



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: December 13, 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 Dillsburg
153 Logan Road Bottom Road
Dillsburg, Pennsylvania 17019
Certificate #: 333790

Dear Mr. Wood:

As a result of the Department's Bureau of Human Services Licensing inspection on November 27, 2018 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 DILLSBURG		License Number: 33379
Address: 153 Logan Road, Dillsburg, PA 17019		County: York
Administrator: Tara Neil		Region: CENTRAL
Legal Entity Name: EC OPCO DILLSBURG LLC		
Legal Entity Address: 500 North Hurstbourne Parkway Suite 200, Louisville, KY 40222		
Certificate(s) of Occupancy C-2 LP 11/05/1998 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 65 Waking Staff: 49		
Type of Inspection: Partial BHADocketNumber: Notice: Unannounced		
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 11/27/2018: McCloskey, Jason; Rosenblat, Dale		
Off-Site Inspection Dates and Inspectors, if Applicable 11/26/2018: McCloskey, Jason 11/27/2018: McCloskey, Jason		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 80 Number of Residents Served: 57 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: 5 Number of Hospice Residents in past year: 15	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 56 Have Mental Illness: 0 Have an Intellectual Disability: 3 Have a Mobility Need: 8 Have a Physical Disability: 2	

Violation Report: 33379 - 11/26/2018 - McCloskey, Jason
 PCH Name: ELMCROFT OF DILLSBURG

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for Resident 1 is not signed by the resident.

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.

Action: All current Resident files are being audited by the ED or Designee. Audit will be complete by 12/13/2018.

Training: Sales Director, Business Office Coordinator and Executive Director were re-educated on obtaining resident signatures on contracts at the time of move in. Training completed 12/11/18.

Ongoing: Administrator or designee will conduct Random charts audits monthly for resident signature on all contracts.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Tara M. Heil*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tara M. Heil, Executive Director* Date *12/12/2018*

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

The above plan of correction is approved as of <u>12/13/18</u> (Date)	Plan of correction implementation status as of <u>12/13/18</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

Violation Report: 33379 - 11/26/2018 - McCloskey, Jason
 PCH Name: ELMCROFT OF DILLSBURG

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident 1 is prescribed continuous oxygen at 3 liters per minute and uses a BiPAP machine during sleeping hours. The home does not have a system or procedures for the safe use of this equipment as evidenced by a lack of documentation relating to the use of the oxygen equipment including placement, checking for proper operation at regular intervals, changing and refilling oxygen bottles, and the placement and checking of the BiPAP unit during sleeping hours.

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

Action: Nurse audited and updated all current residents plan of care who are on oxygen correct and oxygen needs addressed and scheduled per order. Schedule and documentation will be tracked in Care tracker, electronic charting system. Completed on 12/9/18

Caretracker, our computerized charting software, allows us to add the task to check oxygen gauge and placement of nasal cannula two times per shift. Residents who use oxygen have had this task added to their service Plan. This will prompt regular checks and document that the checks were completed. This task has also been added to residents who use a Bi Pap or C Pap machine during sleeping hours. If a resident is ordered a concentrator with humidity. RSD or designee will assign these tasks

Training: Nursing staff educated on acceptable oxygen orders and how to follow our protocols. Training provided 12/11/18

Ongoing: ED or designee will monitor Plan of care and review all resident with Oxygen orders monthly at QA. RSD or designee will audit documentation of oxygen on a weekly basis for three months.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Tom M. Neil*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tom M. Neil, Executive Director* Date *12/12/2018*

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