



NOV 07 2014

Ms. Melanie Werdel, Executive Vice President
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 licensing inspection on September 10, 2014 and September 11, 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 September 30, 2014 to September 30, 2015 was issued on July 7, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones
Director /SH

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: 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 03/16/2005 Labor and Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 125 Working Staff: 64		
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/10/2014: OPake, Hope; Rosenblat, Dale 09/11/2014: OPake, Hope; Rosenblat, Dale		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>OCT 27 2014</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: 120	Number of Residents who:	
Number of Residents Served: 79	Receive Supplemental Security Income: 1	
Secured Dementia Care Unit in Home: Yes	Are 80 Years of Age or Older: 79	
Area: Secured Unit	Have Mental Illness: 2	
Secured Dementia Unit Capacity, if Applicable: 30	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 24	Have a Mobility Need: 46	
Number of Current Hospice Residents: 6	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 15		

Violation Report: 31612 - 09/10/2014 - OPAke, Hope
 PCH Name: EMERITUS AT CREEKVIEW

1. REGULATION 55 Pa. Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The annual training provided to Direct Care Staff Members A and B in training year 2013 did not include medication self-administration or instruction on meeting the needs of residents as described in the preadmission screening form, assessment tool, medical evaluation and support plans.

2. 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.

See Attached Page 2 A of 4. - SE

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) *Selden Gonzalez, Exec Dir.* Date *10/24/2014*

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

The above plan of correction is approved as of 10-30-14
 (Date)

Plan of correction implementation status as of 10-30-14
 (Date)

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

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

Emeritus at Creekview

Plan of Correction

The following is the Plan of Correction for Emeritus at Creekview regarding the Statement of Deficiency dated 10/15/14 for the annual survey September 10 and September 11, 2014. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is a submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.

Regulation 2600.65 (f)

The annual training provided to Direct Care Staff Members A and B in training year 2013 did not include medication self-administration or instruction on meeting the needs of residents as described in the pre-admission screening form, assessment tool, medical evaluation and on support plans.

10/31/2014 – Direct Care Staff Members A and B will receive training in the identified areas.

11/30/2014 – The Executive Director and Health and Wellness Director will review the training for Direct Care and Ancillary staff members to verify that the required training has been completed per the 2014 staff training plan.

12/31/2014 – The Business Office Director will complete an audit of training to verify that associates have received the required training for 2014.

January 31, 2014 and ongoing – The concierge will log the monthly in service to verify participation. Any staff who did not, will be required to complete a self study by the end of the following month.

Selden Granahan
Executive Director

[Signature] 10/29/14

DE

Violation Report: 31E12 - 09/10/2014 - O'Pake, Hope
PCH Name: EMERITUS AT CREEKVIEW

1. REGULATION 55 Pa. Code §2600
2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
No fire drill was conducted during October 2013.

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.

See Attached Page 3 A of 4. - SE

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) Date

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

The above plan of correction is approved as of 10-30-14
(Date)

Plan of correction implementation status as of 10-30-14
(Date)

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

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

JE

Regulation 2600.132 (c)

The fire drill record for the drills conducted in March, April, May, June, July, and August 2014 does not include the number of residents evacuated or the exit routes used.

Immediately – The Maintenance Director met with the Licensing Representatives during the inspection to review how to properly complete the monthly fire drill record.

Immediately and Ongoing – The Maintenance Director will complete the monthly fire drill record in accordance with state regulations.

Immediately and Ongoing – Along with reviewing the monthly fire drill record to verify that the drill was completed, the Executive Director will review the fire drill record for compliant documentation.

Regulation 2600.132 (a)

No fire drill was conducted during October 2013.

Previously and ongoing – Maintenance Director has completed a monthly fire drill every month since October 2013 and will continue to complete monthly fire drills.

Immediately and ongoing – Executive Director will review fire drill log on the second to the last day of the month to verify that a fire drill was conducted that month.

Selden Granahan
Executive Director

[Signature] 10/24/14

Violation Report: 31612 - 09/10/2014 - OPaks, Hope
 PCH Name: EMERITUS AT CREEKVIEW

1. REGULATION 55 Pa.Code §2500

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 record for the drills conducted in March, April, May, June, July, and August 2014 does not include the number of residents evacuated or the exit routes used.

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.

See Attached Page 3A of 4. - ee

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/20/2014

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Selden M. Granahan, Exec Dir* Date *10/29/2014*

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

The above plan of correction is approved as of 10-30-14
 (Date)

Plan of correction implementation status as of 10-30-14
 (Date)

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

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