



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

MAY 16 2014

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

RE: Emeritus at Bloomsburg  
420 Shaffer Road  
Bloomsburg, Pennsylvania 17815  
License #: 211200

Dear Ms. Werdel:

As a result of the Department of Public Welfare's licensing inspection on April 16, 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 17, 2014 to June 14, 2015 was issued on April 8, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary



Violation Report: 21120 - 04/16/2014 - Novak, Ryan  
 PCH Name: EMERITUS AT BLOOMSBURG

**1. REGULATION 55 Pa.Code §2600**

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**2a. DESCRIPTION OF VIOLATION**

Resident #1's contract dated 2/14/14 and Resident #2's contract dated 3/11/13 were not signed by the 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.*

**CORRECTIVE ACTION:** On 4-19-14 both Resident # 1 & 2 reviewed and signed their respective contracts to the best of their ability.

**HOW TO IDENTIFY OTHER STAFF/RESIDENTS:** On 4-26-14 an audit of current resident files were conducted to verify that Regulation 2600.25(b) was met.

**SYSTEMIC CHANGES:** The Executive Director (ED) or designee will meet with new resident(s) and review the service agreement of new resident(s) to obtain their signature or designated mark indicating their understanding and acceptance of the agreement.

**MONITORING PROCESS:** The ED or designee will audit new resident agreements to ensure completion of required signatures.

**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 Menchini-Spock*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Marta Menchini-Spock* Date *4-28-14*

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

The above plan of correction is approved as of 5/5/14  
 (Date)

Plan of correction implementation status as of 5/5/14  
 (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 - 04/16/2014 - Novak, Ryan  
 PCH Name: EMERITUS AT BLOOMSBURG

1. REGULATION 55 Pa.Code §2600

2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

The facility regularly schedules 2 staff members from 10:15pm-6:15am. The facility has 10 residents that require physical assistance to evacuate the building. The designated meeting place is outside of the building, the home does not have internal fire safe areas. The designated evacuation time is 6 minutes. The home does not have enough staff to meet the needs of the residents as identified in the resident assessment support plans.

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:** On 4-17-14 an additional staff member was placed on the overnight shift 10:15p - 6:15a resulting in at least 3 staff members in the community at all times to meet the requirements of regulation 2600.60(a)

**HOW TO IDENTIFY OTHER STAFF/RESIDENTS:** the Executive Director (ED) will review the staffing schedules to ensure that at least 3 staff members are scheduled in the community on the overnight shift.

**SYSTEMIC CHANGES:** 4-28-14 new staff were hired in order to maintain increased staffing hours on the overnight shift. Estimates are being obtained for the installation for fire doors creating fire safe areas within the building.

**MONITORING PROCESS:** the ED or designee will initial staffing schedules to signify review and verify that at least 3 staff members are present in the community at all times.

• The administrator shall monitor and assure ongoing compliance -

COMPLETION DATE: ongoing

*Mm*  
5/5/14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Marita Menghini-Spock</i>	Date <i>4-29-14</i>
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The above plan of correction is approved as of <u>5/5/14</u> (Date)	Plan of correction implementation status as of <u>5/5/14</u> (Date)
The above plan of correction was approved by <u><i>Mm</i></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 - 04/16/2014 - Novak, Ryan  
 PCH Name: EMERITUS AT BLOOMSBURG

1. REGULATION 55 Pa.Code §2600  
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION  
 The facility's most recent fire drill held during sleeping hours was on 9/26/13 at 4:58am. Fire drills are required to be held during the sleeping hours at least once every 6 months.

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:** On 4-21-14 an overnight fire drill/evacuation was conducted in the community.

**HOW TO IDENTIFY OTHER STAFF/RESIDENTS:** The next drill/evacuation is scheduled to take place within 6 months of 4-21-14. A notification alert was placed in the computer system and cellular devices as a reminder to the Executive Director (ED) and Maintenance Director (MD) to conduct a fire drill no later than 10-20-14.

**SYSTEMIC CHANGES:** The ED and the MD will meet monthly to discuss the date and time of the next fire drill/evacuation to be scheduled. Reminders will be put in place.

**MONITORING PROCESS:** The ED or designee will review the fire drill log monthly to verify that the drill were completed to meet the needs of Regulation 2600.132(e).

**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-Spock*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marita Menghini-Spock* Date *4/29/14*

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Violation Report: 21120 - 04/16/2014 - Novak, Ryan  
 PCH Name: EMERITUS AT BLOOMSBURG

1. REGULATION 55 Pa.Code §2600  
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION  
 During the fire drill held on 5/30/13 at 3:35pm there were 47 residents in the home at the time the alarm sounded, only 46 residents 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.

CORRECTIVE ACTION: On 4-29-14 staff were (re)educated during the monthly staff meeting on the fire drill/evacuation procedures and the DPW regulations as it relates to Regulation 26000.132(h).

HOW TO IDENTIFY OTHER STAFF/RESIDENTS: The Executive Director or designee will establish the in house occupancy count prior to each fire drill/evacuation to ensure complete evacuation.

SYSTEMIC CHANGES: "The community place a red magnet on the trim of each residents door signifying each resident has evacuated their room. Staff will be trained on this procedure."

MONITORING PROCESS: During each fire drill/evacuation a head count will be conducted and confirmed as accurate to ensure that each resident was evacuated from the community.

COMPLETION DATE: ongoing

The administrator shall monitor and assure ongoing compliance  
*M*  
 5/5/14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Martha Menghini-Spock* Date *4/29/14*

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Violation Report: 21120 - 04/16/2014 - Novak, Ryan  
 PCH Name: EMERITUS AT BLOOMSBURG

1. REGULATION 56 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION  
 Resident #3's DME dated 11/21/13 was incomplete as nothing was noted for the resident's ability to 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: On 4-17-14 the resident's DME was reviewed and completed by the Primary Care Physician (PCP) in regards to the resident's ability to administer her medications.

HOW TO IDENTIFY OTHER STAFF/RESIDENTS: On 4-21-14 current residents DME's were audited for completion and accuracy.

SYSTEMIC CHANGES: the Resident Care Director (RCD) or designee will review the DME's upon completion to ensure information is present, accurate and that all fields are filled out completely.

MONITORING PROCESS: A random quarterly audit of current resident DME's will be performed by the ED to ensure accuracy and completion.

COMPLETION DATE: ongoing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Marita Menahini-Spock*

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

Marita Menahini-Spock

Date 4-29-14

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Violation Report: 21120 - 04/16/2014 - Novak, Ryan  
 PCH Name: EMERITUS AT BLOOMSBURG

1. REGULATION 55 Pa.Code §2600  
 2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION  
 A bottle of Tums was located in Resident #4's bedroom. Resident #4's DME dated 6/12/13 notes cannot self administer medications. Resident #4 has not been assessed to 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:** On 4-17-14 Resident # 4 was assessed and evaluated for her ability to self administer medications. She was able to explain the need for the medication use, the amount to use as well as its frequency. She was also able to demonstrate the actions. At that time the Primary Care Physician (PCP) provided an order that Resident #4 was able to administer and store Tums independently. The DME was then amended by the PCP to indicate the same.

**HOW TO IDENTIFY OTHER STAFF/RESIDENTS:** The Resident Care Director (RCD) and/or designee conducted a room inspection of resident apartments to observe and ensure that residents are not self-administering medications without an order and to verify that residents with an order to self-administer medications are administering ordered medications.

**SYSTEMIC CHANGES:** Current residents were educated on the possession and use of medications in their rooms under the guidelines of Regulation 2600.181(c). On 4-28-14 a letter was sent to the families, Power of Attorneys, and/or responsible parties to also educate them on this regulation and to encourage them to bring all medications to the Executive Director prior to giving it to the resident to ensure that an order is obtained and that the resident has the ability to administer and store the medication independently.

**MONITORING PROCESS:** A random room inspection will be completed monthly to ensure that all medications are being stored properly, an order for the medication is present and that the resident is able to self administer the medications.

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-Spock*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marita Menghini-Spock* Date *4-28-14*

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