

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 March 30, 2012 until September 30, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 316122

*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:**

**APR 03 2012**

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 February 7, 2012 and February 8, 2012 of the above personal care home, we found that violations specified for your previous PROVISIONAL license have not been corrected and we found new violations not found during our previous inspection.

A SECOND PROVISIONAL license is being issued based on substantial compliance 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)
132d	II	107	\$5	\$535	5 calendar days from mailing date of this letter
187a	II	107	\$5	\$535	5 calendar days from mailing date of this letter
187d	II	107	\$5	\$535	5 calendar days from mailing date of this letter
82c	III	107	\$3	\$321	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:

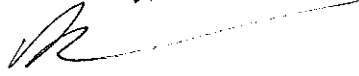
Jacob Herzing, Enforcement Manager  
 Adult Residential Licensing  
 Department of Public Welfare  
 631 Health and Welfare Building  
 Seventh and Forster Streets  
 Harrisburg, Pennsylvania 17120

Ms. Melanie Werdel

3

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,

A handwritten signature in black ink, appearing to be 'R. Melusky', with a long horizontal stroke extending to the right.

Ronald Melusky  
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 316121	
INSPECTION DATES (Include all dates of the inspection) 02/07/2012 and 2/8/2012.		REGIONAL REPRESENTATIVE McKinley Rouse, Ron Minnich, Denny Granahan	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Kathleen M. Douglass, NHA, ED</i>			
SIGNATURE OF LEGAL ENTITY <i>Kathleen Douglass, NHA, ED</i>		DATE 3/14/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bomberg</i>
		DATE 3/20/12	

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
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.	Two containers of 10.102 Alex plus "Dap" latex silicone were found in the unlocked newly built medications record room next to room number 314. The warning instructions say to call poison control if ingested. One tube was loaded and punctured. There were also power tools in the room.  Repeated Violations: 06/27/2011	2/8/12	Two containers of "DAP" and the power tools were removed from the record room. A lock was installed. This room is intended for medical records and will not house chemicals.	Steps have been taken to correct violation; full compliance is not verifiable <i>2/20/12 CB</i> Date Initials (DPW)
		2/09/12	A survey of the community was conducted to verify poisonous materials are locked and inaccessible to residents.	
		3/31/12	Additional training to be completed pertaining to chemical storage and safety. Chemical storage and safety training is contained in the new hire orientation and the annual required training.	
		ongoing	Maintenance Director or Designee to survey storage areas that contain poisonous materials weekly to verify that these storage areas are locked.	
		ongoing	Executive Director (Administrator) to verify surveys are completed and randomly survey chemical storage areas to verify compliance with the plan of correction.	

T-419 P004/027 F-858

7177304036

03-14-12 15:17 FROM-Loyalton of Creekkw

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 316121	
INSPECTION DATES (Include all dates of the inspection) 02/07/2012		REGIONAL REPRESENTATIVE McKinley Rouse, Ron Minnich, Denny Granahan	
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SIGNATURE OF LEGAL ENTITY <i>Kathleen Douglass, ED, NHA</i>		DATE 3/14/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Boring</i>
			DATE 3/20/12

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
95 Furniture and equipment shall be in good repair, clean and free of hazards.	On February 7, 2012, the dryer duct in the laundry room 432 was torn. The tear allows lint to be blown all over the laundry room.	2/7/2012	The dryer duct was replaced during the survey, prior to the departure of the surveyors. The duct had been checked 1 day prior and was intact. This tear was thought to be caused by a residents cat.	
		2/8/12	Remaining dryer ducts were verified to be intact and in good working order.	
		3/31/12	Training to be completed pertaining to regulation 2600.95.	Steps have been taken to correct violation; full compliance is not verifiable <i>3/20/12</i>
		ongoing	Maintenance Director to verify weekly that dryer ducts are in good repair, replacing duct(s) should the need arise.	Date Initials (DPW)
		ongoing	Executive Director ( Administrator) or designee to verify weekly audit by Maintenance Director and randomly survey the dryer ducts to verify compliance with the plan of correction.	

T-419 P005/027 F-858

7177304036

03-14-12 15:17 FROM-Loyalton of Creekkw



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

T-419 P007/027 F-858

NAME AND ADDRESS OF PERSONAL CARE HOME EMERITUS AT CREEKVIEW, 1100 GRANDON WAY MECHANICSBURG, PA 17055		CURRENT LICENSE NUMBER 316121	
INSPECTION DATES (Include all dates of the inspection) 02/07/2012		REGIONAL REPRESENTATIVE McKinley Rouse, Ron Minsich, Denny Granahan	
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SIGNATURE OF LEGAL ENTITY <i>Kathleen Douglass, NHA, ED</i>		DATE 3/14/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil B... ..</i>
			DATE 3/20/12

7177304036

03-14-'12 15:18 FROM-Loyalton of Creekww

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																																																																	
	<table border="1"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/09/2012</td><td>06:02 AM</td><td>12min 7 sec</td><td>No</td></tr> <tr><td>Feb</td><td>02/28/2011</td><td>01:13 PM</td><td>6min 15sec</td><td>No</td></tr> <tr><td>Mar</td><td>03/31/2011</td><td>12:57 PM</td><td>5min 55sec</td><td>No</td></tr> <tr><td>Apr</td><td>04/15/2011</td><td>03:40 PM</td><td>5min 28sec</td><td>No</td></tr> <tr><td>May</td><td>05/26/2011</td><td>12:02 AM</td><td>6min 45sec</td><td>No</td></tr> <tr><td>Jun</td><td>06/24/2011</td><td>09:07 AM</td><td>6min 38sec</td><td>No</td></tr> <tr><td>Jul</td><td>07/21/2011</td><td>12:57 PM</td><td>5min 55sec</td><td>No</td></tr> <tr><td>Aug</td><td>08/31/2011</td><td>10:51 AM</td><td>5min 34sec</td><td>No</td></tr> <tr><td>Sep</td><td>09/30/2011</td><td>01:35 PM</td><td>6min 56sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/11/2011</td><td>06:10 PM</td><td>6min 41sec</td><td>No</td></tr> <tr><td>Nov</td><td>11/30/2011</td><td>10:58 AM</td><td>5min 44sec</td><td>No</td></tr> <tr><td>Dec</td><td>12/29/2011</td><td>05:12 AM</td><td>22min 34 sec</td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/09/2012	06:02 AM	12min 7 sec	No	Feb	02/28/2011	01:13 PM	6min 15sec	No	Mar	03/31/2011	12:57 PM	5min 55sec	No	Apr	04/15/2011	03:40 PM	5min 28sec	No	May	05/26/2011	12:02 AM	6min 45sec	No	Jun	06/24/2011	09:07 AM	6min 38sec	No	Jul	07/21/2011	12:57 PM	5min 55sec	No	Aug	08/31/2011	10:51 AM	5min 34sec	No	Sep	09/30/2011	01:35 PM	6min 56sec	No	Oct	10/11/2011	06:10 PM	6min 41sec	No	Nov	11/30/2011	10:58 AM	5min 44sec	No	Dec	12/29/2011	05:12 AM	22min 34 sec	No	1-12-12	<p>Both in sleeping hours having a fire drill and an additional sleeping hours fire drill were conducted in January 2012.</p> <p>The administrator renewed the mobility ability of all residents with recommendations for a change in placement for any resident who is unable to evacuate within the time required by the fire safety expert.</p> <p align="right">CS 3/20/12</p>	
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

T-419 P008/027 F-858

7177304036

03-14-12 15:19 FROM-Loyalton of Creekkw

NAME AND ADDRESS OF PERSONAL CARE HOME EMERITUS AT CREEKVIEW, 1100 GRANDON WAY MECHANICSBURG, PA 17055		CURRENT LICENSE NUMBER 316121	
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SIGNATURE OF LEGAL ENTITY <i>Kathleen Douglass, ED, MHA</i>	DATE 3/14/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Binsburg</i>	DATE 3/20/12

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
184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	Resident #1's VitD/Multi 800 IU's did not have a label with the resident's name, or label with the frequency and dosage for administering the medication.	2/7/12	Resident #1's name was added to the bottle of VitD Multi 800 IU. This is an OTC medication, therefore a prescription label would not be affixed to this bottle. The generic directions (OTC label) differed from the POS. A direction changed label was applied.	SEE EXHIBIT B
		2/10/12	An audit of the Medication Carts was completed to verify that OTC medications contain/are labeled the name of the resident they belong to.	
		3/31/12	Additional training to be completed for those that assist with medication administration and licensed nurses regarding the labeling of OTC medications. In the event that generic directions on an OTC medication bottle do not concur with the physician order a "direction change label" will be affixed to the OTC medication.	
		ongoing	The residents name will be placed on the OTC medication bottle at the time it is received from the resident/family or alternate pharmacy	Steps have been taken to correct violation; full compliance is not verifiable 3/20/12 <i>CB</i>
		ongoing	Resident Care Director or designee to randomly review OTC medications in the Medication Cart to verify compliance with the plan of correction.	Date Initials (DPW)



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 316121	
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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
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>cont'd</i>	

T-419 P010/027 F-858

7177304036

03-14-'12 15:20 FROM-Loyalton of Creekww

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

T-419 P011/027 F-858

NAME AND ADDRESS OF PERSONAL CARE HOME EMERITUS AT CREEKVIEW, 1100 GRANDON WAY MECHANICSBURG, PA 17055		CURRENT LICENSE NUMBER 316121	
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7177304036

03-14-'12 15:21 FROM-Loyalton of Creekkw

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
187d The home shall follow the directions of the prescriber.	Resident # 2 has a routine order for Hydrocodone 7.5/750 mg to be taken twice a day, but the medication was not available February 8, 2012.  Repeated Violations: 04/27/2011	2/9/2012	Resident #2's son was notified to bring in the Vicodin 750 mg from his home ( son supplies the medication utilizing mail order) . The 300mg dose was returned to him, as it was not a current order	
		2/10/11	A review of the Medication Administration Records was completed to verify that all medications were available.	
		3/31/12	Additional training utilizing modules 5 and 8 of the DPW Medication administration course to be provided to licensed staff and those trained to assist with medications to be completed. This training is also provided with the DPW Medication Course and reviewed with the required medication administration observations	
		Ongoing	Resident Care Director or designee to review MARS twice weekly to verify that medications are available and initialed as administered on the MAR.	
		Ongoing	Executive Director (Administrator) to verify weekly that medications are received and initialed as administered.	
			Steps have been taken to correct violation; full compliance is not verifiable Date <u>3/24/12</u> Initials (DPW) <u>CB</u>	

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

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			DATE

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
227d	<p>Resident #3 has been diagnosed with a prolapsed uterus and receives care from a hospice nurse for this condition, but it is not addressed on the resident's support plan.</p> <p>Repeated Violations: 06/27/2011 <i>cb</i></p> <p><del>PLEASE SEE THE ATTACHED LETTER OF APPEAL IN REFERENCE TO THIS VIOLATION.</del></p> <p><i>violation withdrawn</i></p>	<p>2/8/12</p> <p>3/31/12</p> <p>3/31/12</p> <p>ongoing</p> <p>ongoing</p> <p><i>cb 3/20/12</i></p>	<p>The new diagnosis of prolapsed uterus was added to the residents assessment and support plan.</p> <p>A review of resident assessments and support plans to be completed to verify that any new diagnosis's have been added to the assessment and support plan</p> <p>Additional training to be provided regarding the content and updates for assessments and support plans. This training is included in the new hire orientation and annual training.</p> <p>In the event that a resident has a new diagnosis, it will be added to the assessment and support plan within the grace period set forth by the department.</p> <p>A monthly audit of 10% of resident files will be reviewed to verify compliance with the plan of correction.</p>	EXHIBIT C

T-419 P012/027 F-858

7177304036

03-14-'12 15:22 FROM-Loyalton of Creekvw