



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to EC OPCO SHIPPENSBURG LLC
LEGAL ENTITY

To operate ELMCROFT OF SHIPPENSBURG
NAME OF FACILITY OR AGENCY

Located at 129 WALNUT BOTTOM ROAD, SHIPPENSBURG, PA 17257
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

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 62
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Human Services 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 May 30, 2018 until May 30, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **333750**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
DEPUTY SECRETARY

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.



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MAY 30 2018

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

RE: Elmcroft of Shippensburg
129 Walnut Bottom Road
Shippensburg, Pennsylvania 17257
Certificate #: 333750

Dear Mr. Wood:

As a result of the Department's Bureau of Human Services Licensing inspection on May 17, 2018 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the 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.

Your NEW license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services provider application submission experience. To participate in the online applicant survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Application.

Mr. Brian K. Wood

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider applicant responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe', written in a cursive style.

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

Violation Report: ~~33375~~ - 05/17/2018 - McCloskey, Jason
 PCH Name: ELMCROFT OF SHIPPENSBURG

1. REGULATION 56 Pa.Code §2600
 2600.141(b)(1)- A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident 1's most recent medical evaluation was performed on 1/15/18. The previous evaluation was performed on 3/30/16.

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.

Nurses were re-educated on the requirement of obtaining an annual medical evaluation and new nurses will be trained on the regulation within 30 days of hire by the executive Director or designee.

Medical evaluations will be obtained by the Resident Service Director or designee to ensure annual evaluations take place within the allotted time frame.

Executive Director or designee will audit random files monthly. Audit results will be discussed at Quality Assurance meetings.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Tara M. Neil*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tara M. Neil, Executive Director* Date *5/29/2018*

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

The above plan of correction is approved as of 5/30/18
 (Date)

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

Plan of correction Implementation status as of 5/30/18
 (Date)

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

Violation Report: 33375- 05/17/2018 - McCloskey, Jason

PCH Name: ELMCROFT OF SHIPPENSBURG

1. REGULATION 55 Pa.Code §2600

2600.227(9) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

The Support Plans dated 12/8/17 and 6/18/17 for Resident 2 (identified by the home as the level of Care Chart Detail" form) were not signed by the staff person who created the plan nor did they contain the resident's signature OR an indication of the resident's refusal or inability to sign.

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.

Nurses were re-educated on the requirement of obtaining signatures on the assessments and new nurses will be educated within 30 days of hire by the Executive Director or designee.

Current assessments will be audited to ensure appropriate signatures were obtained and if not, an explanation will be documented.

Future assessments- Resident Service Director or designee will obtain signatures prior to handing the assessments over to be filed. Random resident files will be audited monthly for signatures on the assessment by the Executive Director or designee. Results of audit will be discussed the Quality Assurance meeting.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jason M. Neil

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

Jason M. Neil, Executive Director

Date *5/29/2018*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of

5/30/18
(Date;

Plan of correction implementation status as of *5/30/18*

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

The above plan of correction was approved by

JMN
(Initials)