

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

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 April 1, 2012 until April 1, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 316110

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

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

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

APR 12 2012

Mr. Eric Mendelsohn, SVP Corporate Development  
Emeritus Corporation  
3131 Elliott Avenue, Suite 500  
Seattle, Washington 98121

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

Dear Mr. Mendelsohn:

As a result of the Department of Public Welfare's licensing inspection on February 14, 2012 and February 15, 2012 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.


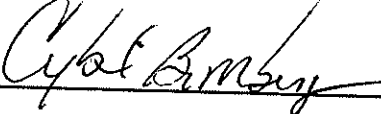
Sincerely,




A handwritten signature in black ink, appearing to read "Ronald Melusky".

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 Harrisburg, 3560 North Progress Avenue Harrisburg, PA 17110		CURRENT LICENSE NUMBER 316610	
INSPECTION DATES (Include all dates of the inspection) 02/14/2012		REGIONAL REPRESENTATIVE Rebecca Riel, 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) <p align="center">Dorothy H. Guenther, Executive Director / Administrator</p>			
SIGNATURE OF LEGAL ENTITY 		DATE 3/9/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
			DATE 3/13/12

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
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contracts for Residents #1, #2, #3, #4, #5 & #6 were not signed by the resident.	2-14-12	Resident #3 contract was signed (prior to inspection).  signed  first name only, which was what  was capable of.	
		3-8-12	Residents #1, #2, #4, #5 and #6 are unable to sign the contracts secondary to their diagnosis. A notation is made on the contract that "unable to sign" (see attached). Contracts were signed by the residents payor or designated person.	Steps have been taken to correct violation; full compliance is not verifiable 3/13/12 Date Initials (DPW)
		3-28-12	Audit of remaining resident files to be completed to verify signatures or notation of inability to sign is present along with payor or designated person, if applicable	

PCH Division  
Central Region Field Office

MAR 12 2012

**RECEIVED**

(Continued)

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

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SIGNATURE OF LEGAL ENTITY <i>Dorothy H Granahan</i>	DATE 3/9/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Combing</i>	DATE 3/13/12

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
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	The home's Individual Patient Controlled Drug Record for Resident #7 documents that the medication Lorazepam 0.5mg (1 tab every 6 hours PRN for anxiety) was administered on 2/6/12 @ 9am, 2/10/12 @ 2pm, and on 2/14/12 @ 8pm; however the medication administration record for Resident #7 does not show documentation of the administration of this medication on these 3 dates.	<i>ongoing</i>	<i>25b Continued Resident Signatures or notations of inability to sign will be completed at the time of Contract Signing. Monthly audit of 10% of resident files for new move-ins (post the audit date of 3-28-12) to be completed by Administrator or designee to verify compliance.</i>	
		<i>187a 2-15-12</i>	<i>Resident #7 received the prn medication as evidenced by the notation on the back of the medication administration record. On 2/6, 2/10 and 2/14 resident #7 received the medication and relief of anxiety was obtained (Continued)</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable 3/13/12 <i>CR</i></i> Date Initials (DPW)

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SIGNATURE OF LEGAL ENTITY <i>Dorothy H. Granahan</i>	DATE 3/9/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Granahan</i>	DATE 3/13/12

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
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.		3-28-12           3-28-12           Ongoing	An audit of the medication administration records - prn medications was conducted to verify that prn medications (narcotic and non-narcotic) are noted as administered on the MAR (front, where order appears) and on the back (where the reason and effectiveness appears).  An inservice will be conducted to review the process of documentation of administered medications. This is also included in the DPW Medication Administration course.  A monthly audit of 10% of resident MARs will be reviewed by the Resident Care Director or designee to verify compliance.	<del>cont'd</del>