pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 4, 2015

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 Human Services' licensing inspection on November 7, 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.

Sincerely,

Cybil Bomberger
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: EMERITUS AT CREEKVIEW	License Number: 316120
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
03/15/2005
L&I

Staffing Hours

Resident Support: NM	Total Daily Staff: 116	Waking Staff: 87
Type of Inspection: Partial	BHA Docket Number: NA	Notice: Unannounced

Reason(s) for Inspection(s)

Complaint, Incident

On-Site Inspections Dates and Department Representatives On-Site

11/07/2014: Riel, Becky

Off-Site Inspection Dates and Inspectors, if Applicable

Other Details

Partial or Full Triggers: NA	Random Indicators: NA

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 120	Number of Residents who:
Number of Residents Served: 83	Receive Supplemental Security Income: 1
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 83
Area: NA	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: 33
Number of Current Hospice Residents: 6	Have a Physical Disability: 7
Number of Hospice Residents in past year: 20	

Violation Report: 31612 - 11/07/2014 - Riel, Becky
PCH Name: EMERITUS AT CREEKVIEW

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:
(1) Identify the correct resident.
(2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
(3) Remove the medication from the original container.
(4) Crush or split the medication as ordered by the prescriber.
(5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
(6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
(7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

On 11/4/2014 around 8am, Staff Person A administered Resident #1's medications to Resident #2. The staff person did not identify the correct resident before administering the 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

See attached pages 2-A + 2-B

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 Grandahan, Executive Director

Date 12/24/2014

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

The above plan of correction is approved as of 2/3/15 (Date)

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

Plan of correction implementation status as of 2/3/15 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

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Emeritus at Creekview

Plan of Correction

The following is the Plan of Correction for Emeritus at Creekview regarding the Statement of Deficiency dated 12/16/14 for the incident follow-up survey November 7, 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 2600.182 (c)

On 11/4/2014 around 8 AM, staff person A administered Resident #1's medications to Resident #2. The staff person did not identify the correct resident before administering the medication.

11/5/2014 – Staff person A took a voluntary demotion and will no longer administer medication to residents.

11/30/2014 –Health and Wellness Director met with all LPNs and medication technicians to review the Medication Administration Policy and educate them on the State regulations regarding medication administration.

12/31/2014 – Health and Wellness Director will observe a medication administration sampling weekly for 4 weeks of Medication Technicians and LPNs for proper medication administration.

12/24/2014

S. Denny Granahan, Executive Director

POC Accepted - CB 3/3/15

January 31, 2015 and ongoing – All Staff will receive retraining in the Department's approved medication administration practices before administering medication to residents in addition to the subsequent required observations and in-service trainings.

Evidence- Attendance training sheets

Completion Date- January 31, 2015 and ongoing

[signature] 2/24/2014

S. Denny Gaughan, Executive Director

POC Accepted: [signature] 2/3/15