



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

ADULT RESIDENTIAL LICENSING

JUL 12 2010

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

Ms. Melanie Werdel, EVP, Administrator
Emeritus Corporation
3131 Elliott Avenue, Suite 500
Seattle, Washington 98121

RE: Loyalton of Bloomsburg
420 Shaffer Road
Bloomsburg, Pennsylvania 17815

Dear Ms. Werdel:

As a result of the Department of Public Welfare's licensing inspection on May 4, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.



Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

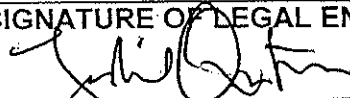
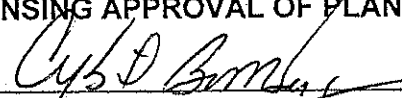
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

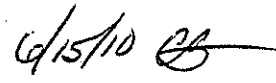
NAME AND ADDRESS OF PERSONAL CARE HOME Loyalton of Bloomsburg, 420 Shaffer Road, Bloomsburg, Pennsylvania 17815		CURRENT LICENSE NUMBER 211200	
INSPECTION DATE(S) (Include all dates of the inspection) May 4, 2010	REGIONAL REPRESENTATIVE Tom Shopay and Mike Palermo		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 5/18/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6/15/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation shall be present in the home at all times.	During the 11 pm to 7 am shift on 4/30/10 and 5/01/10, the home did not have a staff person who was trained in first aid present in the home.	05/11/10 05/04/10 ongoing	Employee was trained in CPR/FA on 05/11/10, which completes training for 3 rd shift staff. RCD completed audit of current employees to ensure that community met regulations in this area on all three shifts. ED/RCD completed tickler file with current employees and dates of certification. ED/designee will conduct random monthly audits to ensure employees from all shifts are trained in CPR/FA	Steps have been taken to correct violation; full compliance is not verified. <u>6/15/10</u> <u>CB</u> Date Initials (DPW)

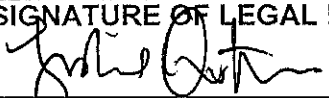

MAY 19 2010

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

NAME AND ADDRESS OF PERSONAL CARE HOME Loyalton of Bloomsburg, 420 Shaffer Road, Bloomsburg, Pennsylvania 17815		CURRENT LICENSE NUMBER 211200	
INSPECTION DATE(S) (Include all dates of the inspection) May 4, 2010		REGIONAL REPRESENTATIVE Tom Shopay and Mike Palermo	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 5/18/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6/15/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	The home had posted an incorrect telephone number for the personal care home complaint hotline by all the phones throughout the home.	05/06/10 05/06/10 ongoing	Phone tags will be revised with corrected PCH hotline number throughout building. MD and Housekeeper completed audit of community and resident phone tags to ensure completion. Monthly safety committee meetings will incorporate an audit of correct phone numbers to the safety walk-through lists to ensure ongoing compliance.	

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

NAME AND ADDRESS OF PERSONAL CARE HOME Loyalton of Bloomsburg, 420 Shaffer Road, Bloomsburg, Pennsylvania 17815		CURRENT LICENSE NUMBER 211200	
INSPECTION DATE(S) (Include all dates of the inspection) May 4, 2010		REGIONAL REPRESENTATIVE Tom Shopay and Mike Palermo	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6/15/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
190b A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.	Direct care employee "A" who assists residents with insulin administration did not complete a Department-approved diabetes patient education program within the past 12 months. The last time the employee completed the required program was on 11/5/08.	05/04/10 05/04/10 ongoing	Employee "A" was immediately instructed to refrain from insulin related medication management and LPN on shift assumed those duties. Employee was working out 2 week notice, last day of employment was 05/07/10. RCD completed an audit of certified med techs to ensure diabetic training was updated and in full compliance. ED/RCD completed tickler file with current employees and dates of diabetic certification. ED/Designee will conduct random monthly audits to ensure that certified med techs have required yearly diabetic training.		Steps have been taken to correct violation; full compliance is not verifiable 6/15/10 Date Initials (DPW)