



COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF PUBLIC WELFARE
 PO BOX 2675
 HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
 FAX: (717) 783-5662

CERTIFIED MAIL - RETURN RECEIPT
MAILING DATE: APR 27 2010

Ms. Melanie Werdel, EVP/Administration
 Emeritus Corporation
 3131 Elliott Avenue, Ste. 500
 Seattle, Washington 98121

RE: Loyalton of Harrisburg
 3560 North Progress Avenue
 Harrisburg, Pennsylvania 17110

Dear Ms. Werdel:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 5, 2010, March 9, 2010 and April 15, 2010 of the above personal care home, the violations specified on the enclosed Violation Report were found.

As a result of repeated violations and current violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), the Department is not renewing your PROVISIONAL license to operate the above personal care home. The decision to NON-RENEW your license is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation).

In accordance with 55 Pa.Code § 2600.269 (a)(3) (relating to ban on admissions) no new resident admissions are permitted after the date of this letter.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268, 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 no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
141b1	II	61	\$5	\$305	5 calendar days from mailing date of this letter

A fine will be assessed on a daily basis 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. 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 Financial Operations with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

Once you receive your invoice from the Bureau of Financial Operations, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa.Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Financial Operations.

If you disagree with the decision to NON-RENEW your license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Karen E. Kroh, Director
Adult Residential Licensing
Department of Public Welfare
Room 423, Health and Welfare Building
7th and Forster Streets
Harrisburg, Pennsylvania 17120

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.

The enclosed Violation Report specifies plans of correction and dates by which corrections must be made. If you choose to appeal, this plan of correction must be followed during your operation pending your appeal.

Sincerely,



Kevin T. Casey
Deputy Secretary

Enclosure
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Loyalton of Harrisburg, 3560 North Progress Avenue, Harrisburg, Pennsylvania 17110		CURRENT LICENSE NUMBER 316113	
INSPECTION DATE(S) (Include all dates of the inspection) January 5, 2009- 2010		REGIONAL REPRESENTATIVE Jaime Erb and Gloria Emick	
SIGNATURE OF LEGAL ENTITY <i>Lora Wayle</i>	DATE 4/19/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Emick</i>	DATE 4/20/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>16b & 16C 16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.</p> <p>16c 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 15 (relating to</p>	<p>During the time period from 8/11/09 to 11/30/09, the following incidents took place at the home:</p> <ul style="list-style-type: none"> 8/11/09 – An unknown number (up to 30 tablets) of Oxycontin, 20 mg tablets, and a narcotic count sheet were reported missing for Resident #1. 9/04/09 – Resident #2 reported that cash and credit cards were missing . 9/11/09 – An investigation of misuse of funds for Resident #3 was concluded. 10/21/09 - Cash and checks belonging to Resident #4 	<p>See next page ↓</p>	<p>An internal investigation was conducted regarding resident #1 missing medications the police were notified on 8/11/2009, and a reportable incident was submitted, the police investigation is still pending.</p> <p>An internal investigation was conducted for the missing cash and credit card belonging to resident #2, the police were notified on 9/4/09, a reportable incident was submitted. The police investigation is still pending.</p> <p>An external investigation was initiated by Area Agency on Aging regarding the misuse of resident #3 funds by the guardian and was not related to the staff of the home. A Reportable Incident sent on 12/8/2009.</p> <p>An internal investigation was conducted for resident #4 regarding report of cash and checks missing for the police were notified 10/21/2009, a reportable incident was submitted. The police investigation is still pending.</p> <p>An internal investigation was conducted regarding cash reported missing belonging to resident #5. The police were notified 11/16/2009. A reportable incident was submitted, the police investigation is still pending.</p>	<p>4/20/10 <i>BE</i></p>

Central Region Field Office

APR 20 2010

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An internal investigation was conducted regarding Resident #6 missing jewelry items. The police were notified on 12/3/09 after family confirmed that rings were in fact missing. A Reportable incident was submitted and the police investigation is still pending.

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Loyalton of Harrisburg, 3560 North Progress Avenue, Harrisburg, Pennsylvania 17110		CURRENT LICENSE NUMBER 316113	
INSPECTION DATE(S) (Include all dates of the inspection) January 5, 2009 2010		REGIONAL REPRESENTATIVE Jaime Erb and Gloria Emick	
SIGNATURE OF LEGAL ENTITY <i>Lora Weagle</i>	DATE 4/19/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Emick</i>	DATE 4/20/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
abuse reporting covered by law).	<p>were reported missing from the resident's room.</p> <ul style="list-style-type: none"> 11/16/09 – Cash belonging to Resident #5 was reported missing. 11/30/09 – Jewelry items belonging to Resident #6 were reported missing from resident's room. <p>The home did not implement policies addressing the reporting of the above events involving violations of residents' rights, health and safety.</p> <p>The home did not notify the Department of these reportable incidents until 12/08/09, more than 24 hours after each incident occurred.</p>	<p>12/10/2009</p> <p>4/22/2010</p> <p>12/9/2009, 12/16/2009</p> <p>Ongoing</p>	<p>A letter was sent to Responsible Parties and Residents reiterating the availability of a locked cabinet for all valuables per state requirements and our policy. The use of this storage option was encouraged.</p> <p>In-service on resident rights and the Older Adult Protective Services Act will be conducted by the Executive Director for staff and managers, stressing the importance of reporting any violations or alleged violations of resident rights. This in-service will be held for new hires, annually and as needed.</p> <p>An In-service was held for managers and staff regarding the need for compliance with and strict adherence to our existing policy for Event Management Reporting as it relates to missing resident property and Reportable Incidents to the DPW. Reportable Incidents should be sent in within 24H of the incident. In service will be held new hires, annually and as needed.</p> <p>During the signing of Resident Agreement the Executive Director or designee reviews our Theft and Loss Prevention Policy it is signed by the resident and/or responsible party to include the homes responsibility to make available a locked a cabinet for residents.</p>	

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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INSPECTION DATE(S) (Include all dates of the inspection) January 5, 2009 2010		REGIONAL REPRESENTATIVE Jaime Erb and Gloria Emick	
SIGNATURE OF LEGAL ENTITY <i>Sara Weagle</i>	DATE 4/19/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Emick</i>	DATE 4/20/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>185a & 185b 185a 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.</p> <p>185b At a minimum, the procedures in 185a shall include:</p> <p>(1) Documentation of the receipt of controlled substances and prescription medications. (2) A process to investigate and account for missing medications and medication errors.</p>	<p>The home did not implement procedures relating to documenting the receipt of prescription medications and controlled substances, accounting for missing medications, and limiting access to storage areas during the following incidents:</p> <ul style="list-style-type: none"> On 8/03/09, medications that had been brought in for Resident #7, including 2 bottles of Vicoden and approximately 10 boxes of Fentanyl patches, were reported missing. The home did not have physician orders for the medications, and had stored them in a locked cabinet drawer. During the home's internal investigation, it was discovered that the cabinet drawer was able to be 	8/14/2009	<p>An internal investigation was conducted regarding the medications that were reported missing belonging to Resident #7 the police were notified on 8/3/09. A state reportable incident was submitted.</p> <p>An internal investigation was conducted regarding the medications reported missing belonging to resident #1. This initial discovery reported to us on 8/11/09 was reported to the police on the same day. A state reportable was submitted. Our investigation revealed that medication went missing between 8/6/09 and 8/9/09. The police investigation is still pending.</p> <p>A memorandum was issued to nurses and medication technicians regarding the need for strict compliance with and adherence to our existing Medication Administration Policies points included destruction of discontinued medications, not accepting medications to the community without orders, shift change counting of controlled substances medication records, and reporting of medication errors, discrepancies and/or missing medications. Information to be reviewed annually, during new hire orientation and as needed. (see attached)</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date <u>4/20/10</u> Initials (DPW) <u>EE</u></p>

VIOLATION REPORT
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NAME AND ADDRESS OF PERSONAL CARE HOME Loyalton of Harrisburg, 3560 North Progress Avenue, Harrisburg, Pennsylvania 17110		CURRENT LICENSE NUMBER 316113	
INSPECTION DATE(S) (Include all dates of the inspection) January 5, 2009 2010		REGIONAL REPRESENTATIVE Jaime Erb and Gloria Emick	
SIGNATURE OF LEGAL ENTITY <i>Lora Weagle</i>	DATE 4/19/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Emick</i>	DATE 4/20/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
(3) Limited access to medication storage areas. (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers his medication without the assistance of a staff person and stores his medication in his/her room.	<p>accessed by multiple staff keys. The home reported that the medications were taken sometime between 7/15/09 and 8/03/09.</p> <ul style="list-style-type: none"> On 8/11/09, an unknown number (up to 30 tablets) of Oxycontin, 20 mg tablets and a narcotic count sheet were reported missing for Resident #1. The home's internal investigation revealed that the medications and count sheet disappeared between 8/06/09 and 8/09/09. 	<p>2/25/2010</p> <p>3/23/2010</p> <p>4-2010 and Ongoing</p> <p>Ongoing</p>	<p>An in-service was held for nurses and medication technicians regarding disposal of medications and the medication destruction record. In-services will be held for new hires, annually and as needed.</p> <p>An In-service was held for staff regarding our Medication Administration Policies and procedures and Department of Public Welfare Medication Administration Requirements. In services will be held for new hires, annually and as needed.</p> <p>The Resident Care Director or designee will utilize the Medication Administration Review Form to audit the medication records and storage units routinely. (see attached)</p> <p>During the signing of the Resident Agreement Executive Director or designee reviews our Medication Policy, it signed by the resident and/or responsible party.</p>	

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Royalton of Harrisburg 560 North Progress Avenue, Harrisburg, Pennsylvania 17110		CURRENT LICENSE NUMBER 316113	
INSPECTION DATE(S) (Include all dates of the inspection) March 9, 2010		REGIONAL REPRESENTATIVES Doug Hoover, Serena Chou	
SIGNATURE OF LEGAL ENTITY <i>Lore Weagle</i>	DATE 3-26/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Michelle Strain</i>	DATE 4/14/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
3a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	The outside patio of the Secured Dementia Care Unit (SDU) is a concrete pad that is approximately 5" in height above grade and is fenced. The gate is secured by a magnetic lock, however when opened, there is a step-down to the ground. There is no handrail.	3/12/10	A well-secured handrail was installed by the maintenance director. (see photos)	<i>MES 4/15/10</i>

MAR 31 2010

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600.**

NAME AND ADDRESS OF PERSONAL CARE HOME Royalton of Harrisburg 560 North Progress Avenue, Harrisburg, Pennsylvania 17110		CURRENT LICENSE NUMBER 316113	
INSPECTION DATE(S) (Include all dates of the inspection) March 9, 2010		REGIONAL REPRESENTATIVES Doug Hoover, Serena Chou	
SIGNATURE OF LEGAL ENTITY <i>Kara Weagle</i>	DATE <i>3/26/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE <i>4/14/10</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
141b1 A resident shall have a medical evaluation at least annually.	Resident #1, admitted 5/26/06, did not have a medical evaluation within the past 12 months. The last medical evaluation was dated 12/5/08. Repeated violation – 3/9/09	3/10/2010 3/23/2010 3/31/2010	<p>A new Medical Evaluation was attained for Resident #1</p> <p>An in-service was held for managers and nurses regarding annual medical evaluations and the systems we are utilizing to maintain compliancy.</p> <p>Resident records will be reviewed to assure medical evaluations are current if and to the extent any residents evaluations are overdue, an evaluation will be scheduled immediately.</p> <p>Resident Care Director or designated person will use a tickler system to ensure medical evaluations are completed in timely scheduled compliance of 141b1</p> <p>Resident Care Director or Designee will do random monthly reviews to ensure residents have current medical evaluation.</p>	<p>Steps have been taken to correct violation, full compliance is not verifiable</p> <p><i>[Signature]</i> Date <i>4/15/10</i> Initials (DPW)</p>

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Royalton of Harrisburg 560 North Progress Avenue, Harrisburg, Pennsylvania 17110		CURRENT LICENSE NUMBER 316113	
INSPECTION DATE(S) (Include all dates of the inspection) March 9, 2010		REGIONAL REPRESENTATIVES Doug Hoover, Serena Chou	
SIGNATURE OF LEGAL ENTITY <i>Paul Weagle</i>	DATE 3/24/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE 4/14/10

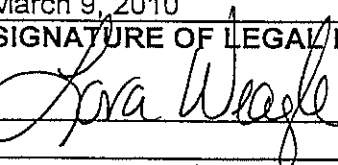
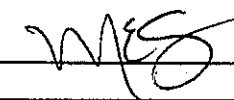
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
144c-1 If smoking is permitted, the designated smoking room or area outside the home shall have fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, fire resistant furniture and fire extinguishers.	There is an interior courtyard that is designated as a smoking area in the patio section. The patio had 4 tables and 16 chairs. All of the chairs had bottom cushions that were not fire resistant and there were no identifying tags on the cushions. There were approximately 20 cigarette butts on the ground and in the flower beds of the designated smoking courtyard. Repeated violation – 3/9/09	3/9/2010 3/23/2010 3/9/2010	The bottom cushions were removed from the chairs by the Maintenance Director. (see photo) An in service was conducted by the Maintenance Director for managers and staff on 144c1 regulations as they relate to designated smoking areas. The Maintenance Director will ensure that no cushions will be placed on chairs in designated smoking areas unless they bear the certification that they meet the requirements of California Bureau of home furnishings technical bulletin 133 for use in public occupancies. Cigarette butts were removed from the designated smoking area in courtyard and flower beds by the Maintenance Director. Maintenance Director or designee will check the grounds of the designated smoking areas during their physical site walk and remove any cigarette butts.	<i>MES 4/15/10</i>

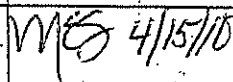
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Dayton of Harrisburg 60 North Progress Avenue, Harrisburg, Pennsylvania 17110		CURRENT LICENSE NUMBER 316113	
INSPECTION DATE(S) (Include all dates of the inspection) March 8, 2010		REGIONAL REPRESENTATIVES Doug Hoover, Serena Chou	
SIGNATURE OF LEGAL ENTITY <i>Kara Weagle</i>	DATE 3/24/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE 4/14/10

1. REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
33f Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.	The following residents had expired medications: Resident #2 – "Nitroglycerin" . Instructions direct that the medication be discarded after 6 months. There is no date of record when the bottle was opened. Resident #3 – "Novolog" insulin did not have a date of record when opened. Insulin should be discarded within 30 days after opening according to the manufacturer. Resident #4 – "Novolog" insulin did not have a date of record when opened. "Lantus" insulin was opened on 1/23/10. Insulin should be discarded within 30 days after opening according to the manufacturer.	3/09/2010 3/23/2010 3/30/2010	Residents #2, #3, #4 medications noted were destroyed in a safe manner and replacement medications were started with open dates noted. An in-service was conducted by the Resident Care Director for nurses and med techs relating to documenting open dates on medications and destroying expired medications. Med Techs and Nurses were trained on checking expiration dates prior to administering medications. Current Medications will be reviewed to ensure that open dates are properly noted and that expired medications are disposed of properly. The resident care director wellness nurse or designee will monitor nurses and med techs to ensure they are complying with expiration dates.	Steps have been taken to correct violation; full compliance is not verifiable Date <i>4/14/10</i> Initials (DPW) <i>MES</i>

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Loyalton of Harrisburg 3560 North Progress Avenue, Harrisburg, Pennsylvania 17110		CURRENT LICENSE NUMBER 316113	
INSPECTION DATE(S) (Include all dates of the inspection) March 9, 2010		REGIONAL REPRESENTATIVES Doug Hoover, Serena Chou	
SIGNATURE OF LEGAL ENTITY 	DATE 3/26/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/14/10

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (14) Name and initials of the staff person administering the medication.	Resident #5 did not have the required staff initials for his/her medication administration record (MAR) for the following medications, dates and times: "Cymbalta, 60 mg, once daily" – 3/9/10 at 10:00 AM. "Seroquel, 25 mg, every 12 hours" – no entries for 3/9/10.	3/15/2010 3/30/2010 3/23/2010	Resident #5 physician was notified. Department of Public Welfare was notified of omissions on the medication record. A review of the medication administration records will be completed by the Resident Care Director to ensure that names and initials of staff person administering medications are documented properly. The Resident Care Director held an in-service for current employees, new employees and annually on the regulations regarding documentation of medication administration. A weekly review of the medication records will be conducted by the Resident Care Director and the Executive Director to ensure that there is proper documentation for medications administered.	 4/15/10

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SIGNATURE OF LEGAL ENTITY <i>Kara Weale</i>	DATE 3/26/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE 4/14/10

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<p>202</p> <p>The following procedures are prohibited:</p> <p>4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.</p>	<p>Resident #6, who resides in the SDU, has a PRN for "Lorazepam, 95 mg, 1 tab by mouth every 8 hours." The medication is prescribed for "pacing, shaking and agitation."</p> <p>Repeated violation – 3/9/09</p>	<p>3/11/2010</p> <p>3/23/2010</p>	<p>Notwithstanding the Plan of Correction ("POC") submitted to # 202, the Facility asserts that Resident #6 has not been subject to a chemical restraint of any kind. Resident #6 has a diagnosis of Alzheimer's disease, Hypertension, and Depression. The physician also noted Anxious as a behavior on the cognitive screen. Resident #6 personal physician prescribed 0.5mg. of Ativan for occasions when the resident becomes anxious. Staff do not typically provide Resident #6 with this medication on a daily basis. Safe Management Techniques are utilized by the staff and are noted in the Support Plan as standard interventions. Because the medication has been prescribed by the Resident's physician and is given only as necessary and consistent with the physician's directions, there is no violation of § 2600.202.</p> <p>A new order was attained from the prescriber for Resident #6 to more accurately reflect the use of Ativan 0.5mg every 8 hours as needed for <u>anxiety</u>.</p> <p>An in-service was conducted for managers, Wellness Nurses and Med techs by the resident care Director to review 2600.202 Prohibited Procedures as they relate to the use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic behavior is prohibited. It was emphasized with staff the standard of utilizing safe management techniques as an intervention for acute and episodic behaviors.</p>	<p><i>MES 4/15/10</i></p> <p><i>MES 4/14/10</i></p>

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME: Royalton of Harrisburg 560 North Progress Avenue, Harrisburg, Pennsylvania 17110		CURRENT LICENSE NUMBER 316113	
INSPECTION DATE(S) (Include all dates of the inspection) March 9, 2010		REGIONAL REPRESENTATIVES Doug Hoover, Serena Chou	
SIGNATURE OF LEGAL ENTITY <i>Kara Weagle</i>	DATE 3/22/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE 4/14/10

1. REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
231c 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.	Resident #7, admitted 2/24/10, has a cognitive preadmission screening that is dated "10/09" for completion and a physician "signature" dated 2/23/10. However, the physician's signature is stamped rather than signed.	3/10/2010 3/23/2010 3/30/2010	<p>A new cognitive screen was completed by the physician of Resident #7. The screen complies with 231c date of screening. The signature of the physician was attained versus the stamped signature on the cognitive screen. The cognitive screen has been placed in the residents file.</p> <p>An In-service was conducted by the Executive Director for managers on the 231c requirements for cognitive screens.</p> <p>A review will be conducted by the Resident Care Director on resident records for cognitive screens to ensure they meet 231c criteria.</p> <p>The Executive, Director, Resident Care Director and Admissions Director and Memory Care Director will ensure that cognitive screens are completed accurately by physician prior to admission.</p>	<i>MES 4/15/10</i>

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Royalton of Harrisburg 560 North Progress Avenue, Harrisburg, Pennsylvania 17110		CURRENT LICENSE NUMBER 316113	
INSPECTION DATE(S) (Include all dates of the inspection) March 9, 2010		REGIONAL REPRESENTATIVES Doug Hoover, Serena Chou	
SIGNATURE OF LEGAL ENTITY <i>Kora Weagle</i>	DATE 3/24/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE 4/14/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
234e The resident or the resident's designated person shall be involved in the development and the revisions of the support plan.	Resident #7's support plan, dated 2/24/10, does not have any signatures for the resident or designated person. There is no notation of refusal to sign. The resident and the designated person were not involved in the development of the support plan.	3/11/2010 3/23/2010 3/30/2010	<p>The Support Plan for Resident #7 was reviewed with the residents designated person and the resident and signed.</p> <p>An in-service will be conducted by the Executive Director with managers regarding participation and development of support plans.</p> <p>A review will be conducted by the Resident Care Director or designee of support plans to ensure that residents and designated persons have participated in the development evidenced by signatures or documentation of phone review or mailing of the support plan.</p> <p>The Executive Director and Resident Care Director will conduct random reviews to ensure compliancy with 234e.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>MES</i></p> <p>Initials (DPW)</p> <p>Date</p>