

Department of Human Services  
Bureau of Human Service Licensing

September 17, 2021

[REDACTED], EVP, GENERAL COUNSEL AND SECRETARY

WG SOUTH HILLS SH LLC  
300 EAST MARKET ST, SUITE 100  
ATTN-ATRIA MGMT CO- LEGAL DEPT  
LOUISVILLE, KY 40202

RE: ATRIA SOUTH HILLS  
5300 CLAIRTON BOULEVARD  
PITTSBURGH, PA, 15236  
LICENSE/COC#: 44284

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/01/2021, 07/02/2021, 08/02/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: **ATRIA SOUTH HILLS** License #: **44284** License Expiration Date: **10/16/2021**  
Address: **5300 CLAIRTON BOULEVARD, PITTSBURGH, PA 15236**  
County: **ALLEGHENY** Region: **WESTERN**

**Administrator**

Name: [REDACTED] Phone: **4128841200** Email: [REDACTED]

**Legal Entity**

Name: **WG SOUTH HILLS SH LLC**  
Address: **300 EAST MARKET ST, SUITE 100, ATTN-ATRIA MGMT CO- LEGAL DEPT, LOUISVILLE, KY, 40202**  
Phone: **4128841200** Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: **C-2 LP** Date: **03/08/1999** Issued By: **L&I**

**Staffing Hours**

Resident Support Staff: **71** Total Daily Staff: **159** Waking Staff: **119**

**Inspection**

Type: **Full** Notice: **Unannounced** BHA Docket #:   
Reason: **Renewal** Exit Conference Date: **08/02/2021**

**Inspection Dates and Department Representative**

07/01/2021 - On-Site: [REDACTED]  
07/02/2021 - On-Site: [REDACTED]  
08/02/2021 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: **139** Residents Served: **75**

**Secured Dementia Care Unit**

In Home: **No** Area:  Capacity:  Residents Served:

**Hospice**

Current Residents: **3**

**Number of Residents Who:**

Receive Supplemental Security Income: **0** Are 60 Years of Age or Older: **74**

Diagnosed with Mental Illness: **0** Diagnosed with Intellectual Disability: **0**

Have Mobility Need: **13** Have Physical Disability: **0**

## Inspections / Reviews

07/01/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: 08/15/2021

8/13/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: 09/06/2021

9/17/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 18 - Compliance With Laws

### 1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

### Description of Violation

*The Care Facility Carbon Monoxide Alarms Standard Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. If there is not at least 15 feet between the fossil fuel burning device and the door that leads out of the enclosed area to the rest of the building, then the carbon monoxide detector should be placed just outside of the door, unless the manufacturer's instructions indicate otherwise.*

*On 7/1/21 at approximately 11:00 a.m., there was less than 15 feet between the fossil fuel burning hot water heater and the door of the hot water heater room, and the carbon monoxide detector for the hot water heater was not placed just outside of the door. The carbon monoxide detector was approximately 22 feet away from the door.*

### Plan of Correction

Accept

*Atria South Hills submits this Plan of Correction in compliance with the Department of Human Services, 55 Pa. Code §20.52 and 55 Pa. Code Chapter 2600 et seq.*

*This Plan of Correction neither serves as an admission of fault nor confirmation as to the validity of the violation issued by the Department of Human Services ("DHS").*

*The Executive Director and Maintenance Director reviewed 55 Pa. Code Chapter 2600.18. The Maintenance Director showed the Executive Director the exact location that the carbon monoxide detector was to be placed according to the Inspector's advice during his visit. Due to a limitation in space in the hot water tank closet, the Inspector recommended that the detector be placed directly outside of the closet door, which it was on 07/06/21. (Photo Attachment #1) Maintenance Director also confirmed at this time that all carbon monoxide detectors in the building are placed correctly as per "The Care Facility Carbon Monoxide Alarms Standard Act". The Executive Director, Maintenance Director, or other appropriate designee shall be responsible for ensuring compliance with 55 Pa. Code Chapter 2600.18.*

**Completion Date:** 07/06/2021

### Document Submission

Implemented

*See attachment #1*

## 25b - Contract Signatures

### 1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

### Description of Violation

*The resident-home contract, dated [REDACTED], for resident #1, was not signed by the resident.*

## 25b - Contract Signatures (continued)

Plan of Correction	Accept
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*Atria South Hills submits this Plan of Correction in compliance with the Department of Human Services, 55 Pa. Code §20.52 and 55 Pa. Code Chapter 2600 et seq.*

*This Plan of Correction neither serves as an admission of fault nor confirmation as to the validity of the violation issued by the Department of Human Services ("DHS").*

*The Executive Director and Community Business Director reviewed 55 Pa. Code Chapter 2600.25.b. Executive Director instructed Community Business Director to have resident #1 sign the contract dated 8/9/18 to bring it into compliance, which was done as of 7/9/21. (Attachments #2a-h) Executive Director then instructed that all resident files be audited for missing signatures, which was completed on 08/06/21. The contracts will be signed and dated to bring them into compliance as well. (Attachment #3) Community Business Director to review each contract upon move-in to ensure that all required signatures and dates are obtained. The Executive Director or other appropriate designee shall be responsible for ensuring continued compliance with 55 Pa. Code Chapter 2600.26.b.*

Completion Date: 08/06/2021

Document Submission	Implemented
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*See attachments #2a-h and attachment #3*

## 85a - Sanitary Conditions

## 1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

## Description of Violation

*On 7/1/21 at 11:23 a.m., there were approximately 25 extinguished cigarette butts on the ground and under the table in the designated smoking area.*

Plan of Correction	Accept
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*Atria South Hills submits this Plan of Correction in compliance with the Department of Human Services, 55 Pa. Code §20.52 and 55 Pa. Code Chapter 2600 et seq.*

*This Plan of Correction neither serves as an admission of fault nor confirmation as to the validity of the violation issued by the Department of Human Services ("DHS").*

*Executive Director, Maintenance Director and Director of Culinary Services met and reviewed 55 Pa. Code Chapter 2600.85.a. The three of them also reviewed the Community's Smoking Policy (Attachment #4). Finally, there was a retraining held on 7/8/21 concerning the smoking policy and the proper disposal of cigarette butts. (Attachment #5) Every employee at Atria South Hills that smokes was in attendance. Staff was notified at this time that if compliance is not maintained with this very serious regulation, the employees will be required to smoke in their personal vehicles. Maintenance Director and Director of Culinary Services are responsible for this particular area of the community. (Attachment #4a) They will monitor the area at least once daily to ensure that cigarette butts are being properly disposed of in the appropriate receptacle. Executive Director or other appropriate designee shall be responsible for ensuring compliance with Pa. Code Chapter 2600.85.a.*

Completion Date: 07/08/2021

85a - Sanitary Conditions (*continued*)

## Document Submission

Implemented

See attachments #4, #4a and #5

## 85d - Trash Receptacles

## 1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

## Description of Violation

On 7/1/21 at 11:03 a.m., there was a partially full, uncovered, 40 gallon grey plastic trash can in the kitchen.

## Plan of Correction

Accept

Atria South Hills submits this Plan of Correction in compliance with the Department of Human Services, 55 Pa. Code §20.52 and 55 Pa. Code Chapter 2600 et seq.

This Plan of Correction neither serves as an admission of fault nor confirmation as to the validity of the violation issued by the Department of Human Services ("DHS").

Executive Director, Maintenance Director and Director of Culinary Services met and reviewed 55 Pa. Code Chapter 2600.85.d. There was a retraining held on 7/8/21 concerning the requirement of lids on trash receptacles (Attachment #5) Every employee at Atria South Hills that works in the kitchen or housekeeping was in attendance. Maintenance Director and Director of Culinary Services are equally responsible for this particular regulation. They will monitor the areas in question at least once daily to ensure that trash cans are being kept covered. Executive Director or other appropriate designee shall be responsible for ensuring compliance with Pa. Code Chapter 2600.85.a.

Completion Date: 07/08/2021

## Document Submission

Implemented

See attachment #5

## 101j7 - Lighting/Operable Lamp

## 1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

## Description of Violation

Resident #2, did not have a source of light that could be turned on/off at bedside. The resident's light was approximately 6 feet from the head of the bed.

## 101j7 - Lighting/Operable Lamp (continued)

## Plan of Correction

Accept

Atria South Hills submits this Plan of Correction in compliance with the Department of Human Services, 55 Pa. Code §20.52 and 55 Pa. Code Chapter 2600 et seq.

This Plan of Correction neither serves as an admission of fault nor confirmation as to the validity of the violation issued by the Department of Human Services ("DHS").

Executive Director met with Maintenance Director and reviewed 55 Pa. Code Chapter 2600.101j.7. After speaking with resident #2's daughter concerning this regulation, [REDACTED] now understands why the lamp must remain at bedside. ( [REDACTED] continuously moves it away from the bed because [REDACTED] father doesn't like it there.) A taplight was placed on the wall directly beside the bed (Photo Attachment #6). Executive Director then instructed Maintenance Director to audit every resident's room for a bedside light, which he started on 7/12/21 and completed 7/17/21 (Attachment #7a-h). All rooms in compliance at this time. Letter also sent to family members stating the importance of bedside lighting, not just for compliance with regulation, but for resident safety. (Attachment #8) Maintenance Director shall be responsible for communicating this information with residents and families upon move-in, and Executive Director or other appropriate designee will ensure compliance with Pa. Code Chapter 2600.101j.7.

Completion Date: 07/17/2021

## Document Submission

Implemented

See attachments #6, #7a-h and #8

## 103e - Left Overs

## 1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

## Description of Violation

On 7/1/21 at approximately 11:10 a.m., there was an uncovered and undated small white ceramic bowl of vanilla ice cream in the freezer.

103e - Left Overs (*continued*)**Plan of Correction****Accept**

*Atria South Hills submits this Plan of Correction in compliance with the Department of Human Services, 55 Pa. Code §20.52 and 55 Pa. Code Chapter 2600 et seq.*

*This Plan of Correction neither serves as an admission of fault nor confirmation as to the validity of the violation issued by the Department of Human Services ("DHS").*

*Executive Director and Director of Culinary Services met and reviewed 55 Pa. Code Chapter 2600.103.e. Director of Culinary Services then immediately audited all leftovers for proper storage, labeling and dates. All in compliance at that time. Director of Culinary next met with all kitchen staff on 7/9/21 to discuss and retrain the proper storage, labeling and dating of food. (Attachment #9) Director of Culinary is responsible for this area and will monitor the kitchen daily for proper practice. Executive Director or appropriate designee to randomly audit kitchen storage areas, coolers and freezers to ensure that 55 Pa. Code Chapter 2600.103.e remains in compliance.*

Completion Date: 07/09/2021

**Document Submission****Implemented**

See attachment #9

## 105g - Lint Removal and Duct Cleaning

**1. Requirements**

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

**Description of Violation**

*On 7/1/21 at 10:45 a.m., there was an approximate 1/8 inch thick accumulation of lint covering half of the length of the lint trap in the 3rd floor laundry room's right dryer. There were no clothes in the dryer at the time.*

## 105g - Lint Removal and Duct Cleaning (continued)

## Plan of Correction

Accept

Atria South Hills submits this Plan of Correction in compliance with the Department of Human Services, 55 Pa. Code §20.52 and 55 Pa. Code Chapter 2600 et seq.

This Plan of Correction neither serves as an admission of fault nor confirmation as to the validity of the violation issued by the Department of Human Services ("DHS").

Executive Director and Maintenance Director reviewed 55 Pa. Code Chapter 2600.105.g. Maintenance Director had removed lint found in unused dryer immediately in the presence of the Inspector. All other lint traps were checked and cleared if needed. Lint traps are checked daily and logs are initialed when task is complete. (Attachments #10 a-d). During inspection, one trap was also found to be cracked, so new one purchased and replaced on 7/8/21 (Attachment #11). Maintenance Director to monitor these areas daily to ensure cleaning is being done. Director to also ensure that lint trap logs are being filled out correctly and timely as per requirement. Executive Director or appropriate designee to randomly audit these areas to ensure 55 Pa. Code Chapter 2600.105.g remains in compliance.

Completion Date: 08/02/2021

## Document Submission

Implemented

See attachments #10a-d and #11

## 141a 1-10 Medical Evaluation Information

## 1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

## Description of Violation

Resident #3's initial medical evaluation, dated [REDACTED], did not include the resident's height. This section of the form was blank.

## 141a 1-10 Medical Evaluation Information (continued)

## Plan of Correction

## Accept

Atria South Hills submits this Plan of Correction in compliance with the Department of Human Services, 55 Pa. Code §20.52 and 55 Pa. Code Chapter 2600 et seq.

This Plan of Correction neither serves as an admission of fault nor confirmation as to the validity of the violation issued by the Department of Human Services ("DHS").

## 2600 141a

Resident Services Director contacted resident #3's doctor about the missing information on the DME and it was corrected immediately (Attachments #12 a-e). An audit of the current residents DMEs was completed by the Resident Services Director on 7/30/2021 (Attachments #13 a,b) to ensure compliance with regulation 2600 141a. Any issues found during the audit was addressed immediately. Resident Services Director and the nurses were retrained by the Executive Director on 8/2/21 to ensure compliance with regulation 2600 141a. This retraining should ensure DMEs are reviewed for proper completion. Executive Director will be meeting with the Resident Services Director weekly to review new DMEs for next 90 days to ensure compliance with regulation 2600 141a. Resident Services Director will be responsible to ensure continued compliance thereafter.

Completion Date: 08/02/2021

## Document Submission

## Implemented

All support plans, assessments and DME's audited by Resident Services Director for completion & accuracy. Changes and/or corrections made immediately. See attachments #12a-e, #13a, #13b,

## 185a - Implement Storage Procedures

## 1. 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 Repeat Violation

On 7/2/21 at 2:59 p.m., resident #4's glucometer was not calibrated to current date and time, and at 3:01 p.m., resident #5's glucometer was not calibrated to current date and time.

Repeat Violation: 3/28/19 et. al.

185a - Implement Storage Procedures (*continued*)**Plan of Correction****Accept**

*Atria South Hills submits this Plan of Correction in compliance with the Department of Human Services, 55 Pa. Code §20.52 and 55 Pa. Code Chapter 2600 et seq.*

*This Plan of Correction neither serves as an admission of fault nor confirmation as to the validity of the violation issued by the Department of Human Services ("DHS").*

*Executive Director and Resident Services Director met and reviewed 55 Pa. Code Chapter 2600.185.a. Resident #4 and #5 glucometers were recalibrated immediately by the Resident Services Director to ensure the date and time was updated. An audit of current residents' glucometers was completed by the Resident Services Director to ensure compliance with regulation 2600 185a (Attachments #14 a,b). Any issues found during the audit were addressed immediately. Resident Services Director then retrained the nurses on the requirement for regulation 2600 185a. Executive Director sent letter to families suggesting the purchase of a glucometer not requiring coding (Attachment #15). Executive Director and Resident Services Director will meet weekly for next 90days to review glucometers to ensure compliance. Resident Services Director will be responsible to ensure continued compliance thereafter.*

**Completion Date:** 08/06/2021

**Document Submission****Implemented**

*See attachments #14a, #14b, #15*

## 225a - Assessment 15 Days

**1. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**Description of Violation**

*Resident #6 was admitted on [REDACTED]; however, the resident's initial assessment was not completed until [REDACTED].*

225a - Assessment 15 Days (*continued*)

Plan of Correction	Accept
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*Atria South Hills submits this Plan of Correction in compliance with the Department of Human Services, 55 Pa. Code §20.52 and 55 Pa. Code Chapter 2600 et seq.*

*This Plan of Correction neither serves as an admission of fault nor confirmation as to the validity of the violation issued by the Department of Human Services ("DHS").*

*Executive Director and Resident Services Director met and reviewed 55 Pa. Code Chapter 2600.225.a. An audit of current residents' assessments was completed by the Resident Services Director on 7/30/21 (Attachments #13 a,b) to ensure compliance with regulation 2600 225.a. Any issues found during the audit were addressed immediately. Resident Services Director was retrained on regulation 2600 225.a by the Divisional Director of Care Management on 8/2/21 so that the community is completing assessments as required by state and Atria guidelines. Executive Director and Resident Services Director will meet weekly for next 90days to review assessments for new residents. Executive Director or designee will be responsible to ensure continued compliance with regulation 2600 225.a.*

**Completion Date:** 08/02/2021

Document Submission	Implemented
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*All support plans, assessments and DME's audited by Resident Services Director for completion & accuracy. Changes and/or corrections made immediately. See attachments #13 a,b*

## 227a - Support Plan 30 Days

## 1. Requirements

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 #6 was admitted on [REDACTED]; however, the resident's initial support plan was not completed until [REDACTED]*

*Resident #7 was admitted on [REDACTED] however, the resident's initial support plan was not completed until [REDACTED]*

227a - Support Plan 30 Days (*continued*)

Plan of Correction	Accept
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*Atria South Hills submits this Plan of Correction in compliance with the Department of Human Services, 55 Pa. Code §20.52 and 55 Pa. Code Chapter 2600 et seq.*

*This Plan of Correction neither serves as an admission of fault nor confirmation as to the validity of the violation issued by the Department of Human Services ("DHS").*

*Executive Director and Resident Services Director met and reviewed 55 Pa. Code Chapter 2600.227.a. Resident #6 and #7 support plan was completed immediately by the Resident Services Director to ensure compliance. An audit of current residents' support plans was completed by the Resident Services Director on 7/30/21 to ensure compliance with regulation 2600 227a. Any issues found during the audit were addressed immediately. Resident Services Director was retrained on regulation 2600 227a by the Divisional Director of Care Management on 8/2/21 so that the community is completing support plans as required by state and Atria guidelines. Executive Director and Resident Services Director will meet weekly for next 90days to review support plans for new residents. Executive Director or designee will be responsible to ensure continued compliance with regulation 2600 227a.*

**Completion Date:** 08/02/2021

Document Submission	Implemented
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*All support plans, assessments and DME's audited by Resident Services Director for completion & accuracy. Changes and/or corrections made immediately. See attachments #13a,b*