

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to EMERITUS CORPORATION
LEGAL ENTITY

To operate EMERITUS AT HARRISBURG
NAME OF FACILITY OR AGENCY

Located at 3560 NORTH PROGRESS AVENUE, HARRISBURG, PA 17110
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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 65
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 24

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 March 31, 2011 until March 31, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 316110

Robert E. Robinson
ISSUING OFFICER

[Signature]
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

MAR 24 2011

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

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

RE: Emeritus at Harrisburg
3560 North Progress Avenue
Harrisburg, Pennsylvania 17110

Dear Ms. Werdel:

As a result of the Department of Public Welfare's licensing inspection on January 28, 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.

The license indicates the home's recent change in the name from Loyalton of Harrisburg to Emeritus at Harrisburg.

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 "Ronald Melusky". To the right of the signature is a large, stylized flourish that loops back to the left. Below the signature, the date "1/28" is written.

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 LOYALTON OF HARRISBURG, 3560 NORTH PROGRESS AVENUE HARRISBURG, PA 17110		CURRENT LICENSE NUMBER 31611#	
INSPECTION DATES (Include all dates of the inspection) 01/28/2011		REGIONAL REPRESENTATIVE Ron Minnich, Jamie Erb	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Loyalton of Harrisburg - Lora Weagle</i>			
SIGNATURE OF LEGAL ENTITY <i>Lora Weagle</i>	DATE 2/18/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>C. B. Blumberg</i>	DATE 2/9/11

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
54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care	Direct care staff person A, hired on 12/29/10 earned a non-USA high school diploma, and does not have active registration status on the Pennsylvania nurse aide registry.	1/29/2011	54a Direct Care staff person A was immediately removed from direct care scheduling, she will be employed as an ancillary staff member until either a waiver is obtained and/or she acquires a CNA or GED.	Steps have been taken to correct violation; full compliance is not verifiable 2/9/11 <i>[Signature]</i>
		1/30/2011	A complete audit of direct care staff members' files was conducted to confirm that direct care staff members met the requirement of 54a as it relates to education requirements.	Date Initials (DPW)
		2/25/2011	The Executive Director will conduct an in service for hiring managers to review the New Hire Checklist and education requirements for direct care staff.	PCH Division Central Region Field Office
		Ongoing	The Business Office director will utilize the New Hire Checklist and verify that potential direct care staff members have proper documentation of their education requirements as it relates to 54a	FEB 18 2011
		Ongoing	Monthly Random audits will be conducted by the Executive Director or designee to confirm continued compliance in new hire practices and required education as it relates to 54a.	RECEIVED

RECEIVED TIME FEB. 18. 3:22PM

02/09/11

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 316114	
INSPECTION DATES (Include all dates of the inspection) 01/28/2011		REGIONAL REPRESENTATIVE Ron Minnich, Jamie Erb	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Lora Weagle - Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Lora U Weagle</i>	DATE <i>2/18/2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamburg</i>	DATE <i>2/9/11</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
services with reasonable skill and safety.			<i>Cont'd</i>	

02/18/2011 FRI 15:28 FAX

RECEIVED TIME FEB. 18. 3:22PM

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 316114	
INSPECTION DATES (Include all dates of the inspection) 01/28/2011		REGIONAL REPRESENTATIVE Ron Mlnuteh, Jamie Erb	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Lora Weagle - Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Lora Weagle</i>	DATE <i>2/18/2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>2/9/11</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
225d If the resident's physician or appropriate assessment agency determines that the resident requires a higher level of care, a plan for placement shall be made as soon as possible by the administrator in conjunction with the resident or designated person, or both.	Resident #1's medical evaluation, dated 8/15/10, includes a recommendation from the physician for a "secured environment" as the appropriate level of care. However, the resident currently resides in a non-secured area of the home. The home has not made a plan for placement of resident #1 in the secured dementia care unit.	<i>2/10/2011</i>	Due to physician error the Medical Evaluation for resident #1 reflected the need for a secured environment which was incorrect. The physician conducted a new assessment and completed a new medical evaluation on 2/10/2011 to reflect the appropriate care and placement for resident #1. Resident #1 continues to reside in the appropriate care environment in the non-secured personal care home area of the community.	<i>2/9/11 [Signature]</i>
		3/1/2011	A complete audit of resident medical evaluations will be conducted the Resident Care Director or designee to confirm that residents are receiving the appropriate level of care based on their medical evaluation and assessment.	
		3/1/2011	An In-service will be conducted by the Executive Director to managers and nurses regarding physicians' determination of appropriate level of care on medical evaluations and the need to make an appropriate plan of care or placement to reflect the level of need as soon as possible.	
		Ongoing	Upon admission or update, Medical Evaluations will be reviewed by the Resident Care Director.	
		Ongoing	A monthly random audit will be conducted by Resident Care Director or designee to confirm ongoing compliance with Level of Care on Medical Evaluations as ordered by physicians.	

TTA/CV

02/18/2011 FRI 15:28 FAX