

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 September 30, 2012 until September 30, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 316120

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.



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

OCT 11 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 August 16, 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 Human Services 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 "R. Melusky", with a long horizontal stroke extending to the right.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 31612 - 08/16/2012 - Chou, Serena  
 PCH Name: EMERITUS AT CREEKVIEW

**1. REGULATION 55 Pa.Code §2600**

- 2600.187(a) - 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 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.

**2. DESCRIPTION OF VIOLATION**

The medication administration record for Resident #1 does not include staff's initials for the administration of Polymyxin on 7/22/2012.

The medication administration record for Resident #1 does not include staff's initials for the administration of Vitamin D3 on 7/17/2012 and 7/19/2012.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

8/16/12 - Medication in the above description were verified as administered. Staff member has corrected documentation error on Archived MAR.

8/17/12 - Audits of the MAR were completed to verify that administered meds were documented properly.

8/19/12 - Staff inservice completed regarding administration and documentation of medications. (Attached)

Ongoing - Staff to utilize shift change records verification form to review MAR at each shift. (Attached)

Ongoing - RCD to review MAR weekly to verify that med administration is documented properly. Executive Director or appointed staff will review MAR monthly. Quarterly audit to be conducted by Regional Support person.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Kathleen Douglass, Executive Director

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kathleen Douglass      Date 9/21/12

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 9-28-12 (Date)

Verification of Legal Entity Representative Signature 9-28-12 (Date)

The above plan of correction was approved by BE (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 31612 - 08/16/2012 - Chou, Serena  
 PCH Name: EMERITUS AT CREEKVIEW

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

2. DESCRIPTION OF VIOLATION

Resident #2's Metformin, 500 mg for Diabetes, was not available on 7/4/2012 at 8:00 am.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- The Nurse responsible for this error in documentation is no longer employed by Emeritus at Creekview. The medication was noted to be administered on 7/3 and 7/5 and each day thereafter as ordered.

8/10/12 - And Audit of current MARs and Medication Charts were completed to verify that Medications were on hand and available for Administration.

8/9/12 - staff inservice completed regarding administration and documentation of medications. (attached)

ongoing - staff administering Meds perform a Review of the MAR to verify that meds have been documented properly. An audit of MAR to Cart to be done Monthly by RCD or appointed Staff to verify that meds are on hand for administration. (Attached)

ongoing - Executive Director or appointed staff will Review MAR's Monthly to verify Compliance

ongoing - A quarterly audit to be conducted by an Emeritus Regional Support person to verify Compliance with this Plan of Correction.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

02/07/2012

04/27/2011

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Kathleen Douglass, Executive Director*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

*Kathleen Douglass, Executive Director*

Date

*9/21/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

*9-28-12*  
 (Date)

Verification of Legal Entity Representative Signature

*9-28-12*  
 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*SE*  
 (Initials)