

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to EMERITUS CORPORATION  
LEGAL ENTITY

To operate EMERITUS AT CREEKVIEW  
NAME OF FACILITY OR AGENCY

Located at 1100 GRANDON WAY, MECHANICSBURG, PA 17055  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

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 120  
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 30

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 August 28, 2011 until February 28, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 316121

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.



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 REQUESTED**

**MAILING DATE: AUG 30 2011**

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

RE: Emeritus at Creekview  
 1100 Grandon Way  
 Mechanicsburg, Pennsylvania 17055

Dear Ms. Werdel:

As a result of the Department of Public Welfare's (Department) licensing inspection on April 27, 2011, June 20, 2011, June 27, 2011, and June 28, 2011 of the above personal care home, the violations specified on the enclosed Violation Reports were found.

A PROVISIONAL license is being issued based on the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the 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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
227d	III	97	\$3	\$291	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Adult Residential Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Financial Operations with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

Once you receive your invoice from the Bureau of Financial Operations, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa.Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Financial Operations.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager  
Adult Residential Licensing  
Department of Public Welfare  
423 Health and Welfare Building  
Seventh and Forster Streets  
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



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 EMERITUS AT CREEKVIEW, 1100 GRANDON WAY MECHANICSBURG, PA 17055		CURRENT LICENSE NUMBER 316120	
INSPECTION DATES (Include all dates of the inspection) 04/27/2011		REGIONAL REPRESENTATIVE 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) <i>Karen L. Reich, RN, Interim Administrator Emeritus at Creekview</i>			
SIGNATURE OF LEGAL ENTITY: <i>Karen L. Reich, RN, Interim Administrator</i>		DATE <i>5/18/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cyrl B. M. King</i>
			DATE <i>6/2/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
3c The personal care home shall post the current license, a copy of the current Violation Report (VR) issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home. 43b  PCH Division Central Region Field Office	A copy of the Chapter 2600 regulations was not posted anywhere in the facility.          PCH Division Central Region Field Office	4/28/2011   5/16/11   Ongoing   Ongoing	A copy of the Chapter 2600 Regulations was posted by the front door of the community.  Management staff and receptionist in services on regulation 55 Pa.Code 2600.3c  The community receptionist(s) will check daily to verify that the copy of Chapter 2600 remains posted by the front door of the community.  The Executive Director/Administrator will randomly audit for the presence of the Chapter 2600 regulations.	5-8-11 ZL

PLANNED

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

NAME AND ADDRESS OF PERSONAL CARE HOME EMERITUS AT CREEKVIEW, 1100 GRANDON WAY MECHANICSBURG, PA 17055		CURRENT LICENSE NUMBER 316120	
INSPECTION DATES (Include all dates of the inspection) 04/27/2011		REGIONAL REPRESENTATIVE Doog Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Karen L Reich Rd Interim Administrator Emeritus@Creekview</i>			
SIGNATURE OF LEGAL ENTITY <i>Karen L Reich Rd Int</i> <i>Administrator</i>		DATE 5/18/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bambery</i>
		DATE 6/2/11	

RECEIVED TIME MAY. 31. 4:29PM

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
43a A resident may not be deprived of his rights.	On 4/14/11 Resident #1 stated to Staff person A that he/she does not receive insulin injections as one of his/her prescribed medications. Resident #1 voiced objection to Staff person A of having that medication administered as it would result in a medication error. Resident #1 had been previously educated in the right to question or refuse a medication if he/she believes there may be a medication error in compliance with 2600.191 however Staff person A deprived resident #1 of this right by administering the insulin injection despite the resident's objections.	4/15/2011  5/20/2011  4/15/2011  5/24/2011  Ongoing	Staff member A was placed on leave immediately and subsequently terminated.  All staff members who assist with medication Administration will have a medication administration observation by the Resident Care Director or Designee to verify proper medication administration.  An in service was conducted for all staff that assist with medication administration on resident rights and the resident right of medication refusal  The in service noted above will also be reviewed at the general staff meeting scheduled for 5/24/2011. This training will also be added to orientation, provided annually and as needed.  Medication administration observations will be completed by the community's certified train the trainer in accordance with the department requirements.	Steps have been taken to correct violation; full compliance is not verifiable <i>5-9-11</i> Date Initials (DPW)

05-31-'11 15:27 FROM-Loyaltion of Creekvw

7177304036

T-586 P002/007 F-845

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

NAME AND ADDRESS OF PERSONAL CARE HOME EMERITUS AT CREEKVIEW, 1100 GRANDON WAY MECHANICSBURG, PA 17055		CURRENT LICENSE NUMBER 316120	
INSPECTION DATES (Include all dates of the inspection) 04/27/2011		REGIONAL REPRESENTATIVE 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) <i>Karen L Reich, (E) Interim Administrator Emeritus @ Creekview</i>			
SIGNATURE OF LEGAL ENTITY <i>Karen Reich Int Adm</i>		DATE <i>5/18/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamberg</i>
			DATE <i>6/2/11</i>

RECEIVED TIME MAY 31 4:29PM

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
103g Food shall be stored in closed or sealed containers,	There was a package of hamburger rolls that was open and undated on the shelf in the pantry.  There was an open and undated bag of vanilla wafers stored in the glass cooler outside of the pantry room.	4/16/2011  4/27/2011  4/28/2011  Ongoing  Ongoing	Vanilla Wafers were a staff member's snack and discarded immediately.  Hamburger buns were discarded immediately.  Staff member/all dietary staff was instructed to use designated staff refrigerator for meals.  Dietary staff in service conducted regarding food packaging and storage per regulation 103b.  Daily checks are completed by a dietary staff member to confirm that all items are stored in a closed/sealed and labeled container.  The communities Dining Services Director will conduct random audits of the kitchen and food storage areas to verify that all items are stored appropriately.	8-8-11 BE

05-31-'11 15:27 FROM-Loyaltan of Creekvw  
 7177304036  
 T-586 P003/007 F-845

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

RECEIVED TIME - MAY. 31 - 4:29PM

05-31-11 15:28 FROM-Loyalton of Creekw  
 7177304036  
 T-586 P005/007 F-845

NAME AND ADDRESS OF PERSONAL CARE HOME EMERITUS AT CREEK VIEW, 1100 GRANDON WAY MECHANICSBURG, PA 17055		CURRENT LICENSE NUMBER 316120	
INSPECTION DATES (Include all dates of the inspection) 04/27/2011		REGIONAL REPRESENTATIVE 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) Karen (Reuch) Interim Administration Emeritus @ Creekw			
SIGNATURE OF LEGAL ENTITY Karen Reuch, Interim Administration		DATE 5/12/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Cycl Bombardier

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	The medical evaluation, dated 3/21/11, for Resident #1 refers to an attachment for medications. The attachment is dated 3/9/11 which is not the same date as the medical evaluation.	5/20/2011  5/17/2011 & 5/18/2011  Ongoing	Resident #1 no longer resides in the community. There were 2 dates present on the attachment, the date the date the resident was initially seen and a print and electronic signature date of 5/22/2011.  An audit of the medical evaluations and attachments was completed to verify the dates coincide.  The administration will conduct an in service on 5/17 and 5/18 to educate staff on Regulation 141a.  A random audit will be completed by the Resident Care Director or Designee to verify dates coincide on medical evaluations/addendums	Steps have been taken to correct violation; full compliance is not verifiable 5/18/11 Initials (DPW)

NAME AND ADDRESS OF PERSONAL CARE HOME EMERTUS AT CREEKVIEW, 1100 ORANDON WAY MECHANICSBURG, PA 17055		CURRENT LICENSE NUMBER 316120	
INSPECTION DATES (Include all dates of the inspection) 04/27/2011		REGIONAL REPRESENTATIVE 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) Karen L Reich, RN, Interim Administrator Emeritus @ Creekview			
SIGNATURE OF LEGAL ENTITY Karen L Reich, Int. Administrator		DATE 5/18/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Clyde Boring
			DATE 6/2/11

REGULATION 55 Pa. Code 52600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
History. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.			Cont'd	

RECEIVED TIME, MAY, 31, 4:29 PM, 5/31/11, WAKESBURY NOTARY-MOORE 06:21 11, -91-50

05-31-11 15:28 FROM-Loyaltan of Creekvw  
 MAIL, JI, LVII, 4, V, III, ONE VLRINGAL PLAVIN 7177304036  
 T-586 P004/007 F-845

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

NAME AND ADDRESS OF PERSONAL CARE HOME EMERITUS AT CREEKVIEW, 1100 GRANDON WAY MECHANICSBURG, PA 17055		CURRENT LICENSE NUMBER 316120	
INSPECTION DATES (Include all dates of the inspection) 04/27/2011		REGIONAL REPRESENTATIVE 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) <i>Karen Reichel Interim Administrator Emeritus of Creeview</i>			
SIGNATURE OF LEGAL ENTITY <i>Karen Reichel Interim Administrator</i>		DATE <i>5/18/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bomberg</i>
		DATE <i>6/13/11</i>	

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	<i>Uroxatral, 10 mg. was given to a family member of Resident #1 on 4/15/11. Resident #1 did not take the medication nor was the medication prescribed by the physician. The medication belonged to Resident #2. The facility did not implement procedures for safe access and distribution of medications.</i>	<i>4/15/2011</i>  <i>4/18/2011</i>  <i>5/17/2011</i>  <i>Ongoing</i>	<i>Staff member A was placed on leave immediately and subsequently terminated.</i>  <i>An in service was conducted on the the necessity of safe storage and verifying resident prior to medication administration. This training will be added to orientation and provided annually and as needed.</i>  <i>Resident care Director verified pictures of residents are current in the MAR.</i>  <i>Random monthly audits will be completed by the Resident Care Director or designee to verify that medications are stored properly.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> <i>5/18/11</i> Date Initials (DPW) <i>RE</i>

RECEIVED TIME MAY 31 4:29PM

05-31-11 15:28 FROM: Loyaltan of Creeview  
7177304036 T-586 P006/007 F-845

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

NAME AND ADDRESS OF PERSONAL CARE HOME MERITUS AT CREEKVIEW, 1100 GRANDON WAY MECHANICSBURG, PA		PHYSICIAN T. OSS	CURRENT LICENSE NUMBER 316120
INSPECTION DATES (include all dates of the inspection) 7/2011		REGIONAL REPRESENTATIVE Doug Hoover	
SIGNED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Karen Reichel Intern Administrator Emerita @ Creekview			
NATURE OF LEGAL ENTITY Karen Reichel Intern Administrator	DATE 5/18/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Cynthia Berman	DATE 6/2/11

REGULATION 55 Pa. Code 52600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
187d The home shall follow the directions of the prescriber.	On 4/14/11, the 5:00 PM medications for Resident #2 was given to Resident #1 by Staff A. The medications were as follows:  Novolin 70/30, 15 units, Lyrica, 50 mg., Glipizide, 10 mg., Tranadol, 50 mg., Carvedilol, 3.125 mg.	04/15/2011  04/15/2011  5/20/2011  Ongoing	Staff member A was placed on leave immediately and subsequently terminated.  An in service was held on the 5 rights of medication administration and accuracy in following the prescriber orders.  Resident Care Director or designee will complete medication administration observation for all staff assisting with medication administration to verify proper procedures are followed.  Medication administration observations will be completed by the community's certified training trainer in accordance with the department requirements.	Steps have been taken to correct violation; full compliance is not verifiable 8-9-11 Date Initials (DPV)

RECEIVED TIME MAY 31 4:29PM

05-31-'11 15:28 FROM-Loyaltan of Creekvw  
 MAY 31 2011 4:47PM ALL ORIGINAL RETURN 7177304036  
 T-586 P007/007 F-845

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

NAME AND ADDRESS OF PERSONAL CARE HOME EMERITUS AT CREEKVIEW, 1100 GRANDON WAY MECHANICSBURG, PA 17055		CURRENT LICENSE NUMBER 316120	
INSPECTION DATES (Include all dates of the inspection) 06/20/2011		REGIONAL REPRESENTATIVE 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>Karen (Karen) Adm</i>	DATE 7/12/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Emery</i>	DATE 8-8-11

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
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).	On 5/7/11, Staff A was alleged to have thrown Resident #1's shoe across the floor in the presence of the resident. Staff A was placed on administrative leave pending investigation by the facility. The facility did not report the incident to the Department.  PCH Division Central Region Field Office  JUL 14 2011  <b>RECEIVED</b>	5/8/11  5/17, 5/18, 6/23  Ongoing	Staff member A was put on administrative leave 5/8/11 and has returned to work. Leave was for insubordination.  This was not reported as an abuse allegation as staff member deflected shoe thrown by resident with her foot. Event occurred in secured dementia unit.  Abuse training has been completed by the community.  Subsequent allegation(s) have been reported per policy.  All events/allegations of resident abuse will be reported as set forth in Regulation 2600.16b	Steps have been taken to correct violation; full compliance is not verifiable 8-8-11 SE Date Initials (DPW)

002/004

GRAYSONVIEW

07/13/2011 10:58 FAX 5703745936



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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Emeritus at Creekview, 1100 Grandon Way Mechanicsburg, PA 17055	<b>CURRENT LICENSE NUMBER</b> 316120
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<b>INSPECTION DATES (Include all dates of the inspection)</b> 06/27/2011	<b>REGIONAL REPRESENTATIVE</b> John Bungo, Rebecca Riel
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**PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)**

<b>SIGNATURE OF LEGAL ENTITY</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>
<i>Karen Reischer Administrator</i>	<i>7/21/11</i>	<i>[Signature]</i>	<i>8-8-11</i>

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
104b2 Dishes, glassware and utensils shall be clean, and free of chips and cracks.	<ul style="list-style-type: none"> <li>• On June 27, 2011, prior to the noon meal, 9 plastic cups and 10 forks were found on the Memory Care tables that appeared unclean and containing residue.</li> <li>• On June 28, 2011, a total of 8 plastic serving pitchers were being stored in the main kitchen for future use. They also contained a residue.</li> </ul>	<i>6/27/11 + 6/28/11  6/27/11 + 6/28/11  7/25/11  ongoing  ongoing</i>	<p>All cups and forks with residue were immediately removed from use in MCN.</p> <p>All pitchers stored in the kitchen were immediately removed.</p> <p>New cups, silverware and pitchers have been ordered and will be in use <i>7/25/11</i></p> <p>A second washing, rinsing and sanitizing by hand is being completed after each meal until the water softener is repaired.</p> <p>The DSD or designee will do random audits to verify that dishes are free from residue</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>8/8/11</i> <i>RE</i></p> <p>Date _____ Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Emeritus at Creekview, 1100 Grandon Way Mechanicsburg, PA 17055		CURRENT LICENSE NUMBER 316120	
INSPECTION DATES (Include all dates of the inspection) 06/27/2011		REGIONAL REPRESENTATIVE John Bungo, Rebecca Riel	
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>Karen Reichel Administrator</i>	DATE <i>7/21/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Emick</i>	DATE <i>8-8-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
109b Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.	On June 28, 2011, a cat was present in the home that did not have a current certificate of rabies vaccination.	<i>6/30/11</i>  <i>7/10/11</i>  <i>Ongoing</i>  <i>Ongoing</i>	Resident cat had her vaccination on 6/30/11.  An audit of vaccination reports of pets in the community was completed to verify that vaccinations are up to date.  The executive director or designee will notify resident/POA 30 days in advance of vaccination renewal date(s)  Executive Director/designee will complete monthly audit to verify all pets have up to date vaccination records	<i>8-8-11 RE</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME meritus at Creekview, 1100 Grandon Way Mechanicsburg, PA 17055		CURRENT LICENSE NUMBER 316120	
INSPECTION DATES (Include all dates of the inspection) 6/27/2011		REGIONAL REPRESENTATIVE John Bungo, Rebecca Riel	
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>Karen L. Reiner, Administrator</i>	DATE 7/21/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Enich</i>	DATE 8-10-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	The home's fire drill on January 31, 2011 at 3:15 pm took 8 minutes and 30 seconds to completely evacuate the residents. According to the fire safety expert, the safe evacuation time is seven (7) minutes, based on the building's construction, and fire safety systems in place. The home's fire drill evacuation times were:	7/2/11  7/13/11  ongoing  7/20/11	Acceptable Evacuation time designated by fire safety expert has been reviewed with the Maintenance Director  An audit of fire drills since January 2011 has been completed and all drills have met evacuation time.  Executive Director /designee will audit fire drills monthly to verify drills are completed within the evacuation time as stated by the fire safety expert.  <i>Executive Director discussed new fire signs and importance of participation in monthly fire drills, along with timey evacuation.</i>	Steps have been taken to correct violation; full compliance is not verifiable 8/10/11 <i>BE</i> Date Initials (DP)

RECEIVED TIME AUG. 10. 2:42PM

T-384 P003/003 F-256  
7177304036  
08-10-11 14:38 FROM-Loyalton of Creekvw

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

NAME AND ADDRESS OF PERSONAL CARE HOME Emeritus at Creekview, 1100 Grandon Way Mechanicsburg, PA 17055		CURRENT LICENSE NUMBER 316120	
INSPECTION DATES (Include all dates of the inspection) 06/27/2011		REGIONAL REPRESENTATIVE John Bungo, Rebecca Riel	
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>Karen L Reich RN Administrator</i>	DATE <i>7/21/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JE</i>	DATE <i>8/10/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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																																																																	
	<table style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th style="text-align: left;">Mont</th> <th style="text-align: left;">Date</th> <th style="text-align: left;">Time</th> <th style="text-align: left;">Evac. Time</th> <th style="text-align: left;">FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/31/2011</td><td>03:15 PM</td><td>8 min. 30 sec.</td><td>No</td></tr> <tr><td>Feb</td><td>02/28/2011</td><td>01:13 PM</td><td>6 min. 15 sec.</td><td>No</td></tr> <tr><td>Mar</td><td>03/31/2011</td><td>12:57 PM</td><td>5 min. 55 sec.</td><td>No</td></tr> <tr><td>Apr</td><td>04/05/2011</td><td>11:00 PM</td><td>6 min. 6sec.</td><td>Yes</td></tr> <tr><td>May</td><td>05/26/2011</td><td>12:01 AM</td><td>6 min. 45sec.</td><td>No</td></tr> <tr><td>Jun</td><td>06/24/2011</td><td>09:07 PM</td><td>6 min. 39sec.</td><td>No</td></tr> <tr><td>Jul</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Aug</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Sep</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Oct</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/31/2011	03:15 PM	8 min. 30 sec.	No	Feb	02/28/2011	01:13 PM	6 min. 15 sec.	No	Mar	03/31/2011	12:57 PM	5 min. 55 sec.	No	Apr	04/05/2011	11:00 PM	6 min. 6sec.	Yes	May	05/26/2011	12:01 AM	6 min. 45sec.	No	Jun	06/24/2011	09:07 PM	6 min. 39sec.	No	Jul				No	Aug				No	Sep				No	Oct				No	Nov				No	Dec				No		<i>Control.</i>	
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SIGNATURE OF LEGAL ENTITY <i>Karen Reich RD Administrator</i>	DATE <i>7/2/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Enoch</i>	DATE <i>8-8-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
133a1 If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.	The home currently serves 25 residents in the secured Memory Care Unit. Should an emergency occur outside of the chapel, theatre or by apartments 311 or 332 in the Memory Care Unit, there is no Exit Sign to direct residents in apartments 209, 211, 230, and 232 to exit. Also, there is no Exit sign above the double door next to Apartments 209 and 230 to direct residents to the fire safe area in the stairwell identified as A2.	<i>7/20/11</i>  <i>ongoing</i>	Exit signs have been posted outside the chapel, theater and rooms 311 and 302. Exit signs have been posted to direct residents residing in apartments 209 and 230.  Monitoring of these signs will be part of the preventative maintenance plan for the community.	<i>8-8-11 GE</i>

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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.	<ul style="list-style-type: none"> <li>• There were no directional signs indicating the exits available to the following resident apartments in the event of an emergency: 401 and 402, 407 and 428, 501 and 502, 507 and 528, 601 and 602, and 607 and 628.</li> <li>• The door from resident apartments 416 and 516 has no directional signs visible to the residents exiting in an emergency situation, due to a blind corner.</li> </ul>	<p style="text-align: center;">7/13/11</p> <p style="text-align: center;">7/20/11</p> <p style="text-align: center;">ongoing</p>	<p>Directional signs have been posted at apartments 401/402, 501/502, 528, 607, 628 and across from 416 and 516.</p> <p>Executive Director will review the placement of signs at Resident Council on July 20<sup>th</sup>.</p> <p>Monitoring of these signs will be part of the preventative maintenance plan for the community.</p>	8-8-11 & E

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SIGNATURE OF LEGAL ENTITY <i>Karen Kuchel Administrator</i>	DATE <i>7/2/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Ernst</i>	DATE <i>8-10-11</i>
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141b1 A resident shall have a medical evaluation: (1) At least annually.	<ul style="list-style-type: none"> <li>The most recent medical evaluation for Resident No. 2 was April 2, 2010. The previous medical evaluation was on March 5, 2009.</li> <li>A medical evaluation for Resident No. 3 was completed when the resident was admitted to the facility on January 1, 2010. The subsequent annual medical evaluation was not completed until March 14, 2011.</li> </ul>	<p align="center"><i>7/15/11</i></p> <p align="center"><i>7/6/11</i></p> <p align="center"><i>Ongoing</i></p>	<p>A review of all Medical evaluations has been completed by the RCD and ARCD. All resident medical evaluations have been verified and are in compliance with regulation 141g1.</p> <p>In service was completed 7/6/11 outlining the timeline for completion of the medical evaluation.</p> <p>RCD will review 10% of resident records monthly to insure all medical evaluations are completed annually and report at quarterly QA meetings.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>8-10-11 BE</i> Date Initials (DPW)</p>

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144c1 If smoking is permitted, the designated smoking room or area outside the home shall have fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, fire resistant furniture and fire extinguishers.	<ul style="list-style-type: none"> <li>• At 9:20 am on June 27, 2011, a total of 12 cigarette butts were scattered on the pavement and lawn area by the staff smoking area.</li> <li>• At 9 am on June 28, 2011, 28 cigarette butts were found scattered on the payment and lawn area.</li> </ul> <p>The fireproof receptacles in place to prevent fires were not being used by staff when smoking in this designated area.</p>	<p>7/26/11</p> <p>ongoing</p> <p>ongoing</p>	<p>Cigarette butts were picked up and discarded properly.</p> <p>In-services will be completed in reference to allowable smoking area cleanliness and safety. This in-service will also be addressed upon new hire orientation and annually.</p> <p>Housekeeping staff assigned to this area as part of the daily rounds for this department.</p> <p>Executive Director /Designee will complete random audits to monitoring the smoking area.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><u>8/15/11</u> <u>RE</u></p> <p>Date Initials (DPW)</p>

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	<p>The current practice at the facility is for staff to sign the back of each resident's medication administration record (MAR) when they disburse medications. The following staff persons did not sign their names to the MAR's to identify their initials:</p> <p>--Staff person A did not sign the back of the MARs (3 pages) for Resident No. 3 when medications were disbursed at 4 pm and 8 pm on the following dates: June 1, 3, 4, 5, 6, 7, 9, 10, 13, 14, 15, 16, 18, 19, 20, 21, and 23, 2011.</p> <p>--Staff person B did not sign the back of the MAR for Resident No. 4 when medications were disbursed at 8 am on 6/7/11, 6/16/11, and 6/21/11.</p>	<p>6/28/11</p> <p>7/1/11</p> <p>8/1/11</p> <p>ongoing</p>	<p>Staff member A &amp; B signed the back of the MARs.</p> <p>RCD completed an audit verify staff who pass medications to verify have signed the MARs.</p> <p>A Master Signature sheet will be instituted August 1, 2011 for signatures to validate initials on the MAR, in addition to the staff signing the back of the MAR.</p> <p>RCD or designee will conduct a monthly audit to verify that staff members who pass medications have signed the Master Signaturesheet.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><u>8/8/11</u> <u>RE</u>  Date Initials (DPW)</p>

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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro-re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.			<i>Contd.</i>	

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227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	Resident No. 5 was admitted to the home on 2/24/11. A 72-hour support plan was completed on 2/25/11. However, a 30-day support plan was not completed for this resident.	7/4/11  7/20/11  ongoing	The support plan for resident #5 was completed.  A review of MCN charts showed that 30 day support plans are current and in the resident record.  A review of the timeline for completion of the support plans was completed on 7/6/2011.  RCD or designee will complete a monthly audit to verify support plans are current and in the resident record.	Steps have been taken to correct violation; full compliance is not verifiable <i>8/8/11</i> 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"> <li>• The assessment for Resident No. 2, dated 5/4/11, indicated services with Home Remedy; incontinence of bladder &amp; bowel; skin integrity; and needs for assistance with bathing, grooming and dressing. The Support Plan, dated 5/4/11, did not address these needs.</li> <li>• The assessment for Resident No. 7, dated 2/1/11, noted incontinence, and needs for oxygen monitoring and special skin care precautions. The Support Plan of 2/1/11 did not address the resident's needs.</li> <li>• Resident No. 10 is receiving wound care, but wound care is not noted on the resident's Support Plan, dated 3/1/11.</li> <li>• The medical evaluation for Resident No.11, dated 5/11/11, recommended Physical therapy and Occupational therapy. These were not noted on the subsequent assessment or support plan.</li> </ul> <p><i>Repeated Violation: 06/10/2010</i></p>	<p>7/20/11</p> <p>7/6/11</p> <p>Ongoing</p>	<p>Resident 2,7,10 and 11 support plan and assessments have been corrected.</p> <p>An audit of assessments and support plans has been completed to verify that both documents contain accurate, cohesive and up to date information.</p> <p>Education was provided by the executive director on 7/6/11 for accuracy and completion of these forms.</p> <p>A monthly audit of 10% of all support plans and assessments will be completed by the RCD or designee. To verify that information on the assessment and support plan is accurate, cohesive and up to date.</p>	<p>Steps have been taken to correct violation; full compliance is not verified.</p> <p><i>8/8/11 GS</i></p> <p>Date Initials (D-</p>