

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to EMERITUS CORPORATION

LEGAL ENTITY

To operate GREEN MEADOWS AT LATROBE

NAME OF FACILITY OR AGENCY

Located at 500 BROWERS DRIVE, LATROBE, PA 15650

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 150
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa. Code §§ 2600.231-239 - Capacity 26

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from February 4, 2011 until February 4, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 428530

Robert E. Robinson

ISSUING OFFICER

R C King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



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

ADULT RESIDENTIAL LICENSING

FEB 07 2011

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

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

RE: Green Meadows at Latrobe
500 Browers Drive
Latrobe, Pennsylvania 15650

Dear Ms. Werdel:

As a result of the Department of Public Welfare's licensing inspection on January 3, 2011 and January 4, 2011 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 black ink, appearing to read "R. Melusky".

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME GREEN MEADOWS AT LATROBE, 500 BROWERS DRIVE LATROBE, PA 15650		CURRENT LICENSE NUMBER 428530	
INSPECTION DATES (Include all dates of the inspection) 01/03/2011		REGIONAL REPRESENTATIVE Michael Palermo, Serena Chou, Doug Hoover	
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 <i>Kingwoodward for Green Meadows</i>	DATE <i>1/24/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Enrich</i>	DATE <i>1/27/11</i>

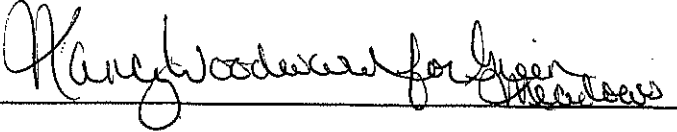
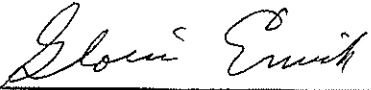
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	On 1/3/11, a full 16 oz. spray can of <i>Enforcer Wasp & Hornet Killer</i> with a manufacturer's label indicating "if swallowed immediately call the poison control center or doctor" was unlocked and accessible to residents in the fenced-in area within the enclosed patio of the memory care area.	<i>1/24/11</i> <i>1/24/11</i> <i>on-going</i> <i>on-going</i>	82c On 1/3/11 licensing representative removed wasp spray from gated area and gave to the administrator. An audit of the community for poisons or potential poisons was conducted on 1/6 and 1/7/11 by Maintenance Director and Memory Care Director. An in-service on DPW Standards, as related to chemicals storage, was conducted on 1/6/11 and 1/7/11 by the Maintenance Director and Memory Care Neighborhood Director. Monthly audits by the Maintenance Director and the Memory Care Director will be conducted to ensure poisonous materials are not accessible to residents. Random quarterly audits will be conducted by Executive Director.	<i>1/27/11 SE</i> Control Region Field Office JAN 27 2011 RECEIVED

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NAME AND ADDRESS OF PERSONAL CARE HOME GREEN MEADOWS AT LATROBE, 500 BROWERS DRIVE LATROBE, PA 15650		CURRENT LICENSE NUMBER 428530	
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SIGNATURE OF LEGAL ENTITY <i>Henry Woodward for Green Meadows</i>	DATE 1/24/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Emick</i>	DATE 1/27/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
84 Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters, and radiators, exceeding 120°F that are accessible to the resident, shall be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.	On 1/4/11, at 10:30 AM, the temperature of the 17" by 8" heating vent grill next to bedroom # 72 was 218 degrees Fahrenheit. There were no protective guards in place to prevent residents from coming in contact with the grill.	1/21/11 1/21/11 1/21/11 on-going on-going	84 Wall mounted heater at the end of Abby Hall was disconnected on 1/4/11. On 1/4/11 all other wall mounted heaters were inspected for potential hazards. An in-service on DPW Standards, as related to heat sources, was conducted on 1/6/11 and 1/7/11 by the Maintenance Director. Maintenance Director will conduct monthly audits to ensure heat sources do not exceed 120 degrees. Random quarterly audits of heating elements will be conducted by the Executive Director.	1/27/11 GC

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133a2 If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.	There was no directional exit sign in the main hallway for the Laurel Corridor which has an exit at the end. Also, there was no directional exit sign for the two corridors to the right, each with their own exit.	1/21/11 1/5/11 1/21/11 on-going	133a2 A complete walk through of the building and audit was conducted on 1/4/11 by Executive Director and Resident Care Director to ensure that there are visible exist signs and that they are adequately placed to ensure safe exit of the building. Additional exit signs have been mounted in center corridor. Wimmer Hall sign has been lowered in order for the exit sign to be more visible. Maintenance Director to randomly Check for presence of exit signs as part of community walk through.	1/27/11 GE

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SIGNATURE OF LEGAL ENTITY <i>Kingwoodcare for Health Services</i>	DATE 1/24/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria E. Smith</i>	DATE 1/27/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Resident #1's medication Novolog, was opened on 12/3/10. According to the manufacturers' guidelines, the medication should have been disposed of after 28 days. The Novolog was given to Resident #1 on the following dates and times: 1/1/11 at 1600 hours 1/2/11 at 600 hours 1/2/11 at 1600 hours 1/3/11 at 600 hours 1/3/11 at 1600 hours 1/4/11 at 600 hours	1/21/11 1/21/11 1/24/11 on-going	183d Resident #1's insulin was delivered and replaced on 1/4/11. The Resident Care Director conducted a complete audit to check expiration date of insulin. The Resident Care Director conducted an in-service on 1/6/11, 1/7/11 and 1/14/11 with nurses and med techs educating them on the 28 day expiration dates after a vial of insulin is opened vs. the manufactures date. Also, they were informed that insulin has been placed on an automatic refill and new vials are to be discarded when new vials arrive. Recommended storage guidelines for medications are placed in all MAR binders and a master sheet is on the bulletin board in the Laurel Lane Medication Room. The Resident Care Director will conduct a monthly audit of insulin vials to ensure they are discarded within 28 days of opening.	Steps have been taken to correct violation; full compliance is not verifiable 1/27/11 Date Initials (DPW)

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183e Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.	<ul style="list-style-type: none"> On 1/4/11, several loose pills were found in the Wimmer medication cart, including one round yellow pill, one round orange pill and half of one oval purple pill. On 1/4/11, fifteen loose pills of various sizes were found in the Laurel medication cart, including three purple pills, eight white pills, three yellow pills and one brown pill. 	<p>1/21/11</p> <p>1/24/11</p> <p>1/21/11</p> <p>on-going</p> <p>on-going</p>	<p>183e On 1/4/11 all loose medications found in Laurel Lane and Wimmer Lane med carts were removed.</p> <p>An audit was conducted by the Resident Care Director and Memory Care Director to check and remove any loose pills in carts.</p> <p>An in-service conducted on 1/6/11, 1/7/11 and 1/14/11 by Resident Care Director on proper storage and sanitation of medications.</p> <p>Monthly audit of medication carts by Resident Care Director or designee.</p> <p>Random audits by Administrator will be conducted monthly to ensure compliance with 183e.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>1/27/11</p> <p>Date Initials (DPW)</p>

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SIGNATURE OF LEGAL ENTITY <i>Kathy Woodward for Green Meadows</i>	DATE 1/24/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glori Ernst</i>	DATE 1/27/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
234a Within 72 hours of the admission or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.	Resident #3 was admitted to the Memory Care Unit of the home on 4/7/10. The initial support plan for this resident was completed 4/12/10, more than 72 hours following admission.	1/21/11 1/21/11 1/21/11 on-going on-going	234a An in-service on timely support plans with the Memory Care Director was conducted on 1/7/11. An audit of all Memory Care resident support plans to ensure accuracy will be conducted by the Memory Care Director, Resident Care Director and Administrator. A reference binder will be developed to ensure accuracy of 234a. Monthly audits will be conducted by Memory Care Director. Quarterly audits will be conducted by Resident Care Director or designee.	Steps have been taken to correct violation; full compliance is not verifiable 1/27/11 Date Initials (DPW)