



JUN 26 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
License #: 316110

Dear Ms. Werdel:

As a result of the Department of Public Welfare's licensing inspection on March 17, 2014, 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.

Your regular license for the period June 3, 2014 to June 3, 2015 was issued on March 10, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long, sweeping horizontal line extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: EMERITUS AT HARRISBURG	License Number: 31611
Address: 5560 NORTH PROGRESS AVENUE, HARRISBURG, PA 17110	County: Dauphin
Administrator: Lenny Boop	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: 0 Total Daily Staff: 67 Visiting Staff: 10

Type of Inspection: Full BHA Docket Number: Notice: Unannounced

Reason(s) for Inspection(s)
 Renewal

On-Site Inspections Dates and Department Representatives On-Site
 03/17/2014; Rouse, McKinley; Hoover, Douglas

Off-Site Inspection Dates and Inspectors, if Applicable

RECEIVED
 MAY 27 2014
 CENTRAL REGION FIELD OFFICE
 Human Services Licensing

Other Details
 Partial or Full Triggers: Random Indicators:

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 88 65 Number of Residents Served: 49 Secured Dementia Care Unit in Home: Yes Area: Attached to PC Secured Dementia Unit Capacity, if Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, if applicable: 20 Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 10	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 49 Have Mental Illness: 9 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 1
--	--

Violation Report: 31611 - 03/17/2014 - Rouse, McKinley
 PCH Name: EMERITUS AT HARRISBURG

REGULATION 26 Pa. Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

There were food crumbs, food stains and splatters in and on the microwave in the kitchen of the secure dementia 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.

Corrective Action

The Microwave was cleaned immediately

How to Identify Other Residents/Staff

Microwaves and small appliances in the facility were checked and cleaned.

Systemic Changes

Staff education for daily cleaning schedule of small appliances and microwaves will be completed.

Monitoring and Observation

Dietary Director and or designee will complete a weekly inspection of identified appliances and microwaves.

Date of Completion

May 31, 2014

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Denise S. Gaultak ED

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

Denise S. Gaultak ED

Date

5/27/14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of

6-11-14
 (Date)

Plan of correction implementation status as of

6-11-14
 (Date)

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

The above plan of correction was approved by

DS
 (Initials)

Violation Report: 31611 - 03/17/2014 - Rouse, McKinley
 PCH Name: EMERITUS AT HARRISBURG

1. REGULATION OR STANDARD §2000
 2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION
 The exterior light of the exit door next to the staff break lounge did not have a light bulb.

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

Exterior light outside of the staff break room was replaced.

How to Identify Other Residents/Staff

Maintenance Director will conduct a complete sweep of the building and check that lighting is functioning properly and correct any that need to be replaced.

Systemic Changes

The Maintenance Director will conduct weekly checks throughout the building to assess lighting.

Monitoring and Observation

The Executive Director or designee will complete monthly preventative maintenance checks for lighting. Information will be presented at the quarterly QA meeting

Date of Completion

May 31, 2014

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) Demise S. Gault Date 5/27/14

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

The above plan of correction is approved as of 6-11-14 (Date)

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

Plan of correction implementation status as of 6-11-14 (Date)

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

Violation Report: 31611 - 03/17/2014 - Rouse, McKinley
 PCH Name: EMERITUS AT HARRISBURG

1. REGULATION or Pa.Code §2000
 2600 95 - Furniture and equipment must be in good repair, clean and free of hazards

2a. DESCRIPTION OF VIOLATION
 The outside fence of the secure dementia unit has a small section at the top, measuring approximately 1 foot square, that is missing.

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

The exterior fence off the Memory Care unit has been repaired

How to Identify Other Residents/Staff

The external fencing of the facility has been inspected for any other broken areas.

Systemic Changes

The Maintenance Director will check the exterior fence area during his weekly inspection rounds

Monitoring and Observation

Results of the weekly inspection will be provided to the quarterly QA meeting

Date of Completion

May 31, 2014

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Dan D. Bowler IED*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Denise S. Gault IED</i>	Date <i>5/27/14</i>
--	---------------------

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

The above plan of correction is approved as of 6-11-14
 (Date)

Plan of correction implementation status as of 6-11-14
 (Date)

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

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

Violation Report: 31611 - 03/17/2014 - Rouse, McKinley
 PCH Name: EMERITUS AT HARRISBURG

1. REGULATION or Pa. Code §2600

2600 96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The first aid kit in the satellite kitchen next to Room 323 did not include antiseptic.

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

The First Aide Kit in the satellite kitchen was immediately filled with an antiseptic.

How to Identify Other Residents/Staff

An inventory of appropriate items for each First Aide Kit was completed.

Systemic Changes

A list of items for the First Aide Kit will be placed in each kit. Monitoring of the first aide kits will be conducted each weekly by the Med Techs to determine compliance.

Monitoring and Observation

Random weekly audits will be completed for 4 weeks and then monthly by the RCD or designee. Results will be reviewed at the quarterly QA meeting.

Date of Completion

June 30, 2014 and ongoing

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* LED

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dennis S. Gaultak LED* Date *5/27/14*

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

The above plan of correction is approved as of 6-11-14 (Date)

Plan of correction implementation status as of 6-11-14 (Date)

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

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

Violation Report: 31611 - 03/17/2014 - Rouse, McKinley
 PCH Name: EMERITUS AT HARRISBURG

1. REGULATION or Pa. Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F
 Thermometers are required in refrigerators and freezers

2a. DESCRIPTION OF VIOLATION

-At approximately 2:15 PM, on 03/17/2014, there was no thermometer in the ice cream freezer of the dry storage area of the main kitchen.

~~-At approximately 2:25 PM, on 03/17/2014, there was no thermometer in the refrigerator of the secure dementia 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

Corrective Action

Thermometers were immediately placed in the refrigerators and freezers.

How to Identify Other Residents/Staff

Food storage refrigerators and freezers were checked for thermometers.

Systemic Changes

Thermometer check lists have placed at food storage refrigerator and freezer areas. Temperatures will be checked daily by dietary designee.

Monitoring and Observation

The Dietary Services Director designee will monitor the temperature lists for each food storage refrigerator or freezer weekly to check for thermometers and temperatures.

Date of Completion

May 31, 2014

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *DN S Garber ED*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Denise S Garber ED* Date *5/27/14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of <u>6-11-14</u> (Date)	Plan of correction implementation status as of <u>6-11-14</u> (Date)
The above plan of correction was approved by <u>SG</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 31611 - 03/17/2014 - Rouse, McKinley
 PCH Name: EMERITUS AT HARRISBURG

1. REGULATION 55 Pa.Code §2606
 2600 103(g) - Food shall be stored in closed or sealed containers

2a. DESCRIPTION OF VIOLATION
 There was an opened and unsealed half loaf of wheat bread in the lower corner cabinet in the kitchen of the secure dementia 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.

Corrective Action

The bread was immediately removed from under the sink area. Staff was educated to date and place opened bread in sealed containers.

How to Identify Other Residents/Staff

The kitchen area in Memory Care was checked for any other open items that were not placed in sealed containers.

Systemic Changes

Sealed containers of various sizes have been provided for opened items in the unit kitchen

Monitoring and Observation

The Dietary Services Director or designee will monitor for any opened items not placed in sealed containers.

Date of Completion

May 31, 2014

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) Dennis S. Gaulak MD Date 5/27/14

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

The above plan of correction is approved as of 6-11-14
 (Date)

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

Plan of correction implementation status as of 6-11-14
 (Date)

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

Violation Report: 31611 - 03/17/2014 - Rouse, McKinley
 PCH Name: EMERITUS AT HARRISBURG

1. REGULATION 55 Pa.Code §2600
 2600 183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

There were Tylenol Arthritis gel caps, 650mg, sitting on the bathroom shelf unlocked in Room Z35. Residents #1 and #3 live in Room Z35, but Resident #1 cannot self-administer medications.

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

Resident education was provided and the medication was placed in a locked box.

How to Identify Other Residents/Staff

An audit of resident apartments who self administer medications will be conducted to ensure all medications are kept in a locked box.

Systemic Changes

Education to secure medications kept in resident rooms was provided to residents who have been determined safe for Self-Medication Administration

Monitoring and Observation

Quarterly Self Medication Administration evaluations will be completed by the RCD or designee.

Date of Completion

May 31, 2014 and ongoing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature] ED

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

Denise S. Gauke ED

Date

5/27/14

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

The above plan of correction is approved as of

6-11-14
 (Date)

Plan of correction implementation status as of

6-11-14
 (Date)

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

The above plan of correction was approved by

[Handwritten Initials]
 (Initials)

Violation Report: 31611 - 03/17/2014 - Rouse, McKinley

PCH Name: EMERITUS AT HARRISBURG

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

On 3/17/2014, between 4:45 PM and 5:15 PM, Staff Person A was observed initialing the medication administration record for Resident #2's 5:00 PM doses, but the 5:00 PM medications for the resident had not yet been administered.

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

The Medication Technician was immediately removed from medication administration and a course review was provided.

How to Identify Other Residents/Staff

The Medication Technicians have been educated on proper documentation of administering medications.

Systemic Changes

Random audits during medication pass will be conducted for proper documentation and administration.

Monitoring and Observation

The random audits will be reviewed by the RCD or designee and results will be brought to the quarterly QA meeting.

Date of Completion

May 31, 2014

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Denise S. Garlock ED

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

Denise S. Garlock ED

Date

5/27/14

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

The above plan of correction is approved as of

6-11-14
(Date)

Plan of correction implementation status as of

6-11-14
(Date)

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

The above plan of correction was approved by

DS
(Initials)

Violation Report: 31611 - 03/17/2014 - Rouse, McKinley
 PCH Name: EMERITUS AT HARRISBURG

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 outer door of the courtyard of the secure dementia care unit has an exit sign and requires a swipe card to exit through the door, but the directions for how to operate the door were not posted in a conspicuous place near the door.

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

There is an exit sign above the French doors opening out onto the secured patio. These doors, however, do not currently have a swipe card as they open out onto the secured patio. The secured patio will have a new magnetic locking system with the directions posted in a conspicuous place.

How to Identify Other Residents/Staff

Audit all of the other Memory Care doors for appropriate locking system

Systemic Changes

Until the locking system is in place we will complete door checks each shift

Monitoring and Observation

Memory Care Director will check all Memory Care exits during monthly elopement drills

Date of Completion

July 12, 2014

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Demice S. Grubbs ED* Date *5/27/14*

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

The above plan of correction is approved as of 6-11-14
 (Date)

Plan of correction implementation status as of 6-11-14
 (Date)

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

The above plan of correction was approved by [Signature]
 (Initials)

Violation Report: 31611 - 03/17/2014 - Rouse, McKinley
 PCH Name: EMERITUS AT HARRISBURG

1. REGULATION OF PARADE 2606
 2600.233(d) - Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

2a. DESCRIPTION OF VIOLATION
 The exit door to the secure dementia care unit courtyard does not have an electronic magnetic lock.

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

An electronic magnetic lock will be placed on the Memory Care gate door with operating directions placed in a conspicuous place

How to Identify Other Residents/Staff

Audit all of the other Memory Care doors for appropriate locking system

Systemic Changes

Until the locking system is in place we will complete door checks each shift

Monitoring and Observation

Memory Care Director will check all mc exits during monthly elopement drills

Date of Completion

July 12, 2014

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

Signature of Legal Entity Representative (Required on EVERY Page) *Denise S. Gault, ED*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Denise S. Gault, ED</i>	<i>5/27/14</i>

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

The above plan of correction is approved as of 6/11/14
 (Date)

Plan of correction implementation status as of 6/11/14
 (Date)

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

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