



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to EMERITUS CORPORATION  
LEGAL ENTITY

To operate BROOKDALE HARRISBURG  
NAME OF FACILITY OR AGENCY

Located at 3560 NORTH PROGRESS AVENUE, HARRISBURG, PA 17110  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 65  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

**Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 24**

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 7, 2015 until June 3, 2016,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 316110

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

AUG 10 2015

Ms. Kristin A. Ferge, Executive VP and Treasurer  
Emeritus Corporation  
6737 W. Washington Street, Suite 230  
Milwaukee, Wisconsin 53214

RE: Brookdale Harrisburg  
3560 North Progress Avenue  
Harrisburg, Pennsylvania 17110  
License #: 316110

Dear Ms. Ferge:

As a result of the Department of Human Services' licensing inspection on May 20, 2015 and May 21, 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.

As a result of your facilities recent change in the name from Emeritus at Harrisburg to Brookdale Harrisburg, a new license is being issued under the authority of 55 Pa.Code Ch. 2600. The expiration date of the license remains unchanged. Your revised license is enclosed.

Sincerely,

*Matthew Jones / g8*  
Matthew J. Jones  
Director

Enclosures  
License  
Licensing Inspection Summary

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

PCH Name: Ementus at Harrisburg		License Number: 31611
Address: 3560 N. Progress Ave., Harrisburg, PA 17110		County: Dauphin
Administrator: Brian Hofess		Region: CENTRAL
Legal Entity Name: Ementus Corporation		
Legal Entity Address: 3131 ELLIOTT AVENUE STE 500, SEATTLE, WA 98121		
<b>Certificate(s) of Occupancy</b>		
I-2 12/21/2010 Susquehanna Township	C-2 LP 02/18/1997 Labor and Industry	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 84	Working Staff: 63
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
05/20/2015: OPake, Hope		
05/21/2015: OPake, Hope		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 65 Number of Residents Served: 56 Secured Dementia Care Unit in Home: Yes Area: Clare Bridge Secured Dementia Unit Capacity, if Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, if applicable: 18 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 8	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 56 Have Mental Illness: 5 Have an Intellectual Disability: 0 Have a Mobility Need: 28 Have a Physical Disability: 3	

Violation Report: 31611 - 05/20/2015 - OPake, Hope  
 PCH Name: Emeritus at Harnsburg

1. REGULATION 55 Pa.Code §2600  
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION  
 On May 20, 2015, the water temperature at the sink in the powder room, adjacent to the Secure Dementia Care Unit's Dining Room, measured 127 degrees Fahrenheit.

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 this steps will be completed.

*See Attachment*

*Page 2 A of 4. - ec*

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 *2/2/15*

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

The above plan of correction is approved as of 8-5-15  
 (Date)

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

Plan of correction implementation status as of 8-5-15  
 (Date)

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

**Regulation 2600.89 (b)**

Violation: On May 20, 2015, the water temperature at the sink in the powder room, adjacent to the Secure Dementia Care Unit's Dining Room, measured 127 degrees Fahrenheit.

je

POC: This faucet was re-tested before conclusion of inspection and registered under 120 degrees. Local Vendor was contacted and tested boiler, mixing valve, and thermostat on 7/08/15. Thermostat is in need of replacing. This has been ordered and will be installed by local vendor by 7/15/15. Maintenance Director will continue to check the temperature of this faucet on a weekly basis. The Executive Director will review the water temperature log weekly. Any variations to the acceptable temperature range will be modified and repaired as needed.

Date of Corrective Action: 7/15/15 and ongoing.

**Regulation 2600.132(d)**

Violation: The homes designated evacuation time from a fire safety expert is six minutes. The home's fire drill evacuation time for November 30<sup>th</sup>, 2014 was seven minutes and twenty three seconds.

POC: All associates were in-Serviced on fire drill training in January of 2015. Associates involved in evacuation will be re-trained as part of mandatory annual training requirement. All drills will continue to be monitored and recorded by Maintenance Director on a monthly basis. Maintenance Director will ensure that all drills are being completed under six minutes. The Executive Director will review the fire drill evacuation documents monthly to verify compliance. This process has been in place since 1/01/15 and is ongoing.

Date of Corrective Action: 1/01/15 and ongoing.

**Regulation 2600.141 (b)(1)**

Violation: Resident #1's last medical evaluation was completed on September 30<sup>th</sup>, 2014. The previous medical evaluation was completed on July 30, 2013.

POC: The Health and Wellness Director and/or the designee will audit all medical evaluations to determine if any are overdue. Additionally, a file will be created to track health evaluations and due dates going forward. The Executive Director will meet monthly with Health and Wellness Director and/or Resident Care Coordinator to verify compliance and review the tracking file.

Date of Corrective Action: 7/08/15 and ongoing

Violation Report: 31811 - 05/20/2015 - OPaks, Hope  
 PCH Name: Ementus at Harrisburg

**1. REGULATION 55 Pa.Code §2600**  
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert

**2a. DESCRIPTION OF VIOLATION**  
 The home's designated evacuation time from a fire safety expert is six minutes. The home's fire drill evacuation time for November 30, 2014 was seven minutes and twenty-three seconds

**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 Attachment -*  
*Page 2A of 4. -de*

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 7/2/15

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

The above plan of correction is approved as of <u>8-5-15</u> (Date)	Plan of correction implementation status as of <u>8-5-15</u> (Date)
The above plan of correction was approved by <u>de</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: 31611 - 05/20/2015 - OP: Mr. Hope  
 PCH Name: Emeritus at Harrisburg

1. REGULATION 55 Pa.Code §2800  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually

2a. DESCRIPTION OF VIOLATION  
 Resident #1's last medical evaluation was completed on September 30, 2014. The previous medical evaluation was completed on July 30, 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 Attachment*

Page 2A of 4 - bc

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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The above plan of correction is approved as of <u>8-5-15</u> (Date)	Plan of correction implementation status as of <u>8-5-15</u> (Date)
The above plan of correction was approved by <u>bc</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