



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 5, 2013

Ms. Melanie Werdel, EVP of Administration
Emeritus Corporation
3131 Elliott 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 Human Services licensing inspection on July 2, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary 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.

Sincerely,

A handwritten signature in black ink that reads "Gloria Emick".

Gloria Emick
Regional Licensing Administrator

Enclosure(s)

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

PCH Name: EMERITUS AT HARRISBURG		License Number: 31611
Address: 3550 NORTH PROGRESS AVENUE, HARRISBURG, PA 17110		County: Dauphin
Administrator: Amanda Carter Amber Carter		Region: CENTRAL
Legal Entity Name: EMERITUS CORPORATION		
Legal Entity Address: 3131 ELLIOTT AVENUE STE. 500, SEATTLE, WA 98121		
Certificate(s) of Occupancy C-2 LP 11/20/1997 L & I		
Staffing Hours Resident Support: NM Total Daily Staff: 97 Waking Staff: 73		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 07/02/2013: McCloskey, Jason; Palermo, Michael		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>AUG 05 2013</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 89 Number of Residents Served: 60 Secured Dementia Care Unit in Home: Yes Area: MCU - Memory Care Unit Secured Dementia Unit Capacity, if Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, if applicable: 21 Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 15	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 60 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 37 Have a Physical Disability: 3	

Violation Report: 31611 - 07/02/2013 - McCloskey, Jason
 PCH Name: EMERITUS AT HARRISBURG

1. REGULATION 55 Pa.Code §2600
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 On 5/25/13, a resident was transported to the hospital with the assistance of emergency services. The home did not report this incident to the Department until 5/30/13.

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.

Immediate:

1. Review of regulation and reporting policy with wellness nurse staff and resident care director.
2. Audit completed of 2013 reportable events to ensure for compliance with policy and required reporting time frames. 7/2/2013

Systemic Changes:

1. Resident care director is responsible to report incidents to the DPW within 24 hours. 7/2/2013 and ongoing
2. In the event the resident care director is unavailable, wellness nurse is responsible; if unavailable then the executive director is responsible. 7/26/2013 and ongoing.
3. Education on Regulation 2600.16 will occur upon hire, annually and as needed. 7/26/2013 and ongoing

Ongoing Monitoring:

1. Executive director will randomly review 10% of reported events submitted monthly for compliance with policy standards and report at quarterly QA meeting. 7/26/2013 and ongoing for 6 months.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Amber Carter*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Amber Carter Executive Director* Date *8/2/13*

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

The above plan of correction is approved as of 9-5-13 (Date)

Plan of correction implementation status as of 9-5-13 (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: 31611 - 07/02/2013 - McCloskey, Jason
 PCH Name: EMERITUS AT HARRISBURG

1. REGULATION 55 Pa.Code §2600
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 7/2/13 at 9:15 am, two empty medication blister cards labeled with resident names, medication names and medical diagnoses were unlocked and accessible on the medication cart in the memory care unit.

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

Immediate:

1. Empty blister cards were immediately removed from the medication cart in Memory Care.
2. Resident information was blacked out (de-identified) and empty card properly disposed. 7/2/2013
3. Staff member responsible was re-education and reviewed policy on confidentiality of personal health information.

Systemic Changes:

1. Staff will be educated on policies and procedures for confidentiality of records and HIPAA upon hire, annually and as needed. Next annual training is scheduled for staff meeting 8-21-2013 and ongoing.
2. Medication administration staff will be re-educated on proper disposal of medication packaging during administration and when packaging empty. 8/5/2013 and ongoing

Ongoing Monitoring:

1. Resident care director and/or designee will conduct weekly medication review including review of proper management of confidentiality and disposal of empty packaging. 8/1/2013 and ongoing
2. Executive director or designee will conduct bi-monthly medication review including proper management of confidentiality and disposal of empty packaging. 8/1/2013 and ongoing.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Amber Carter*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Amber Carter* Executive Director Date *8/2/13*

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

The above plan of correction is approved as of 8-5-13 (Date)

Plan of correction implementation status as of 8-5-13 (Date)

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

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