



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

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

To operate ELMCROFT OF CHIPPEWA  
NAME OF FACILITY OR AGENCY

Located at 104 PAPPAN BUSINESS DRIVE, BEAVER FALLS, PA 15010  
(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 85  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.  
(MAXIMUM CAPACITY)  
Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 20

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 August 3, 2018 until February 3, 2019,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **449011**

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.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

AUG 03 2018

Ms. Theresa Ryhal  
Administrator  
EC OPCO Chippewa, LLC  
500 N Hurstbourne Parkway  
Louisville, Kentucky 40222

RE: Elmcroft of Chippewa  
104 Pappan Business Drive  
Beaver Falls, Pennsylvania 15010  
Certificate #: 449011

Dear Ms. Ryhal:

As a result of the Department's Bureau of Human Services Licensing inspection on June 12, 2018, of the above home, 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.

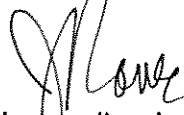
Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

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](https://www.surveymonkey.com/r/BHSL_Application).

Ms. Theresa Ryhal

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 over a faint, illegible background.

Jacqueline L. Rowe  
Director

Enclosures

License

License Inspection Summary

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

PCH Name: ELMCROFT OF CHIPPEWA		License Number: 44901
Address: 104 PAPPAN BUSINESS DRIVE, BEAVER FALLS, PA 15010		County: Beaver
Administrator: Theresa Ryhal		Region: WEST
Legal Entity Name: EC OPCO CHIPPEWA, LLC		
Legal Entity Address: 500 NORTH HURSTBOURNE PARKWAY, LOUISVILLE, KY 40222		<b>RECEIVED</b>
<b>Certificate(s) of Occupancy</b> 1-2 03/11/2011 CHIPPEWA TWP		<b>JUL 16 2018</b> WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b> Resident Support: 0		Total Daily Staff: 94 Waking Staff: 71
Type of Inspection: Partial		BHA Docket Number: Notice: Announced
<b>Reason(s) for Inspection(s)</b> New, Change Legal Entity		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 06/12/2018: Garrigan, Laurie		
<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: 85 Number of Residents Served: 73 Secured Dementia Care Unit in Home: Yes Area: Heartland Village Secured Dementia Unit Capacity, if Applicable: 20 Number of Residents Served in Secured Dementia Care Unit, if applicable: 18 Number of Current Hospice Residents: 20 Number of Hospice Residents in past year: 35	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 73 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 21 Have a Physical Disability: 0	

RECEIVED

JUL 16 2018

Violation Report: 44901 - 06/12/2018 - Garrigan, Laurie  
PGH Name: ELMCROFT OF CHIPPEWA

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION  
The fire doors in hallway 200 do not release from the magnetic system and close automatically upon activation of the fire alarm system.

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.  
6/12/2018- Director of Maintenance corrected the loose hinge that prevented the door from closing and sealing completely.  
6/13/2018 - Administrator and Maintenance Director reviewed regulation and requirements for fire doors.  
6/13/2018 - 6/15/2018 and 6/18/18 -6/22/2018- Administrator and Director of Maintenance both verified that the 200 hallway and all other fire doors opened and closed according to requirements.  
6/27/2018-Monthly fire drill was conducted and all fire doors opened and closed automatically.  
The doors were checked three times per week until 7/11/2018 at which time doors were checked weekly.  
Ongoing Maintenance Director, Administrator or designee will check fire doors to ensure they open and close properly.

Attachment A

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

Signature of Legal Entity Representative (Required on EVERY Page) *Theresa Ryhal*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Theresa Ryhal | Date 07/16/2018

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of <i>7/31/18</i> (Date)	Plan of correction implementation status as of <i>7/31/18</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

JUL 16 2018

Violation Report: 44901 - 06/12/2018 - Garrigan, Laurie  
PCH Name: ELMCROFT OF CHIPPEWA

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2800.121(a)-Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION  
A 6" wide yellow plastic bell was velcroed across the door frames of the following emergency exits:  
\* Exit near bedroom #315  
\* Exit near the Library

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.  
6/12/2018 Yellow plastic bell was removed for both doors and discarded  
Maintenance Director and Administrator are both aware that no such obstruction will be used again.  
Attachment B1 and B2

*Immediately: A designee shall inspect all stairways, hallways, doorways, passageways and egress routes from rooms and from the building, on a weekly basis, to ensure they are unlocked and unobstructed.*  
*[Signature]*  
*7/31/18*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Theresa Ryhal*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Theresa Ryhal | Date 7/16/2018

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

The above plan of correction is approved as of 7/31/18  
(Date)

Plan of correction implementation status as of 7/31/18  
(Date)

The above plan of correction was approved by [Signature]  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

JUL 16 2018

Violation Report: 44901 - 06/12/2018 - Garrigan, Laurie  
PCH Name: ELMCROFT OF CHIPPEWA

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

The emergency evacuation diagram near the front desk is not oriented to the building.

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.*

6/13/2018 The emergency evacuation diagram near the front door was changed to be oriented to the building.

Attachment C

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

Signature of Legal Entity Representative (Required on EVERY Page) *Theresa Ryhal*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Theresa Ryhal | Date 7/16/2018

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

<p>The above plan of correction is approved as of <i>7/31/18</i> (Date)</p> <p>The above plan of correction was approved by <i>[Signature]</i> (Initials)</p>	<p>Plan of correction implementation status as of <i>7/31/18</i> (Date)</p> <p><input checked="" type="checkbox"/> Fully Implemented <i>[Signature]</i></p> <p><input type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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JUL 16 2018

Violation Report: 44901 - 06/12/2018 - Garrigan, Laurie  
PCH Name: ELMCROFT OF CHIPPEWA

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION  
No directions to operate the key pad were posted near the keypad by the courtyard door in the home's secured dementia care unit.

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.  
6/13/2018 This regulation was reviewed with the secured dementia unit leader and Director of Maintenance.  
6/13/2018 The code to enter the building was posted.  
Ongoing: Director of Maintenance will check during the daily walk thru for compliance.  
Secured Dementia unit leader and Administrator will check weekly.

Attachment D1 and D2

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Theresa Ryhal*

Printed Name and Title of Legal Entity Representative  
(Regulred on EVERY Page) Theresa Ryhal

Date 7/16/2018

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

The above plan of correction is approved as of

*7/31/18*  
(Date)

Plan of correction implementation status as of

*7/31/18*  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented