



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
100 LACKAWANNA AVENUE
ROOM 330, SCRANTON STATE OFFICE BUILDING
SCRANTON, PENNSYLVANIA 18503-1923

ADULT RESIDENTIAL LICENSING

PHONE: (570) 963-3209
1-800-833-5095
FAX: (570) 963-3018

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: November 4, 2011

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

RE: Emeritus at Bloomsburg
420 Shaffer Road
Bloomsburg, Pennsylvania 17815

Dear Ms. Werdel:

As a result of the Department of Public Welfare's licensing inspection on August 17, 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.

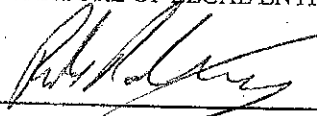
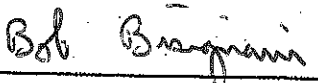
Sincerely,

A handwritten signature in cursive script that reads "Bob Bisignani".

Regional Licensing Administrator

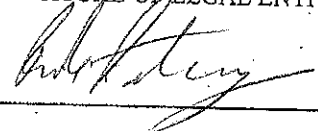
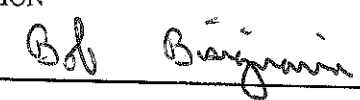
Enclosure
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME EMERITUS AT BLOOMSBURG, 420 SHAFFER ROAD BLOOMSBURG, PA 17815		CURRENT LICENSE NUMBER 211200	
INSPECTION DATES (Include all dates of the inspection) 08/17/2011		REGIONAL REPRESENTATIVE Betty Bloch, Ann O'Haire	
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  Executive Director		DATE 10-6-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
			DATE 10/25/11

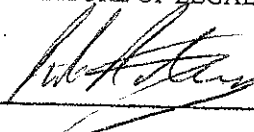

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
42i A resident shall receive assistance in accessing health services.	<p>The home did not call 911 or arrange transportation to the emergency room for evaluation/treatment for resident #1 on the following dates:</p> <ul style="list-style-type: none"> • 1/21/10: The home notified the resident's primary care physician of a change in condition on 1/21/10 and the physician's response on the same date included, "E.R. @ Bloom". The resident was not seen at the E.R. until 1/22/11, on which date the resident was admitted to the hospital. • 1/27/10: The resident fell in the home and received a laceration to the right leg and abrasion to the right eye. The home failed to send the resident out to the hospital for evaluation. The resident's primary care physician was notified of the incident by fax on 1/27/10 at 22:05. The physician responded on 1/28/11 at 11:00am. The physician's response included that he could not evaluate it over the phone and to seek a full evaluation at the emergency room, if the patient and family wanted to. There was no documentation in the resident's record to indicate that the resident or the resident's family was 	<p>6/24/11</p> <p>1/21/10</p> <p>1/27/2010</p> <p>10/12/11</p>	<p>Resident #1 No longer resides in this community</p> <p>Residents' son, who is a physician, declined to have his [redacted] sent to the ER. Dr. [redacted] (PCP) aware, and ordered VALIUM to be given. On 1/22/2010 the resident was sent to the ER@ Blooms for increased lethargy, and admitted with a UTI. (son in agreement)</p> <p>On 1/27/10, Resident's son was present at the time of this fall. Resident son is a Physician and did not indicate that he wanted his [redacted] sent to the emergency room. There was no documentation of the families response to the physicians recommendation, as the son did not want his [redacted] sent to the ER the day before.</p> <p>Staff training to be completed regarding notification</p>	<p>Steps have been taken to correct violation. Full compliance is not verified.</p> <p align="center">Date 10/25/11 Initials (DFW)</p>

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SIGNATURE OF LEGAL ENTITY 	DATE 10/6/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 10/25/11

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225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	The home did not include that resident #1 had a history of falls on the assessment, dated 11/25/09. It indicated "N/A" on the area of the form addressing this concern. Review of the resident's record indicated the resident sustained falls on 9/8/09, 10/12/09, and 10/24/09.	6/24/2011	Resident #1 no longer resides at this community.	Steps have been taken to correct violation. Full compliance is not required. Date: 10/25/11 Initials: S.S. Initials (DPW)
	An updated assessment was not completed for resident #1 when the resident began receiving physical therapy through Maylath Health Care, starting on 1/27/10. The previous assessment, dated 11/25/09, did not indicate a need for physical therapy. This need was not addressed until the assessment dated 2/23/10.	10/12/2011	An audit of the assessments and support plans to be completed to verify that these documents reflect the care and services provided for the residents.	
	An updated assessment was not completed for resident #1 when the resident began receiving physical therapy through Omnicare on 5/24/11. The most recent assessment in the resident's record was dated 2/4/11.	10/12/2011	Training to be completed on the content and accuracy of resident assessments and support plans.	
		Ongoing	A monthly audit of 10% of the residents assessments and support plans will be completed by the Resident Care Director or designee to verify information has been updated if applicable.	
		Ongoing	Random audit of assessments and support plans to be done quarterly by the Executive Director or designee, to verify compliance	

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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.	The support plan for resident #1, dated 3/15/10, did not address the resident's need for physical therapy and subsequent referral for services through Maylath Health Care, as noted on the resident's assessment, dated 2/23/10. The resident began receiving physical therapy services through Maylath Health Care on 1/27/10.	6/24/2011 10/12/2011 10/12/2011 Ongoing Ongoing	Resident #1 no longer resides at this community. An audit of the assessments and support plans to be completed to verify that these documents reflect the care and services provided for the residents. Training to be completed on the content and accuracy of resident assessments and support plans. A monthly audit of 10% of the residents assessments and support plans will be completed by the Resident Care Director or designee to verify information has been updated if applicable. Random audit of assessments and support plans to be done quarterly by the Executive Director or designee, to verify compliance	Steps have been taken to correct violation; full compliance is not verifiable 10/25/11 Date Initials (DPW) G.S.