

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to EMERITUS CORPORATION
LEGAL ENTITY

To operate EMERITUS AT BLOOMSBURG
NAME OF FACILITY OR AGENCY

Located at 420 SHAFFER ROAD, BLOOMSBURG, PA 17815
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 67
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

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 June 17, 2013 until June 17, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 211200

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

JUN 17 2013

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

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

Dear Mr. Mendelsohn:

As a result of the Department of Public Welfare's (Department) licensing inspection on February 27, 2013, 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,



Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 21120 - 02/27/2013 - Bloch, Betty
 PCH Name: EMERITUS AT BLOOMSBURG

1. REGULATION 55 Pa.Code §2600

2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

The home did not have documentation that staff person A received the required trainings required on or before the first day of work (regulation 65a) and within the first 40 hours of work (65b) during the record review completed on 2/27/13. During an interview with staff person A by the Department Representative on the day of inspection, it was determined that staff person A was able to identify the required areas of training received and the date s/he received the trainings. Staff person A stated s/he inadvertently took the documentation of the trainings home with her/him.

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.

CORRECTIVE ACTION: 2-28-13 Staff member "A" brought in his new hire paperwork.

HOW TO IDENTIFY OTHER STAFF/RESIDENTS: 3-5-13 an audit of newly hired employees (since 2012 survey) was conducted to verify that employees have met the requirements of the 2600 regulations.

SYSTEMIC CHANGES: completed new hire paperwork will be reviewed by the BOD (Business Office Director) and placed in the employee file prior to the employee working on the floor.

MONITORING PROCESS: a random quarterly audit of employees will be performed by the Executive Director.

COMPLETION DATE: ongoing

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Marta Murphy Spack*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Marta Murphy Spack* Date *3-13-13*

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

The above plan of correction is approved as of <u>4/18/13</u> (Date)	Plan of correction implementation status as of <u>4/18/13</u> (Date)
The above plan of correction was approved by <u>M</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21120 - 02/27/2013 - Bloch, Betty
 PCH Name: EMERITUS AT BLOOMSBURG

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

Resident phones, which are outside lines, in rooms 24, 26, and 34 did not have the required numbers posted on or by each of their phones.

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.

CORRECTIVE ACTION: 2-27-13 the mentioned rooms in this report had new phone tags placed prior to the completion of the inspection.

HOW TO IDENTIFY OTHER STAFF/RESIDENTS: 2-28-13 remaining rooms and phones were audited to verify that the required numbers were on or by each phone.

SYSTEMIC CHANGES: 3-4-13 In-service to department managers and staff on Regulation 2600.91 upon orientation, annually and as-needed. The list of phones will be updated with new move ins and/or new phones brought into the community.

MONITORING PROCESS: Maintenance Director or designee will audit 10% of phones on a monthly basis to ensure the numbers are posted.

COMPLETION DATE: ongoing

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Marta Meneghini Spock*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Marta Meneghini Spock</i>	Date <i>3-13-13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/18/13
 (Date)

Plan of correction implementation status as of 4/18/13
 (Date)

The above plan of correction was approved by *m*
 (Initials)

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

Violation Report: 21120 - 02/27/2013 - Bloch, Betty
 PCH Name: EMERITUS AT BLOOMSBURG

1. REGULATION 65 Pa.Code §2600
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

Approximately 30' from the rear of the building there is a runoff for water on the adjoining property. Staff person B, who is the administrator, stated this adjoining property is not owned by the home. On 2/27/13, there was a stream of water approximately 35' wide running lengthwise along the rear of the home which could pose a possible safety hazard to the residents. Staff person B stated the depth and width of the runoff varies with the weather conditions.

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.

CORRECTIVE ACTION: all exit doors facing the water runoff area are dually alarmed with both an audible alarm as well as an alert notification to the staff members walkies to alert them an exit door has been opened.

Staff has been trained on the use and response procedures to the alarms in such an event.

HOW TO IDENTIFY OTHER STAFF I RESIDENTS: Current residents will be assessed and interviewed for the cognitive and physical ability to avoid the body of water near the community on the adjacent lot not owned by the community.

SYSTEMIC CHANGES: "water hazard" signs will be placed near the run off area as visual deterrents. New residents will be assessed during the pre admission screen process to determine if they have the cognitive and physical ability to avoid the body of water noted in this violation.

COMPLETION DATE: on or before 3-31-13

MONITORING PROCESS: Maintenance Director or Designee will monitor hazard signs weekly to ensure continued compliance.

COMPLETION DATE: ongoing

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Marita Menchini Spock</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Marita Menchini Spock</i>	3-13-13

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

The above plan of correction is approved as of 4/18/13
 (Date)

Plan of correction implementation status as of 4/18/13
 (Date)

The above plan of correction was approved by *M*
 (Initials)

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

Violation Report: 21120 - 02/27/2013 - Bloch, Betty
 PCH Name: EMERITUS AT BLOOMSBURG

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

The home's Over-the-Counter Medications policy and procedures state "OTC medications are required to have a Physician's Order with the same information as the prescription medications". On 2/27/13, OTC Alka Seltzer tablets were stored in resident #1's bedroom. Resident #1 has physician's orders to self-administer some medications. The home did not have an order for resident #1 to self-administer this medication.

The home's Controlled Substances/Medications policy and procedures include "Complete Controlled Substance Shift Count Record at each shift change, a minimum of three times per day." The required documentation was not completed on the following dates/shifts:

- 02/17/13 on the 7 am - 3 pm shift change: # of control sheets and # of control cards
- 02/17/13 on the 11 pm - 7 am shift change: # of control cards
- 02/18/13 on the 11 pm - 7 am shift change: The initials of the on and off going staff persons who completed the counts, the # of control sheets, and the # of control cards
- 02/21/13 on the 7 am - 3 pm shift change: The initials of the on and off-going staff persons who completed the counts, the # of control sheets, and the # of control cards
- 02/23/13 and 02/24/13 on the 7 am - 3 pm shift change: # of control sheets and # of control cards

In addition, on 2/27/13 at 10:25 am the Department Representative noted that staff person C initiated the Controlled Substance Shift Count Record as completed for the off going 7 am - 3 pm shift on 2/27/13, prior to counting the controlled substances with the on-coming staff person for the 3 pm to 11 pm shift who was scheduled to commence work at 3:00 pm that day.

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.

CORRECTIVE ACTION: 2-28-13 a physicians order was obtained for self administration for the use of Alka Seltzer. Resident "#1" was assessed for the proper use and indication for use of the medication.

HOW TO IDENTIFY OTHER STAFF/RESIDENTS: 3-8-13 audits of medication/storage was performed for residents who have orders to self medicate. Each medication was matched with a corresponding order.

SYSTEMIC CHANGES: (1) staff and residents will be in-serviced on the proper procedure of self medicating with the use of OTCs (over the counter medications) at orientation, annually and as needed. (2) a formal letter will be sent to all family members and included in move in packets regarding OTC medications use and storage.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Marita Menahem Spock*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marita Menahem Spock* Date *3-13-13*

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

The above plan of correction is approved as of 4/18/13 (Date) Plan of correction implementation status as of 4/18/13 (Date)

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

The above plan of correction was approved by *M* (Initials)

Violation Report: 21120 - 02/27/2013 - Bloch, Betty
 PCH Name: EMERITUS AT BLOOMSBURG

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.

2a. DESCRIPTION OF VIOLATION

The allowable time frame for administering 8:00 am doses of prescribed medications is between 7:00 am and 9:00 am. On 2/27/13 at 9:45 am, staff person C was observed administering the following 8:00 am doses of prescribed medications to resident #2: Acetaminophen Ex-Str, Digoxin, Isosorbide Mono ER, Metoprolol Tartrate, Gental P/F, Senna, Vitamin B, Behazepriil HCl, and Furosemide.

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.

CORRECTIVE ACTION: 3-11-13 nurses/med techs were in-seviced on the Medication Administration Policy and Procedures related to the approved time-line for medication administration at orientation, annually and as needed.

MONITORING PROCESS: continued medication administration observations per the DPW medication administration train the trainer guidelines.

COMPLETION DATE: ongoing

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Marita Menghini-Speck*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marita Menghini-Speck* Date *3-13-13*

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The above plan of correction is approved as of 4/18/13
(Date)

Plan of correction implementation status as of 4/18/13
(Date)

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

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