



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to EMERITUS CORPORATION  
LEGAL ENTITY

To operate BROOKDALE BLOOMSBURG  
NAME OF FACILITY OR AGENCY

Located at 420 SHAFFER ROAD, BLOOMSBURG, PA 17815  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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 67  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 July 10, 2015 until July 10, 2016,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 211200

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

JUL 17 2015

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

RE: Brookdale Bloomsburg  
420 Shaffer Road  
Bloomsburg, Pennsylvania 17815  
License #: 211200

Dear Ms. Ferge:

As a result of the Department of Human Services' licensing inspection on May 28, 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.

The license indicates the home's recent change in the name from Emeritus at Bloomsburg to Brookdale Bloomsburg.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones  
Director

Enclosure  
License



Violation Report: 21120 - 05/28/2015 - O'Haire, Anne  
 PCH Name: EMERITUS AT BLOOMSBURG

1. REGULATION 55 Pa.Code §2600  
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

A one gallon sized storage bag that staff reported contained frozen cut celery was found unlabeled and unsealed in the home's freezer located in the kitchen.

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.*

Emeritus at Bloomsburg  
 Plan of Correction

The following is the Plan of Correction for Emeritus at Bloomsburg regarding the Statement of Deficiency dated June 19, 2015 for the full annual survey on May 28, 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 2600.103 (i)

The unlabeled and undated frozen cut celery in the freezer was discarded May 28, 2015 by the Dining Services Coordinator. On May 29, 2015 an audit was conducted by the Executive Director in dry stock, refrigerated and frozen food storage to verify compliance. All appropriate dining staff were retrained in the community policy of dating and labeling leftover food by the Executive Director on May 29, 2015. Dining Services Coordinator or designee will perform twice weekly audits of food stored in the freezer. Executive Director or designee will monitor audits for ongoing compliance for 12 weeks to determine if any further action is required.

Evidence: Training Attendance sheet

Completion Date: August 30, 2015

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Marita Menghini-Spock, Executive Director Date 06/26/15

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 *[Signature]*  
 (Initials)

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

Violation Report: 21120 - 05/28/2015 - O'Haire, Anne  
 PCH Name: EMERITUS AT BLOOMSBURG

1. REGULATION 55 Pa.Code §2606  
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

The home consistently conducted fire drills on or about the same date each month on the following dates:

- 05-14-14
- 07-18-14
- 08-19-14
- 09-15-14
- 12-16-14
- 01-15-15
- 02-15-15
- 03-18-15
- 04-18-15
- 05-18-15

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 2600.132 (g)

A fire drill was conducted on June 3, 2015 at 2:30PM. The appropriate staff were retrained by the Executive Director on May 29, 2015 on the community policy regarding rotating date requirements for monthly fire drills. The Maintenance Director will submit a monthly schedule demonstrating rotation of dates/time and report status after each drill according to community policy. The Executive Director will review schedules for drills prior to implementation and drill logs for completion status. Executive Director or designee will monitor fire drill reports monthly to monitor compliance and determine if further action is required. *The administrator shall monitor and assure that all fire drills (monthly) are unannounced.*  
 Evidence: Attendance in-service sheet

Completion Date: September 30, 2015

*Mr*  
 6/30/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Marita Menghini-Spock*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Marita Menghini-Spock, Executive Director Date 06/26/15

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The above plan of correction was approved by <u><i>[Signature]</i></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: 21120 - 05/28/2015 - O'Haire, Anne  
 PCH Name: EMERITUS AT BLOOMSBURG

**1. REGULATION 55 Pa.Code §2600**  
 2600.171(c) - The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:  
 (1) Vehicle registration.  
 (2) Valid driver's license for each vehicle operator.  
 (3) Vehicle insurance.  
 (4) Current inspection.  
 (5) Commercial driver's license for vehicle operator if applicable.

**2a. DESCRIPTION OF VIOLATION**  
 The inspection sticker on the home's bus expired on 4/2015.

**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 2600.171 (c)**

The Maintenance Director scheduled the bus to be re-inspected on June 2, 2015 and the completed inspection can be evidenced by the new sticker displayed on the windshield. The Executive Director re-trained the appropriate staff on May 29, 2015 regarding the community policy relating to maintaining proper documentation on the home's vehicles. The Maintenance Director will establish a tracking system relating to vehicle maintenance. The Executive Director and/or her designee will audit the tracking sheet compliance monthly for 3 months to determine if any other actions need to be taken.

Evidence: training attendance sheet

Completion Date: September 30, 2015

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Marita Menghini-Spock*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Marita Menghini-Spock, Executive Director Date 06/26/15

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

Violation Report: 21120 - 05/28/2015 - O'Haire, Anne  
 PCH Name: EMERITUS AT BLOOMSBURG

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**

On the following dates and times the home did not properly maintain the Medication Administration Record (MAR) of the specified resident due to incorrectly transcribing the accucheck reading from the individual glucometer machines:

- Resident #1- Before bed on 5/22/15 the reading was 324 but was incorrectly transcribed as 394
- Resident #2- Before lunch on 5/24/15 the reading was 261 but was incorrectly transcribed as 284  
 Before bed on 5/27/15 the reading was 173 but was incorrectly transcribed as 176
- Resident #3- Before dinner on 5/22/15 the reading was 291 but was incorrectly transcribed as 292
- Resident #4- Before breakfast on 5/24/15 the reading was 147 but was incorrectly transcribed as 149  
 Before breakfast on 5/25/15 the reading was 196 but was incorrectly transcribed as 194
- Resident #5- Before breakfast on 5/20/15 the reading was 159 but was incorrectly transcribed as 158

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

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Violation Report: 21120 - 05/28/2015 - O'Haire, Anne  
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- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

Regulation 2600.187 (a)

The LPN's and Medication Technicians were retrained on the process for transcribing accucheck readings from the glucometer onto the Medication Administration Record (MAR) by the Health and Wellness Director on May 29, 2015. The Health and Wellness Director or designee will audit the MAR on a weekly basis for review of documentation to assure it follows community policy. The Executive Director or designee will monitor audits for the next 3 months to determine if additional action is warranted.

Evidence: re-training attendance sheets on Medication Administration

To be completed: September 30, 2015

Repeat Violation; Yes	Date(s) of Previous Violation(s):	09/30/2014
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Marita Menghini-Spock, Executive Director		06/26/15

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