another qualified direct care staff person, which must have the pre-approval of the Department, or suspend the staff person or persons involved. [REDACTED] 5/27/21

Completion Date:

Implemented

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).

16c - Written Incident Report (continued)

Description of Violation

On [REDACTED]/21, at approximately [REDACTED] pm, staff person A escorted resident #1 out of the kitchen area by holding the resident's arm in a rough manner. Once out of the kitchen area, staff person A then pushed resident #1 in the back away from the "staff only" area. This incident was witnessed by staff person B. This incident was reported to staff person C on [REDACTED]/21 and an investigation was initiated on [REDACTED]/21. However, the home did not report this incident to the Department until [REDACTED]/21.

Plan of Correction

Directed

(Directed)

Within 45 days of receipt of this plan of correction: All direct care staff persons, ancillary staff persons, substitute personnel, volunteers and management staff including the administrator will be educated on the home's policy and procedures for reportable incidents and conditions including the reporting requirements. Documentation of education shall submitted to the Department and be kept in staff records. [REDACTED] 5/27/21

Completion Date:

Implemented

42b - Abuse

1. 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]/21, at approximately [REDACTED] pm, staff person A escorted resident #1 out of the kitchen area by holding the resident's arm in a rough manner. Once out of the kitchen area, staff person A then pushed resident #1 in the back away from the "staff only" area. This incident was witnessed by staff person B.

Plan of Correction

Directed

(Directed)

Within 45 days of receipt of this plan of correction - All direct care staff persons, ancillary staff persons, substitute personnel, volunteers and management staff including the administrator will receive training in mandatory abuse reporting, resident rights, and the prevention of resident abuse by an outside source approved by the department such as the Area Agency on Aging. [REDACTED] 5/27/21

Completion Date:

Implemented