



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: January 10, 2019

Mr. Brian K. Wood
Vice President and Treasurer
EC OPCO Shippensburg LLC
500 North Hurstbourne Parkway, Suite 200
Louisville, Kentucky 40222

RE: Elmcroft of Lebanon
860 Norman Drive
Lebanon, Pennsylvania 17042
Certificate #: 333760

Dear Mr. Wood:

As a result of the Department's Bureau of Human Services Licensing inspection on January 4, 2019 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, appearing to read "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: ELMCROFT OF LEBANON		License Number: 33376
Address: 860 NORMAN DRIVE, LEBANON, PA 17042		County: Lebanon
Administrator: KRISTA FUNK		Region: CENTRAL
Legal Entity Name: EC OPCO LEBANON LLC		
Legal Entity Address: 500 NORTH HURSTBOURNE PARKWAY, SUITE 200, LOUISVILLE, KY 40222		
Certificate(s) of Occupancy C-2 LP 08/11/1999 L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 45	Waking Staff: 34
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
01/04/2019: Bomberger, Cybil		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 65 Number of Residents Served: 37 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 12	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 37 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 8 Have a Physical Disability: 2	

Violation Report: 33376 - 01/04/2019 - Bomberger, Cybil
 PCH Name: ELMCROFT OF LEBANON

1. REGULATION 55 Pa.Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
 (1) Annually.
 (2) If the condition of the resident significantly changes prior to the annual assessment.
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 The most recent assessment for Resident #1 was completed on 10/12/18. A 30-day advance notice was issued by the home to Resident #1 on 12/19/18 due to the resident's functional decline and cognitive changes that result in a secured environment being the appropriate level of care for this resident. The assessment was not revised to reflect the functional and cognitive changes as well as the need for additional supervision the resident requires to prevent him from eloping from the facility unsupervised.

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.

Resident #1 has been placed in a Secured Dementia Community on January 8, 2019.

Effective plan of care will immediately be implemented as stated below.

Moving forward and ongoing: Resident Service Director will immediately update assessments with any changes to resident care needs. Assessment will reflect/include:

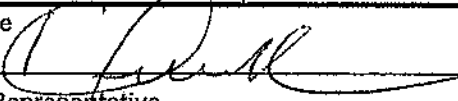
1. The specific need/change in care level.
2. Actions that staff will implement to ensure needs/changes are met.
3. Description of service, frequency of service, plan to meet the need and the responsible party to provide that need.

Resident Service Director, Executive Director and/or designee will immediately inform all staff of any resident changes and educate staff of those changes.

Executive Director will audit assessments upon completion of changes being made to care.

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) <i>Krista Funk Executive Director</i>	Date <i>1/9/19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1/10/19</u> (Date)	Plan of correction implementation status as of <u>1/10/19</u> (Date)
The above plan of correction was approved by <u>BAS</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