



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: June 30, 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  
Certificate #: 316120

Dear Ms. Werdel:

As a result of the Department of Human Services' licensing inspections on April 16 and 23, 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 cursive script that reads "Gloria Emick".

Gloria Emick  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 31612 - 04/16/2015 - McCloskey, Jason  
 PCH Name: EMERITUS AT CREEKVIEW

**1. REGULATION 55 Pa.Code §2600**

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

**2a. DESCRIPTION OF VIOLATION**

The Resident Assessment and Support Plan (RASP) for Resident #1, dated 8-19-14 states, "Staff to be with [resident] while ambulating for safety precautions." On 10-5-14, the resident did not receive assistance/ supervision from staff when ambulating as required, and was found outside of the home with a fractured hip.

**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 2A + 2B of 6. -BE*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *S. Denny Granahan, Exec. Dir.* Date

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

The above plan of correction is approved as of <u>6-30-15</u> (Date)	Plan of correction implementation status as of <u>6-30-15</u> (Date)
The above plan of correction was approved by <u>BE</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

DE

## Emeritus at Creekview

### Plan of Correction

The following is the Plan of Correction for Emeritus at Creekview regarding the Statement of Deficiency dated June 8, 2015 for the incident follow-up survey April 16 and 23, 2015. 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 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 2600.23(a)

**The Resident Assessment and Support Plan (RASP) for Resident #1 dated 8-19-14 states, "Staff to be with resident while ambulating for safety precautions." On 10-5-14, the resident did not receive assistance/supervision from staff when ambulating as required and was found outside the home with a fractured hip.**

Resident #1 is no longer a resident of the Community.

*Immediately – The community will no longer use the phrase "staff to be with resident while ambulating for safety precautions" but will describe more specific ambulatory needs.*

*Immediately – The community will utilize standardized terms such as indirect supervision, direct supervision, contact guard, assist of one and*

*[Signature], Exec. Dir. 6/16/2015*

JG

*assist of two to describe the type of ambulatory assistance staff must provide to the residents with timeframe as indicated.*

*June 30, 2015 – Direct Care staff member will be trained on the new terms and their responsibilities for safe ambulation as stated in the Resident Support Plan.*

*July 31, 2015 – All ambulatory sections for every resident RASP / Support plan will be reviewed by the Wellness Department to ensure that they are accurate to the new terms and needs of the residents.*

*Ongoing – The Community will accurately assess mobility needs and ensure that all residents receive the required level of care.*

*Executive Director or designee will review audit results for the next 3 months to monitor for compliance and determine if further action is required.*

Evidence-staff training attendance sheet

**Completion Date- July 31, 2015**

Violation Report: 31612 - 04/16/2015 - McCloskey, Jason  
 PCH Name: EMERITUS AT CREEKVIEW

**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**

The contract for Resident #2, dated 11-16-13 was not signed by the resident or a designee of the home.

**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 6. - & E*

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 Granahan*

Date

*6/16/2015*

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

The above plan of correction is approved as of

*6-30-15*  
 (Date)

Plan of correction implementation status as of

*6-30-15*  
 (Date)

The above plan of correction was approved by

*SG*  
 (Initials)

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

JE

**Regulation 2600.25(b)**

**The Contract for Resident #2, dated 11-16-2013 was not signed by the resident or a designee of the home.**

*Immediately – Met with the communities approved designees to re-educate them on contract signing.*

*June 30, 2015 – The Executive Director will meet with Resident #2 and their designee, at their convenience, to review the contract and secure the required signature as of the current date.*

*July 31, 2015 – The business office will audit every resident contract to ensure that all required documents have been signed as required.*

*Ongoing – the Business Office Manager will review every contract after completion to ensure they are signed and dated. Executive Director or designee will review audit results for the next 3 months to monitor for compliance and determine if further action is required.*

Evidence- staff training attendance sheet

**Completion Date: July 31, 2015**

*A. Grand, Exec. Dir.*

*6/16/2015*

Violation Report: 31612 - 04/16/2015 - McCloskey, Jason

PCH Name: EMERITUS AT CREEKVIEW

**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**

From April 2013 to October of 2014, multiple incidents involving Resident #1 occurred that included the following:

On 4-2-13, Resident #1 left the Memory Care Unit (SDCU), was found in the parking lot of the facility and then was returned to the home by staff. As a result, the Resident Assessment and Support Plan (RASP) was updated to instruct staff to make frequent checks to ensure s/he does not leave the MCU. It was noted that the resident engages in exit-seeking behavior, such as standing at the doors trying, "to get out as families come to visit."

On 7-9-14, Resident #1 sustained a nose fracture from an unwitnessed fall and was sent to the hospital for treatment. Staff was instructed to monitor [resident] frequently, "when in [his/her] room for safety checks."

On 7-20-14, Resident #1 fell and sustained an abrasion to the left knee. The RASP was updated on 8-19-14 to include, "staff to be with [resident] while ambulating for safety precautions."

On 10-5-14, Resident #1 eloped from the MCU. The resident was found injured outside of the home by staff, and was transported to the hospital. Resident #1 was diagnosed with a fractured hip. No staff person was present with Resident #1 when s/he eloped.

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

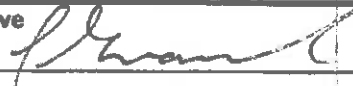
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*See attached Page 4A of 6. -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)

*S. Denny Granahan, Exec. Dir.*

Date *6/16/2015*

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The above plan of correction is approved as of *6-30-15*  
(Date)

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

Plan of correction implementation status as of *6-30-15*  
(Date)

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

JCA

**Regulation 2600.42(b)**

**From April 2013 to October of 2014, multiple incidents involving Resident #1 occurred...with elopement to parking lot.**

*Immediately – Alarms were added to all Memory Care Egress doors.*

*Immediately – The Health and Wellness Director implemented a shift to shift Memory Care door check to ensure the exit doors are secured.*

*Documentation is kept on a log. New employees hired will be in-serviced on the door alarm monitoring process.*

*Immediately – Signs were posted at the Memory Care Secured Doors reminding families to watch for residents attempting elopement and safety.*

*Immediately and ongoing - The codes were/are routinely changed to ensure that residents do not learn to decipher the code after prolonged use of the same code.*

*Immediately and ongoing – Executive Director, Health and Wellness Director and Memory Care Director meet weekly to discuss the ongoing care and behavioral expressions of our Memory Care Residents. Changes are added to the Support Plan as determined.*

*[Signature], Exec. Dir. 6/16/2015*

*10/30/2014 – All staff received training on elopement prevention and the difference between wandering and elopement.*

*Executive Director or designee will review results for the next 3 months to monitor for compliance and determine if further action is required.*

*Evidence- Staff training sheet, copy of log used for door alarm checks, door alarm installation documentation evidence*

**Completion Date: June 15, 2015**

Violation Report: 31612 - 04/16/2015 - McCloskey, Jason  
 PCH Name: EMERITUS AT CREEKVIEW

**1. REGULATION 55 Pa.Code §2600**

2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

**2a. DESCRIPTION OF VIOLATION**

On 4-16-15, a package of 81 mg chewable aspirin and a bottle of Calcium 600+D3 belonging to Resident #2 were found in the memory care unit medication cart and were not labeled with the resident's name.

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

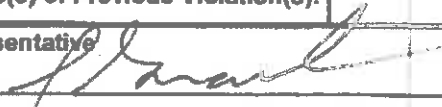
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*See attached Page 5A of 6. - 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)

*S. Denny Granahan, Exec. Dir.*

Date *6/16/2015*

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The above plan of correction is approved as of

*6-30-15*  
 (Date)

Plan of correction implementation status as of

*6-30-15*  
 (Date)

The above plan of correction was approved by

*SE*  
 (Initials)

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

**Regulation 2600.184(b)**

**On 4-16-2015, package of 81 mg chewable Aspirin and a bottle of Calcium 600+D belonging to resident #2 were found in the memory care unit medication cart and were not labeled with the residents name.**

*Immediately – The identified medication was labeled with the Resident's name.*

*Immediately - All of the medications in the Memory Care Unit Medication Cart were inspected by the Health and Wellness Director and Wellness Nurse to ensure that the medications were labeled as required by community policy.*

*6/30/2015 – All medication carts will be audited by the Wellness Department to maintain ongoing compliance. Medication Technicians were re-trained in the Medication Administration policy specifically regarding medication labeling.*

*Ongoing – Staff LPN's will complete Medication Cart audits monthly to maintain ongoing compliance with all medication labeling and storage regulations as per community policy.*

*J. Hunt, Exec. Dir. 6/16/2015*

*Executive Director or designee will review audit results for the next 3 months to monitor for compliance and determine if further action is required.*

Evidence-staff training attendance sheet

**Completion Date: June 30, 2015**

Violation Report: 31612 - 04/16/2015 - McCloskey, Jason  
PCH Name: EMERITUS AT CREEKVIEW

**1. REGULATION 55 Pa.Code §2600**

2600.252 - Each resident's record must include the following information: (1) through (26)

**2a. DESCRIPTION OF VIOLATION**

The record of former Resident #1 does not include the documentation of health care services and orders for services provided by a home health agency from 7-17-14 through 8-21-14, the reason for termination of services, the date of transfer from the facility or the destination of 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.

*See attached Page 6A + 6B of 6. - 2e*

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)

*Sgt. Denny Granahan, Exec. Dir.*

Date *6/16/2015*

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The above plan of correction is approved as of 6-30-15  
(Date)

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

Plan of correction implementation status as of 6-30-15  
(Date)

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

*Executive Director or designee will review audit results for the next 3 months to monitor for compliance and determine if further action is required.*

Evidence-staff training attendance sheet

**Completion Date: June 30, 2015**



**Regulation 2600.252**

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**The record of former Resident #1 does not include the documentation of health care services and orders for services provided by the home health agency from 7-17-2014 through 8-21-2014, the reason for termination of services, and the date of transfer from the facility or the destination of the resident.**

*5/6/2015 – Executive Director met with therapy provider to create an in house file system for all of the community's residents who receive therapy services. Executive Director will rolled out this model to all supplemental health care providers.*

*6/19/2015 – Executive Director will send a letter to all Supplemental Health Care Providers requiring that they provide copies of their orders and services provided in or with our resident records.*

*6/30/2015 – Community will update resident #1's record to include the required information once received from therapy provider.*

*7/15/2015 – Create tickler file for residents who receive supplemental services*

*7/31/2015 – Wellness Coordinator audited records to ensure all records are received and updated for residents who currently receive supplemental services .*

*[Signature], Exec. Dir. 6/16/2015*

*Monthly – Wellness Department will cross reference tickler file with resident records to maintain ongoing compliance.*

*Ongoing - Business Office Manager will review every future discharge file <sup>JE</sup> to ensure reason for termination of Service, the date of transfer from the facility or the destination of the resident is included in the closed file.*

*Executive Director or designee will review audit results for the next 3 months to monitor for compliance and determine if further action is required.*

*Evidence-Staff training attendance log*

**Completion Date: June 30, 2015**

*A. Grand, Exec. Dir. 6/16/2015*