



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

ADULT RESIDENTIAL LICENSING

AUG 30 2010

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

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

RE: Loyalton of Creekview
1100 Grandon Way
Mechanicsburg, Pennsylvania 17055

Dear Ms. Werdel:

As a result of the Department of Public Welfare's licensing inspection on June 8, 2010, June 9, 2010, and June 10, 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 Creekview, 1100 Grandon Way , Mechanicsburg, PA 17055		CURRENT LICENSE NUMBER 316120	
INSPECTION DATE(S) (Include all dates of the inspection) 6/8/10, 6/9/10, 6/10/10	REGIONAL REPRESENTATIVE Lori Gensil 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) <i>Donna Riesen, Executive Director</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Donna Riesen</i>	DATE 7/7/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Michael E. Starn</i>	DATE 7/19/10

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
25b 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.	Resident #1, admission date 5/27/10, did not sign his/her contract dated 5/26/10.	7/30/10 Ongoing Ongoing	When resident #1 returns from the hospital, his signature on the contract will be obtained. A review of resident contracts will be completed by the ED/Designee for signatures. Moving forward the ED/Designee will review the resident contract for a new admissions to ensure resident signature is on the contract. An audit will be completed within 7 days of admission by the Business Office Director/Designee to ensure signatures are present.	<i>MES 8/19/10</i>

JUL 8 2010

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Klanna Rusini</i>	DATE 7/7/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE 7/19/10

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26b The quality management plan shall address the periodic review and evaluation of the following: (1) Reportable incident and condition reporting procedures. (2) Complaint procedures. (3) Staff person training. (4) Licensing violations and plans of correction, if applicable. (5) Resident or family councils, or both, if applicable.	The home has not completed a review of the quality management plan in 2009 or 2010.	Ongoing Ongoing Ongoing	Quality Management Meeting was held on 6/25/10. Moving forward, a schedule of quarterly meetings has been established to review quarterly incidents, complaint procedures, training of staff and licensing violations and POC's. Minutes will be maintained in a binder in the ED's office. Regional support will complete random Audits of Quality Management Meeting Minutes to ensure compliancy.	<i>MES 8/19/10</i>

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Alonna Resini</i>	DATE 7/7/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE 7/19/10

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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.	On 5/29/10 and 6/5/10 from 11P-7A only one staff member was working in the home that has been trained in CPR and first aid. The home's census was 84 and required two staff members present in the home trained in first aid and CPR.	6/18/10 6/28/10 7/7/10 Ongoing	CPR classes have been completed on 6/18/10, 6/28/10 and scheduled once again for 7/7/10 with the Cumberland/Perry Health Education Resource Center. An audit was completed by Regional support to identify employees that are in need of CPR / First Aid Certification and who are currently certified. ED/Designee will review each schedule, Before posting to ensure community is Meeting the minimum 1 staff per 50 resident requirement. The Resident Care Director/Designee will complete a monthly audit to ensure the requirement will be met.	Steps have been taken to correct violation; full compliance is not verifiable 8/19/10 Date <i>MES</i> Initials (DPW)

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(4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.				

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Alenna Resini</i>	DATE 7/7/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7/19/10

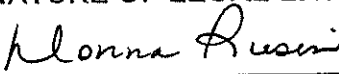
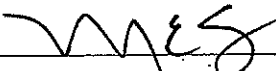
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89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	On 6/8/10 at 3:10P the water temperature in the unisex bathroom located near the library measured 135.6 degrees F.	6/8/10 Ongoing Ongoing Ongoing	The water temperature in the unisex bathroom was corrected by the Maintenance Director on 6/8/10. Maintenance Director will complete 10% random audit of water temp weekly to ensure compliance. Temperatures not meeting regulatory standards will be corrected immediately. The weekly report will be reviewed by The Executive Director/Designee and reported at the communities Quarterly Management Meeting.	8/19/10


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132f Alternate exit routes shall be used during fire drills.	The home is not alternating the exit routes used during fire drills. The last eight fire drills list "all exits used" on the fire drill log.	6/30/10 Ongoing	A monthly Fire Drill was held on 6/30/10 to include a blocked egress. A review of the exit plans has been completed and given a designated letter so that community can alternate exit routes. Logs will be reviewed by the Executive Director/Designee for completion and review on a quarterly basis.	<i>MES 8/19/10</i>

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181d If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.	Resident #2 administers his/her own medications and stores them in his/her bedroom. On 6/8/10 at 12:20PM the resident's door was open and the medications were unlocked and accessible to anyone.	7/2/10. 6/25/10 Ongoing Ongoing	Resident #2 has had additional education For locking/securing medication in [redacted] room. Self locking door hinges have been applied to the doors of resident's who self medicate. Residents who self medicate will be given Additional education by Resident Care Random checks will be completed weekly by the Wellness Nurse Coordinator/Designee, on resident's who self medicate to ensure compliance with regulation 181d. Completed audit tool will be brought to Quality Management meetings. Executive Director/ Designee will complete Random audits of these rooms to ensure Safe storage of medications.	 8/19/10

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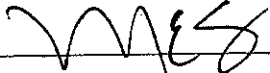
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184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (4) The prescribed dosage and instructions for administration.	The doctor's order for Resident #3's hydrocodone 5/500 tab states, "take ½ tablet by mouth every four hours as needed". The medication label states, "take ½ tablet three times daily".	6/18/10 7/10/10 Ongoing Ongoing	The label for the hydrocodone was replaced on 6/9/10. An audit of every med cart container was completed by 6/18/10. Medication Techs and Licensed staff will be in-serviced on insuring labels/MAR/ Physician orders are consistent by July 10, 2010 An audit will be completed monthly by The Wellness Nurse Coordinator and reviewed by the Resident Care Director/ Designee for compliance. Any concerns Noted will be corrected immediately. Executive Director will complete random audits Ensure compliance medication order.	Steps have been taken to correct violation; full compliance is not verifiable 8/19/10 <i>MES</i> Date Initials (BPW)

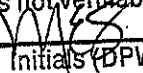
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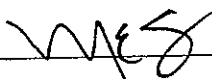
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190a A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.	<ul style="list-style-type: none"> • Direct care staff member B, hire date 11/17/09, administers medications, but has not completed the medication training. • Direct care staff members C and D administer medications, but have not completed any observed medication passes since September 2008. 	 Ongoing Ongoing	Direct Care Staff person B is no longer assisting with medication management. She will not be doing so until she undergoes the entire Medication course once again. Staff members C&D received annual observations of med passes. Staff members who perform duties as a MT have had observed med passes and documentation in their employee file. A tickler file has been established to complete this observation quarterly. Resident Care Director/ Designee will Complete monthly audit to ensure Compliance with the annual observations.	Steps have been taken to correct violation; full compliance is not verifiable 8/19/10 <i>[Signature]</i> Date Initials (DPW)

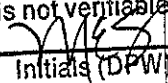
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226a The resident shall be assessed for mobility needs as part of the resident's assessment.	Resident #4's 5/11/10 assessment indicates the resident is independently mobile. The medical evaluation dated 10/8/09 indicates the resident cannot move from one place to another without physical assistance.	6/09/10 Ongoing Ongoing	Resident #4 support plan/assessment was corrected on 6/9/10 and reviewed with the resident. Complete resident record audit has been Completed and updates made as needed By Regional Support. Moving forward random chart Audits to total 5% of the population will be completed monthly by the Resident Care Director/Designee to ensure accuracy of the support plan and assessment. Executive Director/ Designee will Complete random audit of support plans/ Assessments to ensure compliancy.	Steps have been taken to correct violation; full compliance is not verifiable 8/19/10 Date Initials (DPW) 

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227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	<ul style="list-style-type: none"> • Resident #5 utilizes an enabler bar on one side of his/her bed. The need for the enabler bar is not noted in his/her most current support plan. • Resident #6 receives hospice services. The resident's support plan dated 3/12/10 does not have a notation regarding hospice services. 	6/10/10 6/10/10 7/10/10 Ongoing Ongoing	Need for resident #5 enabler bar added to support plan on 6/10/10. Resident #6 support plan was updated on 6/10/10 to reflect hospice services provided. 6/10/10 Support plans will be audited for resident's who have enabler's or hospice services in house to ensure compliance with 227d. Moving forward, Resident Care Director/ Designee Will ensure support plan is reflective of need of Enabler bar, hospice, or any other services needed. Executive Director/ Designee will complete Random audit of residents' support plans that are In need of services.	Steps have been taken to correct violation; full compliance is not verifiable 8/19/10 Date Initials (DPW) 

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227e The resident's assessment shall document the ability of the resident to self-administer his/her medications or the need for medication reminders or medication administration.	Resident #2's assessment dated 2/4/10 indicates the resident is able to self administer his/her own medications. The resident's 2/4/10 support plan indicates the resident is unable to administer medication to his/her self.	7/10/2010 Ongoing Ongoing	Resident #2 assessment and support Plan has been updated. Regional Compliance Specialist/ Designee Will complete an audit of support plans and Assessments of residents who self administer Medications to ensure compliancy. Updated As needed. Moving forward, the Resident Care Director/Designee will audit support plans/assessments monthly, to ensure compliancy for resident who self administers medication. Executive Director/ Designee will complete random Audit of support plans/ assessments of residents who Self administer medications for compliancy.	Steps have been taken to correct violation; full compliance is not verifiable <i>8/19/10 MES</i> Date Initials (DPW)

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231e Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.	There is no documentation from resident #7's designated person stating they have not objected to the resident's admission to the secured dementia unit.	7/1/10 7/19/10 Ongoing Ongoing	Resident #7 designated person has signed that they are do not object to placement in the secured dementia unit. All resident's charts in the Memory Care Neighborhood will be audited to ensure compliance with 231e. Charts to be audited By Resident Care Director/Designee. Moving forward, all admissions/transfers to our secured dementia neighborhood will have the appropriate form signed/ completed upon admission. The ED/Designee will complete random audits quarterly to ensure all residents charts have this completed form.	8/19/10