



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
HARRISBURG, PENNSYLVANIA 17102-1810

ADULT RESIDENTIAL LICENSING
Central Region Field Office
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Harrisburg, Pennsylvania 17101

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MAILING DATE: 1/18/12

Melanie Werdel, EVP Administration
Emeritus Corporation
3131 Elliot Avenue
Suite 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 November 18, 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.


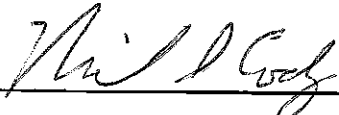
Sincerely,

A handwritten signature in black ink, appearing to read "Neil S. Cody".

Neil S. Cody
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 Harrisburg, 3560 North Progress Avenue Harrisburg, PA 17110		CURRENT LICENSE NUMBER 316110	
INSPECTION DATES (Include all dates of the inspection) 11/18/2011		REGIONAL REPRESENTATIVE 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) Dorothy H Guenther			
SIGNATURE OF LEGAL ENTITY 	DATE 12/22/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1/17/12

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
23a A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.	In the past 3 months, Resident #1 had several falls: 8/21, 8/24, 8/27, and 9/27/2011. Two of these falls resulted in injuries leading to multiple contusions, an L1 compression fracture, a closed head injury, and a fractured clavicle. On 10/15/2011, due to "transferring without wheelchair", the resident fell again and was hospitalized. The fall resulted in a subdural hematoma. The resident's support plan, dated 8/10/2011 states "occasional checking is needed during the day due to fall risk" and "fall management every shift and as needed". In addition, the home's Resident Care Information Sheet for October 2011 states that the resident is "unable to move from one location to another without assist from others," "occasional checking needed during the day due to fall risk, and requests that "staff please make sure (the resident) is NOT unattended in the wheelchair, because (the resident) tries to get out of it to go to bed." The home did not provide for the residents' needs in reference to supervision and gait/balance.	11-19-11 1-20-2012 12/21/11 - 1/20/12 ongoing	Resident #1 no longer resides at the community A review of residents with mobility needs will be completed to verify that their needs are being met as described on their assessment, support plan and resident care information sheet. An in-service will be completed reviewing the assessment, documentation, definition and the assistance required for a resident with mobility needs. In addition this inservice will also be added to the new hire orientation. The Resident Care Director or Designee will review 10% of the residents with mobility needs quarterly to verify that the mobility needs of the resident continue to be met. Please see attached letter regarding the violation of regulation 23a	

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

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SIGNATURE OF LEGAL ENTITY <i>Dorothy H Guenther</i>	DATE <i>12/22/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Th. P. Gody</i>	DATE <i>1/17/12</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.	On October 4, 2011, it was determined By Dr. Vargas at Internists of Central PA, that Resident #1 needed to move to a facility where the resident can be watched continuously. The home did not develop a placement plan for the resident. On 10/18/2011, the resident had a fall, resulting in hospitalization and a diagnosis of a subdermal hematoma. It was not until 10/18/2011 that a different physician said care can be provided in the home with continued hospice services and additional assistance.	<i>11-19-11</i> <i>1-20-2012</i> <i>1-20-12</i> <i>ongoing.</i> <i>ongoing</i>	Resident #1 no longer resides in community A review of residents most current orders, DME/ Medical Evaluation will be completed to verify that the residents physician has determined that a higher level of care is not required. An in-service, detailing the information contained in regulation 2600.225d, <i>will be completed, this in-service will also be part of the new hire orientation.</i> Resident Care Director and/or Executive Director or designee will act immediately upon notification of determination of need for a higher level of care. Random verification of appropriate placement per the residents physician or appropriate assessment agency to be completed by Resident Care Director/ Executive Director or designee. Please see the attached letter regarding regulation 225d.	

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

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SIGNATURE OF LEGAL ENTITY <i>Dorothy H Guenther</i>	DATE 12/22/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>1/17/12</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
226b If a resident is determined to have mobility needs as part of the initial or annual assessment, specific requirements relating to the care, health and safety of the resident shall be met immediately.	The resident has a history of multiple falls. The October 2011 Resident Care Information Sheet for Resident #1 says "unable to move from one location to another without assist from others" under Mobility Activity. On 10/15/2011, the resident had another fall resulting in a diagnosis of a left subdural hematoma. The home did not meet the needs of the resident.	11-19-11 1-20-12 12-21-11 through 1/2012 ONGOING	Resident #1 no longer resides at the community A review of residents with mobility needs will be completed to verify that their needs are being met as described on their assessment, support plan and resident care information sheet. An in-service will be completed reviewing the assessment, documentation, definition and the assistance required for a resident with mobility needs. In addition this inservice will also be added to the new hire orientation. The Resident Care Director or Designee will review 10% of the residents with mobility needs quarterly to verify that the mobility needs of the resident continue to be met. Please see attached letter regarding the violation of regulation 226B	