



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: AUG 10 2010

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

RE: Loyalton of Harrisburg
3560 N. Progress Avenue
Harrisburg, Pennsylvania 17110

Dear Ms. Werdel:

As a result of the Department of Public Welfare's (Department) licensing inspections on July 30, 2010 and August 5, 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.

Correction of these violations in accordance with the specified plan of correction is required. Failure to correct these violations may result in further licensing enforcement action.


Sincerely,

A handwritten signature in black ink that reads "Kevin T. Casey" followed by a vertical line and the initials "kes".

Kevin T. Casey
Deputy Secretary

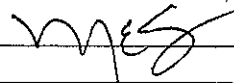
Enclosure
Violation Report

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, PA 17110		CURRENT LICENSE NUMBER 316113 - Nonrenewal	
INSPECTION DATE(S) (Include all dates of the inspection) July 30, 2010		REGIONAL REPRESENTATIVE Jaime Erb and Ron Minnich	
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
			8/3/10

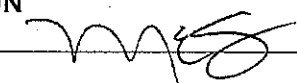
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132g Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.	The home has 3 staff persons routinely scheduled during sleeping hours, from 11pm-6am. Of the past 3 sleeping hour fire drills, not one was conducted with less than 6 staff persons participating. The home routinely schedules sleeping hour fire drills at approximately 6:00 am when additional staff persons are present. The last 3 sleeping hour fire drills	8/20/10 8/20/10 8/30/10 and monthly	The home will hold a sleeping hours fire drill during a time of night when only 3 staff persons are present. If the home is unable to evacuate all residents to the outside of the building within 6 minutes, as specified by the home's fire safety expert, the home will immediately add staff to that shift sufficient to evacuate all residents within 6 minutes. The administrator will review the fire drill schedule to ensure fire drills are not routinely held when additional staff	

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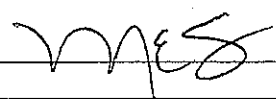
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	<p>were as follows:</p> <table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Evac Time</th> <th>Staff</th> </tr> </thead> <tbody> <tr> <td>6/10/10</td> <td>6:08a</td> <td>5min 3sec</td> <td>6</td> </tr> <tr> <td>1/12/10</td> <td>5:56a</td> <td>5min 9sec</td> <td>6</td> </tr> <tr> <td>7/31/09</td> <td>6:05a</td> <td>5min 38sec</td> <td>6</td> </tr> </tbody> </table>	Date	Time	Evac Time	Staff	6/10/10	6:08a	5min 3sec	6	1/12/10	5:56a	5min 9sec	6	7/31/09	6:05a	5min 38sec	6		<p>persons are present or resident attendance is low. Additionally, the fire drills will be held on different days of the week and different times of the day.</p>	
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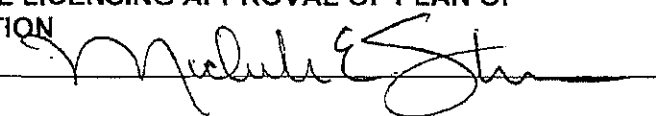
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181f The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.	Resident #1 self-medicates. During a tour with staff member (A), resident #1's medication, <i>Amlodipine 2.5 mg</i> , was found in resident #1's room. The home did not have a current list of medications for resident #1 that included <i>Amlodipine 2.5 mg</i> .	8/20/10 8/30/10 8/30/10 8/30/10 and	The administrator will obtain a current list of medications for resident #1 to keep in resident #1's record. The administrator will ensure all lists of medications for all residents who self-medicate are current and on file in the residents' records. The administrator will educate the residents who self-medicate and their families that any changes in medications must be reported to them so they can keep a current list of medications on file at all times. The administrator will review the	

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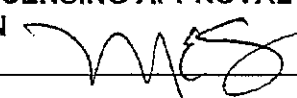
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		monthly	medication lists monthly with each resident who self medicates to ensure they are current.	

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65e Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	Direct care staff person A, hired on 10/13/2008, did not complete any annual training during the home's 2009 direct care staff training year.	8/20/10 8/31/10 and monthly 12/31/10	Staff person A will have 12 hours of training. The training topics will include those required by this Chapter at a minimum. Documentation of training will be kept in accordance with 2600.65i. The administrator will monitor the home's staff training plan monthly to ensure each staff person is working toward completing the 12 hours of required training for the training year. At the end of the training year the administrator will develop a comprehensive training plan to ensure each direct care staff is scheduled to complete 12 hours of training for the year.	

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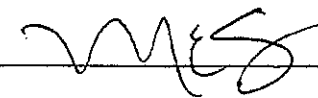
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65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.	Direct care staff person B was not trained in fire safety or emergency preparedness during the 2009 training year.	8/20/10 8/31/10 and monthly 12/31/10	Direct care staff person B will complete training in fire safety and emergency preparedness. The administrator will monitor the home's staff training plan monthly to ensure each staff person is working toward completing all of the required training for the training year. At the end of the training year the administrator will develop a comprehensive training plan to ensure each direct care staff is scheduled to complete all of the required training for the year.	

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183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	Resident #2 has a prescription for <i>Calmoseptine ointment</i> that is kept in an unlocked drawer in his/her bedroom. Resident # 2's door was observed to be left open with the resident not present.	8/20/10 8/30/10 and monthly	Resident #2 will be provided with a locking container to securely store this medication or the home will store this medication in the locked medication cart with resident#2's other medications. The administrator or designee will check all resident rooms monthly to ensure any medications are stored in an area or container that is locked.	

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187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	On 8/5/2010, at approximately 3:15 pm, the medication administration record (MAR) was inspected for resident #2. The direct care staff person who administered one 75 microgram tablet of Levothyroxine and one 40 milligram capsule of Nexium at 6:00 am on 8/5/2010 failed to sign the MAR indicating the medication was administered. Although the medication was given, the MAR was not recorded at the time the medication was given.	8/20/10 8/20/10 and daily thereafter	The staff persons who administer medications will complete an audit of each MAR at the end of their shift to ensure all medications that were administered were recorded as being administered on the MAR. Documentation of these audits will be reviewed by and kept by the administrator. The administrator or designee will review all MARs daily to ensure all medication administration is properly documented.	

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233c If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.	The home has a secure dementia care unit (SDCU) that is secured by a delayed locking mechanism. In order to enter or exit the unit a card must be passed in front of a sensor to release a magnetic lock. For safety reasons a sign is posted on the inside of the unit, to the right of the main entrance, instructing people to ask a staff person to let them out. The other exits located next to bedrooms 211, 213 and 209, 210 do not have any instructions for asking a staff person to let them out or directions regarding the delayed lock posted next to them.	8/20/10 8/31/10 and weekly thereafter	The administrator will post directions for the operation of the locks near the locks next to bedrooms 211, 213, 209 and 210. The administrator or designee will check weekly to ensure the directions are posted.	