



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: July 8, 2015

Mr. Eric Mendelsohn, Assistant Secretary
Emeritus Corporation
Attn: Amber Geehan
3131 Elliot Avenue, Suite 500
Seattle, Washington 98121

RE: Emeritus at Latrobe
500 Brouwers Drive
Latrobe, Pennsylvania 15650

Dear Mr. Mendelsohn:

As a result of the Department of Human Services' licensing inspection on January 27, 2015 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 black ink that reads "Susie Pollock". The signature is written in a cursive, flowing style.

Susie Pollock
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

JUN 26 2015

Violation Report: 42853 - 01/27/2015 - Cutter, Jan
PCH Name: EMERITUS AT LATROBE

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 12/8/2014 between 11:00 p.m. and 12:00 a.m., staff person G heard staff person A yelling at resident #1 to go back to their room. Staff person G witnessed staff person A let go of resident #1's right arm. The residents arm had two skin tears and was bleeding. Staff person G cleaned resident #1's arm and staff person H dressed the wound. This incident was reported to staff person B on 12/9/2014; however, the home did not report the allegation to the local area agency on aging until 1/20/2015.

On 1/9/2015 between 11:00 p.m. and 12:00 a.m., staff person A allegedly grabbed resident #2's forearm causing a bruise to his/her wrist. The home did not report this incident to the local area agency on aging until 1/20/2015.

On 1/19/2015 at 6:45 p.m., home health aide D witnessed staff person E screaming at the top of her lungs in resident #3's face "Not another night of this, you're not pulling this shit again." Resident #3 replied, "I think I urinated" and staff person E replied "You have a diaper on, just go." Home health aide D reported the allegation of verbal abuse between 7:00 p.m. and 8:00 p.m. to staff persons C and F; however, the incident was not reported to the local area agency on aging until 1/20/2015 at 3:30 p.m.

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.

Immediately - The administrator or designated staff person will review all reported incidents at least weekly to ensure any allegations of abuse are reported in accordance with the Older Adult Protective Services Act.

On January 20, 2015, the Act 13 document was completed and sent to the Area Office on Aging by the Executive Director after finding out about the suspected abuse. Staff person B was disciplined according to community policy for not reporting the allegation. On January 29 and January 30, 2015 department managers and appropriate staff members were re-trained on the OAPSA Act and their responsibility to immediately report suspected abuse to the local area agency on aging by the Executive Director. Phone numbers of the agency were provided for the staff and posted in the community. The community will continue to provide education on the community's policy regarding Abuse and Neglect at employee orientation along with scheduling the Area Agency on Aging to provide education annually. On March 10, 2015 [redacted] from Adult Protective Services conducted a presentation to the department managers and appropriate staff on Immunity, Penalties, Act 13 and Mandatory Abuse Reporting. Training will also be conducted in individual circumstances as warranted. The Executive Director or designee will review orientation and annual training for completion of required trainings monthly.

Evidence: training attendance sheets (Attachments A+B)

Completion Date: March 10, 2015

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

Signature of Legal Entity Representative (Required on EVERY Page) *Karen Anderson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Karen Anderson, Director Health & Wellness* Date *6/22/15*

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

The above plan of correction is approved as of 7-2-15 (Date)

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

Plan of correction implementation status as of 7-2-15 (Date)

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

RECEIVED

JUN 25 2015

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42853 - 01/27/2015 - Cutler, Jan
PCH Name: EMERITUS AT LATROBE

1. REGULATION 55 Pa.Code §2600
2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 12/8/2014, an allegation of abuse was made against staff person A regarding resident #1. An additional allegation of abuse was made against staff person A regarding resident #2, on 1/9/2015. The home did not develop and implement a plan of supervision or suspend staff person A until 1/19/2015.

Staff person A worked unsupervised on the 11:00 p.m. to 7:00 a.m. shift on the following dates:

- * December 8, 2014
- * December 10, 2014
- * December 12, 2014
- * December 13, 2014
- * December 14, 2014
- * December 15, 2014
- * December 16, 2014
- * December 19, 2014
- * December 20, 2014
- * December 21, 2014
- * December 24, 2014
- * December 25, 2014
- * December 26, 2014
- * December 27, 2014
- * December 28, 2014
- * December 29, 2014
- * December 30, 2014
- * January 2, 2015
- * January 3, 2015
- * January 4, 2015
- * January 5, 2015
- * January 8, 2015
- * January 9, 2015
- * January 10, 2015
- * January 12, 2015
- * January 13, 2015
- * January 16, 2015
- * January 17, 2015

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 2600.15 (b)

Upon Executive Director notification of the allegation of verbal abuse, staff person A was immediately suspended pending the outcome of the community's investigation. In addition, The Department of Human Services was notified of the reportable event on January 20, 2015. The incident was thoroughly investigated by the Executive Director and the complaint was determined to be substantiated. The employee was terminated on January 22, 2015. Executive Director re-trained the management staff January 29 and January 30, 2015 on the community's policy regarding employee plan of supervision and suspension following an allegation of abuse. In addition, the appropriate staff were re-trained on the community's abuse and neglect policy along with resident rights by the Executive Director.. The community will continue to provide education on these topics at employee orientation and on an annual basis. Training will also be conducted in individual circumstances as warranted. The Executive Director or designee will review orientation and annual training for completion of required trainings monthly

Evidence: training attendance sheet on Resident Rights policy regarding investigation of allegation abuse/neglect

Completion Date: January 31, 2015

See Attachment B:

Please see page 3^A of 5 for Plan of Correction *sm*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Kara Anderson*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kara Anderson HWD* Date *6/22/15*

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

The above plan of correction is approved as of 7-2-15
(Date)

Plan of correction implementation status as of 7-2-15
(Date)

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

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

RECEIVED

JUN 26 2015

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42853 - 01/27/2015 - Cutler, Jan
PCH Name: EMERITUS AT LATROBE

1. REGULATION 55 Pa.Code §2600
2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION
On 12/8/2014, an allegation of abuse was made against staff person A regarding resident #1. An additional allegation of abuse was made against staff person A regarding resident #2, on 1/9/2015. The home did not develop and implement a plan of supervision or suspend staff person A until 1/19/2015.

Staff person A worked unsupervised on the 11:00 p.m. to 7:00 a.m. shift on the following dates:

- * December 8, 2014
- * December 10, 2014
- * December 12, 2014
- * December 13, 2014
- * December 14, 2014
- * December 15, 2014
- * December 16, 2014
- * December 19, 2014
- * December 20, 2014
- * December 21, 2014
- * December 24, 2014
- * December 25, 2014
- * December 26, 2014
- * December 27, 2014
- * December 28, 2014
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- * December 30, 2014
- * January 2, 2015
- * January 3, 2015
- * January 4, 2015
- * January 5, 2015
- * January 8, 2015
- * January 9, 2015
- * January 10, 2015
- * January 12, 2015
- * January 13, 2015
- * January 16, 2015
- * January 17, 2015

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.

- If any future allegations of abuse occur, the home will immediately take the following steps:
- Place the accused staff person on a plan of supervision which includes not having access to any residents without the presence of another qualified direct care staff person or suspend the staff person or persons involved.
 - Report the alleged abuse to the Department.
Report the alleged abuse to the local Area Agency on Aging.
 - Report the alleged abuse to the resident's designated person, if any.

sup 1/2/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kara Anderson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kara Anderson HLD* Date *6/22/15*

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Plan of correction implementation status as of 7-2-15 (Date)

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- Partially Implemented - Adequate Progress *sup*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42853 - 01/27/2015 - Cutler, Jan
PCH Name: EMERITUS AT LATROBE

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 12/8/2014 between 11:00 p.m. and 12:00 a.m., staff person G heard staff person A yelling at resident #1 to go back to their room. Staff person G witnessed staff person A let go of resident #1's right arm. The residents arm had two skin tears and was bleeding. Staff person G cleaned resident #1's arm and staff person H dressed the wound. This incident was reported to staff person B on 12/9/2014; however, the home did not report the allegation to the Department until 1/20/2015.

On 1/9/2015 between 11:00 p.m. and 12:00 a.m., staff person A allegedly grabbed resident #2's forearm causing a bruise to his/her wrist. The home did not report this incident to the Department until 1/20/2015.

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.

Immediately -The administrator or designated staff person will review all reportable incidents and conditions at least weekly to ensure all reportable incidents and conditions are reported to the Department in accordance with regulation 2600.16c.

On January 20, 2015, the Act 13 document was completed and sent to the Area Office on Aging by the Executive Director on finding out about the suspected abuse. Staff person B was disciplined according to community policy for not reporting the allegation. On January 29 and January 30, 2015 department managers and appropriate staff members were retrained on the OAPSA Act and their responsibility to immediately report suspected abuse to the local area agency on aging by the Executive Director. Phone numbers of the agency were provided for the staff and posted in the community. The community will continue to provide education on the community's policy regarding Abuse and Neglect at employee orientation along with scheduling the Area Agency on Aging to provide education annually. On March 10, 2015 [redacted] from Adult Protective Services conducted a presentation to the department managers and appropriate staff on Immunity, Penalties, Act 13 and Mandatory Abuse Reporting. Training will also be conducted in individual circumstances as warranted. The Executive Director or designee will review orientation and annual training for completion of required trainings monthly.

Evidence: training attendance sheets

To be completed: March 10, 2015

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Karen Anderson

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Karen Anderson HWD Date 6/22/15

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Plan of correction implementation status as of 7-2-15 (Date)

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

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

RECEIVED

JUN 23 2015

Violation Report: 42853 - 01/27/2015 - Cutter, Jan
PCH Name: EMERITUS AT LATROBE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 1/19/2015 at 6:45 p.m., home health aide D witnessed staff person E screaming at the top of her lungs in resident #3's face "Not another night of this, you're not pulling this shit again." Resident #3 replied, "I think I urinated" and staff person E replied "You have a diaper on, just go."

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 (b)

Upon notification of the allegation of verbal abuse, staff person E was immediately suspended by the Health and Wellness Director pending the outcome of the community's investigation. In addition, The Department of Human Services and area office on aging were notified of the reportable event on January 19, 2015. The incident was thoroughly investigated by the Executive Director and it was determined the allegations were substantiated. Therefore, Staff E was terminated. Executive Director re-trained the management staff January 29, and January 30, 2015 on Abuse and Neglect Allegations/ Resident Rights. In addition, the appropriate staff were re-trained on the community's abuse and neglect policy along with resident rights by the Executive Director at this same time. The community will continue to provide education on these topics at employee orientation and on an annual basis. Training will also be conducted in individual circumstances as warranted. The Executive Director or designee will review orientation and annual training for completion of required trainings monthly.

Evidence: training attendance sheet on Resident Rights/ Abuse and Neglect Prevention,
See attachment B

Completion Date: January 31, 2015

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Keen Anderson

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

Keen Anderson HWD

Date

6/22/15

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7-2-15
(Date)

Plan of correction implementation status as of

7-2-15
(Date)

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

The above plan of correction was approved by

Smv
(Initials)