



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

NOV 28 2013

Ms. Melanie Werdel, EVP Administrator
Emeritus Corporation
3131 Elliott Avenue, Suite 500
Seattle, Washington 98121

RE: Emeritus at Creekview
1100 Grandon Way
Mechanicsburg, Pennsylvania 17055
License #: 316120

Dear Ms. Werdel:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 20, 2013 and August 21, 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.

Your regular license for the period September 30, 2013 to September 30, 2014 was issued on June 21, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones".

Matthew J. Jones
Acting Director *LSA*

Enclosure
License Inspection Summary

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

PCH Name: EMERITUS AT CREEKVIEW		License Number: 31612
Address: 1100 GRANDON WAY, MECHANICSBURG, PA 17055		County: Cumberland
Administrator: S. Denny Granahan		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 03/15/2005 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 115 Waking Staff: 86		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/20/2013: Rosenblat, Dale; OPake, Hope 08/21/2013: Rosenblat, Dale; OPake, Hope		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 120 Number of Residents Served: 77 Secured Dementia Care Unit in Home: Yes Area: Memory Care Secured Dementia Unit Capacity, if Applicable: 30 Number of Residents Served in Secured Dementia Care Unit, if applicable: 21 Number of Current Hospice Residents: 16 Number of Hospice Residents in past year: 12	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 74 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 38 Have a Physical Disability: 2	

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Violation Report: 31612 - 08/20/2013 - Rosenblat, Dale
 PCH Name: EMERITUS AT CREEKVIEW

1. REGULATION 65 Pa. Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
 The fire drill records for the drills conducted from January 2012 through February 2013 do not accurately reflect the number of residents in the home at the time of the drill and the number of residents evacuated.
 The fire drill records for the drills conducted from March 2013 through July 2013 do not accurately reflect the number of residents in the home that were evacuated.

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.

Immediately - The community will begin accurately documenting the number of residents in the home at the time of the drill and the number of residents evacuated during each and every fire drill.

Monthly - The Executive Director will review the fire drill record monthly to ensure that the staff person who proctored the drill accurately documented the number of residents evacuated.


Quarterly - The community's CQI team will go over the fire drill record for issues and discrepancies every quarter of the year.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) S Denny Granahan, Executive Director Date 10/4/2013

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The above plan of correction is approved as of <u>11/14/13</u> (Date) The above plan of correction was approved by <u></u> (Initials)	Plan of correction implementation status as of <u>11/14/13</u> (Date) <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
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Violation Report: 31642 - 08/20/2013 - Rosenblat, Dale
 PCH Name: EMERITUS AT CREEKVIEW

1. REGULATION 55 Pa.Code §2600
 2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION
 The vehicle used to transport residents did not contain eye coverings, tweezers, breathing shield, thermometer and nonporous disposable gloves.

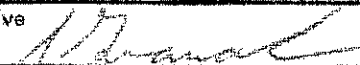
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Immediately – A first aid kit with all of the required items, including, but not limited to eye coverings, tweezers, breathing shield, thermometer and nonporous gloves was placed in the Community's bus at the time of the inspection.

Monthly – The Community's designated driver will check the first aid kit in the van monthly to ensure that all the required items are in the first aid kit. Documentation of this audit will be kept in the Community's bus binder.

As needed and ongoing – The Community's staff will replace any item used from the first aid kit immediately upon return to the Community

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) S. Denny Granahan, Executive Director	Date 10/4/2013
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 (Date)

Plan of correction implementation status as of 11/14/13
 (Date)

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

The above plan of correction was approved by LA
 (initials)