



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 30, 2014

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
316110

Dear Ms. Werdel:

As a result of the Department of Public Welfare's Human Services licensing inspection on October 17 and 23, 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.

Sincerely,

A handwritten signature in cursive script that reads "Gloria Emick".

Gloria Emick
Regional Licensing Administrator

Enclosure

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

FCH Name: EMERITUS AT HARRISBURG		License Number: 31611
Address: 3580 NORTH PROGRESS AVENUE, HARRISBURG, PA 17110		County: Dauphin
Administrator: 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 Labor & Industry		
Staffing Hours Resident Support: NM Total Daily Staff: 75 Working Staff: 57		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 10/17/2013: McCloskey, Jason; Gensil, Lori 10/23/2013: McCloskey, Jason; Gensil, Lori		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Trigger: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 65 Number of Residents Served: 38 Secured Dementia Care Unit in Home: Yes Area: Memory Support Unit Secured Dementia Unit Capacity, if Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, if applicable: 23 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 20	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 61 Have Mental Illness: 3 Have an Intellectual Disability: 1 Have a Mobility Need: 38 Have a Physical Disability: 2	

Violation Report: 31611 - 10/17/2013 - 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 10/16/13 at 10:11 pm, Resident #1 was struck in the stomach by another resident. The home did not report the incident to the Department.
On 10/17/13 at 10:45 pm, Resident #1 was slapped in the face by another resident. The home did not report the incident to the Department.

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.

Regulation 2600.16(c)

1. A reportable incident was completed and sent to the department regarding both incidents.
2. ED and/or designee to in-service staff on reportable incidents, specifically regarding abuse reporting as specified in 2600.15 by 1/10/14. In-servicing will be done upon hire, annually and as needed.
3. RCD and/or designee will regularly review incidents to assure proper reporting to the department is completed, if necessary.
4. ED and/or designee will review incidents on a weekly basis to assure proper reporting to the department is completed, if necessary.
5. The Quality Assurance Team will review incidents on a quarterly basis to identify any further opportunities for improvement and ensure there are no gaps in training.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/02/2013
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Amber Carter</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Amber Carter PCHA, SR RCD	12/26/13

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

The above plan of correction is approved as of <u>1-30-14</u> (Date)	Plan of correction implementation status as of <u>1-30-14</u> (Date)
The above plan of correction was approved by <u>LE</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: 31811 - 10/17/2013 - 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 10/23/13 at 2:30 pm, a blue binder labeled "Daily Log Book" was unlocked and accessible to residents, staff and visitors in the kitchenette of the SDCU. The binder contained personal information for residents living in the unit and included a "new admission assessment tool" for Resident #2, detailing personal information relevant to his or her special dietary restrictions, food allergies and activities of daily living.

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 date by which the steps will be completed.

Regulation 2600.17

1. The daily log book is now locked in a secure cabinet in the memory care neighborhood.
2. ED or designee to in-service staff on confidentiality and the importance of securing the daily log book in a secure location by 1/10/14. In-servicing will be done upon hire, annually and as needed.
3. ED and/or designee will regularly verify that the daily log is secured in the designated area for the next 30 days.
4. Thereafter the ED and/or designee will conduct random weekly audits to ensure that the daily log book is secured in the designated area.
5. The Quality Assurance Team will review this system quarterly to identify and further opportunities for improvement to ensure the log book is in a secure cabinet.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/02/2013	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Amber Carter*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Amber Carter PCHA, SR ACD</i>	Date <i>1/26/14</i>
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The above plan of correction is approved as of 1-30-14
 (Date)

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

Plan of correction implementation status as of 1-30-14
 (Date)

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

Violation Report: 31611 - 10/17/2013 - McCloskey, Jason
PCH Name: EMERITUS AT HARRISBURG

1. REGULATION 55 Pa. Code §2600
2600.42(o) - A resident has the right to freely associate, organize and communicate with others privately.

2a. DESCRIPTION OF VIOLATION
Residents #3 and #4 participated in a consensual relationship. On 6/3/13, 7/26/13, 8/24/13 and 10/2/13 staff denied the residents the right to freely associate, by separating the residents.

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.

Regulation 2600.42(O)

1. Resident #3 and #4 now participate in a consensual relationship and both responsible parties are aware and support the consensual relationship.
2. Resident #3 and #4 RASP's were updated to reflect their consensual relationship.
3. Staff were verbally instructed to allow the residents to continue their consensual relationship.
4. Staff were in-serviced on 10/14/13 on intimacy and sexuality and how it relates to residents with cognitive impairment. Staff will be in-serviced on Resident Rights by 1/10/14. In-servicing of resident rights will take place upon hire, annually and as needed.
5. ED and/or designee will conduct monthly in-services with staff on the residents' #3 & #4 consensual relationship and Regulation 2600.42(O) starting 1/15/13 and monthly thereafter for 3 months.
6. The Quality Assurance Team will quarterly review that Resident Rights are preserved and to identify any further opportunities for improvement and to ensure there are no gaps in training.

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 RCHA, SR RCO

Date

12/20/13

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Not Implemented

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AC
(Initials)

Violation Report: 31611 - 10/17/2013 - McCloskey, Jason
PCH Name: EMERITUS AT HARRISBURG

1. REGULATION 55 Pa.Code §2600

2600.81(a) - The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

2a. DESCRIPTION OF VIOLATION

A stop sign affixed to a thin, flexible rod, approximately 4 feet tall, was found by the exit doors closest to Room #211 in the SDCU. The sign had the potential for impeding safe movement within the home.

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.

Regulation 2600.81(a)

1. The stop sign affixed to a thin flexible rod by the exit doors was removed on 10/23/13.
2. ED and/or designee will educate staff on safe movement within the home, procedures for safely exiting the home and the use of therapeutic techniques to re-direct residents from attempting to go through exit doors by 1/15/13. In-servicing will take place upon hire, annually and as needed.
3. ED and/or designee will periodically verify that exit doors are free and clear of any obstacles that may impede safe movement within the home for the next 30 days.
4. Thereafter the ED and/or designee will conduct random weekly audits to ensure that exit doors are free and clear of any obstacles.

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 SR RD, PCHA

Date

12/20/13

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GE
(Initials)

Violation Report: 31611 - 10/17/2013 - McCloskey, Jason
PCH Name: EMERITUS AT HARRISBURG

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

- On 10/23/13 at 2:30 pm, the nozzles on the juice machine in the SDCU had brown/black speckles on them, appearing to be mold.
- A sticky substance was splashed on the juice machine and on the floor of the kitchenette of the SDCU.

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.

Regulation 2600.85(a)

1. Juice machine was cleaned and floor was mopped on 10/23/13.
2. A cleaning schedule was put in place and overseen by the DSD and/or designee for juice machine to be cleaned weekly on Wednesdays starting on 10/30/13.
3. Housekeeper and/or designee will periodically monitor juice machine and floor starting 1/2/13 to ensure cleanliness.
4. ED and/or designee will educate staff on the importance of the cleanliness of juice machine and kitchenette by 1/15/13. In-servicing will take place upon hire, annually and as needed.
5. ED and/or designee to do random weekly audits of juice machine and floor to ensure compliance with cleanliness.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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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 PCHA, SR RCD* Date *12/26/13*

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Violation Report: 31611 - 10/17/2013 - McCloskey, Jason
 PCH Name: EMERITUS AT HARRISBURG

1. REGULATION 66 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

New orders for Resident #5 were faxed, instructing the home to stop Plavix for 7 days ahead of surgery scheduled on 10/10/13. The home administered Plavix from 10/3/13 through 10/6/13 and from 10/6/13 through 10/10/13. The home also did not administer Aspirin, 81 mg, from 10/4/13 through 10/7/13 for the same resident.

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.

Regulation 2600.187(d)

1. Family, resident and physician were notified of the error when it was found on 10/7/13 and surgery was rescheduled to a later date.
2. A corrective action in-service was held with the community wellness nurses on their role and responsibilities on 10/7/13 and 10/22/13. Med techs will also receive ins-servicing on the 5 rights of medication administration. In-servicing will take place upon hire, annually and as needed.
3. The wellness nurses and/or Resident Care Director will transcribe new physician orders starting 10/23/13 and ongoing.
4. The RCD and/or designee will perform weekly random audits of physician orders for 3 months to ensure that orders are followed as directed by the prescriber.
5. Thereafter the RCD and/or designee will perform random monthly audits for 3 months to ensure compliance.

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 PCH, SR RD

Date

12/20/13

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AC
 (Initials)

Violation Report: 31611 - 10/17/2013 - McCloskey, Jason
PCH Name: EMERITUS AT HARRISBURG

1. REGULATION 55 Pa.Code §2600
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
The resident assessment and support plan for Resident #6, dated 9/18/13, was not signed by a representative of the home.

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.

Regulation 2600.227(g)

1. The resident assessment and support plan has since been signed by the evaluator and representative of the home.
2. The ED and/or designee will conduct an In-service with managers and staff by 1/15/13 to educate them that any individuals who participate in the development of the support plan sign and date it. In-servicing will take place upon hire, annually and as needed.
3. The RCD and/or designee will audit current resident charts by 1/10/13 to ensure RASPs are signed and dated by a representative of the home.
4. Ongoing the RCD and/or designee will perform a random monthly audit of 10% of resident RASP's to ensure continued compliance starting 2/10/13 for 3 months.
5. The Quality Assurance Team will review this system quarterly to identify and further opportunities for improvement to ensure RASPs are signed and dated by a representative of the home.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Ambler Carter PCHA, Sr RCD* Date *12/26/13*

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(Date)

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(Date)

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

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

Violation Report: 31671 - 10/17/2013 - McCloskey, Jason
 PCH Name: EMERITUS AT HARRISBURG

1. REGULATION 55 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a DESCRIPTION OF VIOLATION

Resident #1 was admitted to the SDCU on 8/31/13. The resident did not have a preadmission screening completed in collaboration with a physician or geriatric assessment team.

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.

Regulation 2600.231(c)

1. This violation cannot be corrected due to Resident #1 moving out of the home on 11/1/13.
2. The ED and/or designee to conduct an In-service with the management team and wellness nurses to discuss preadmission/cognitive screenings by 1/10/13. In-service to take place upon hire, annually and as needed.
3. The RCD and/or designee will audit current resident files by 1/10/13 to ensure residents have the appropriate preadmission screenings.
4. Ongoing the RCD and/or designee will perform a random monthly audit for 3 months of 25% of resident charts to ensure preadmission/cognitive screenings are on file and completed within 72 hours prior to admission of a resident to the SDCU.
5. The ED and/or designee to randomly review preadmission screenings for new SDCU residents upon admission effective 1/1/14 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 PCHA, SE RCD

Date *12/20/13*

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Plan of correction implementation status as of

1-30-14
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- Fully Implemented
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- Not Implemented

The above plan of correction was approved by

RE
 (Initials)

Violation Report: 31611 - 10/17/2013 - McCloskey, Jason

PCH Name: EMERITUS AT HARRISBURG

1. REGULATION 55 Pa.Code §2600

2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION

The directions for operating the home's locking mechanism are not conspicuously posted near the doors to the SDCU.

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.

Regulation 2600.233(c)

1. The directions for operating the home's locking mechanism are now posted.
2. The ED and/or designee will in-service the staff on assuring that the directions for the operation of the home's locking mechanism are posted at all times.
3. The Memory Care Director and/or designee will verify that the operation of the home's locking mechanism is posted on a daily walk-thru for one month.
4. Ongoing the Maintenance Director or Designee will verify that the operation of the home's locking mechanism is posted on the weekly walk-thru.
5. Thereafter, the ED and/or designee will conduct random quarterly walk-thru's to assure that the operation of the home's locking mechanism is posted on the quarterly walk-thru.

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 PCHA SR RCD

Date

12/26/13

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AC
(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 91611 - 10/17/2013 - McCloskey, Jason
 PCH Name: EMERITUS AT HARRISBURG

1. REGULATION 55 Pa.Code §2600
 2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION

Resident #7 was admitted to the SDCU on 9/17/13. The resident's initial support plan was not developed until 10/7/13.

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.

Regulation 2600.234(a)

1. The initial support plan for Resident #7 was completed, however outside of the window from 72 hours of the admission, or within 72 hours prior to the admission of to the secured dementia care unit.
2. The ED and/or designee to conduct an in-service with the management team and wellness nurses to discuss the importance of timeliness of completing the resident support plan. In-servicing will take place upon hire, annually and as needed.
3. The RCD and/or designee will audit current Memory Care resident files by 1/10/13 to ensure residents have the appropriate support plans.
4. Ongoing the RCD and/or designee will perform a random monthly audit for 3 months of 25% of resident charts to ensure Memory Care Support Plans are on file 72 hours of the admission, or within 72 hours prior to the admission of to the secured dementia care unit.
5. The ED and/or designee will review support plans for new SDCU residents upon admission effective 1/1/14 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 RCHA, Sr RCD

Date

12-6-13

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 (Date)

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