



**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 \_\_\_\_\_ 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 January 18, 2019 until January 18, 2020,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **449010**

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

JAN 18 2019

Mr. Brian K. Wood  
Vice President/Treasurer  
EC OPCO Chippewa, LLC  
500 N Hurstbourne Parkway  
Suite 200  
Louisville, Kentucky 40222

RE: Elmcroft of Chippewa  
104 Pappan Business Drive  
Beaver Falls, Pennsylvania 15010  
Certificate #: 449010

Dear Mr. Wood:

As a result of the Department's Bureau of Human Services Licensing annual inspection on December 6, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

A regular license is being issued based on the enclosed violation report. Your license is enclosed.


In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

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.

Mr. Brian K. Wood

The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,



Jacqueline L. Rowe  
Director

Enclosures  
License  
Violation Report

**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: CENTRAL  |
| Legal Entity Name: EC OPCO CHIPPEWA LLC  |   |  |
| Legal Entity Address: 500 NORTH HURSTBOURNE PARKWAY, LOUISVILLE, KY 40222  |   |  |
| <b>Certificate(s) of Occupancy</b><br>I-2<br>03/11/2011<br>CHIPPEWA TOWNSHIP   |   | <b>RECEIVED</b><br>12/27/18<br>Western Region Field Office<br>Bureau of Human Services Licensing |
| <b>Staffing Hours</b>  |   |  |
| Resident Support: 0  | Total Daily Staff: 89   | Waking Staff: 67   |
| Type of Inspection: Full   | BHA Docket Number:  | Notice: Unannounced  |
| <b>Reason(s) for Inspection(s)</b><br>Renewal, Provisional   |   |  |
| <b>On-Site Inspections Dates and Department Representatives On-Site</b><br>12/06/2018: Mulick, Cindy; Eveges, Joseph   |   |  |
| <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<br>Number of Residents Served: 70<br>Secured Dementia Care Unit In Home: Yes<br>Area: FIRST FLOOR<br>Secured Dementia Unit Capacity, if Applicable: 20<br>Number of Residents Served in Secured Dementia Care Unit, if applicable: 17<br>Number of Current Hospice Residents: 23<br>Number of Hospice Residents In past year: 46 | <b>Number of Residents who:</b><br>Receive Supplemental Security Income: 0<br>Are 60 Years of Age or Older: 70<br>Have Mental Illness: 1<br>Have an Intellectual Disability: 0<br>Have a Mobility Need: 19<br>Have a Physical Disability: 0 |  |

Violation Report: 44901 - 12/05/2018 - Mulick, Cindy  
 PCH Name: ELMCROFT OF CHIPPEWA

**1. REGULATION 55 Pa.Code §2600**  
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**2a. DESCRIPTION OF VIOLATION**  
 At 10:35 a.m., a red binder labeled "H.V. Speciality Diets", containing pictures, names and special diets for Residents #1, #2 and #3 was unlocked and unattended on the kitchenette table in the memory 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.

On December 6, 2018 the Special Diet Binder was re-located to the locked room located in the dining room. All staff have keys to this room. Resident Service Director(RSD), Secured Dementia unit leader(HVL) and Administrator(ED) were all educated to this regulation and location of binder was changed. (Attachment A1).

A notice was posted in this room and attached to the binder. (Attachment A2)

To ensure that the staff have embraced this new location it has been checked daily, then twice weekly and then weekly until 2/24/2019. (Attachment A3)

|                      |                                   |  |  |
|----------------------|-----------------------------------|--|--|
| 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) TERESA RYHAL, EXECUTIVE DIRECTOR Date 12-27-2018

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

The above plan of correction is approved as of 1/14/19  
 (Date)

The above plan of correction was approved by JW  
 (Initials)

Plan of correction implementation status as of 1/14/19  
 (Date)

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

|  |   |
|--|---|
| Violation Report: 44901 - 12/06/2018 - Mulick, Cindy<br>PCH Name: ELMCROFT OF CHIPPEWA   |   |
| 1. REGULATION 55 Pa.Code §2600<br>2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.  |   |
| 2a. DESCRIPTION OF VIOLATION<br>At 10:20 a.m. the following poisonous materials were unlocked and accessible in the cabinet under the sink in the secure dementia care unit:<br><br>-a 1 gallon container of Ecolab detergent with a manufacturer's label that indicates "if swallowed call a doctor or poison control center immediately"<br>-a 56 ounce bottle of Germ-X hand sanitizer with a manufacturer's label that indicates "if swallowed call a doctor or poison control center immediately"<br><br>In addition, a 1.12 liter bottle of palmolive dish soap with a manufacturer's label that indicates "if swallowed call a doctor or poison control center immediately" was unlocked and unattended on the sink in the secure dementia care unit.<br><br>Not all residents in the home, including resident #2 and resident #3, are capable of safely using or avoiding poisonous materials. |   |
| 3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)<br><i>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.</i>  |   |
| 12/6/2018 The cabinet under the sink was immediately locked. All other cabinets were double checked to ensure they were locked.  |   |
| 12/12/2018 to 12/20/2018 All employees were trained on this regulation. (Attachment B1 to B5)  |   |
| Ongoing: Checks for compliance will be completed 5 times a week for three weeks, then weekly until the end of January. Ongoing Administrator(ED), Nurse in charge(RSD)and Secured Dementia unit leader (HVL) will monitor this for compliance as they make rounds of the building. (Attachment B6)   |   |
| Repeat Violation: No   | Date(s) of Previous Violation(s):   |
| Signature of Legal Entity Representative<br>(Required on EVERY Page) <i>Theresa Ryhal</i>  |   |
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <i>THERESA RYHAL EXECUTIVE DIRECTOR</i>  | Date<br><i>12-27-18</i>   |
| <b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>  |   |
| The above plan of correction is approved as of <u>1/14/19</u><br>(Date)  | Plan of correction implementation status as of <u>1/14/19</u><br>(Date)   |
| The above plan of correction was approved by <u><i>JW</i></u><br>(Initials)  | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JW</i><br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 44901 - 12/06/2018 - Mulick, Cindy  
 PCH Name: ELMCROFT OF CHIPPEWA

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

At 10:45 a.m., there were no paper towels or other means of sanitary hand drying available in the common bathroom in the 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.*

12/6/2018 Paper towels were placed in that bathroom and other bathrooms were checked for compliance.

12/12/2018 to 12/20/2018 Employees assigned to these areas were trained on this regulation. (Attachment C1 to C5). A designated staff person has been assigned this responsibility for each shift.

Administrator or designee will monitor bathrooms for paper towels five times a week for three weeks, then weekly for five weeks. Administrator or designee will continue to verify for compliance as walking thru building. Attachment C6

|                      |                                   |  |  |
|----------------------|-----------------------------------|--|--|
| 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<br>(Required on EVERY Page) <i>THERESA RYHAL, EXECUTIVE DIRECTOR</i> | Date<br><i>12-27-2018</i> |
|--|---------------------------|

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

The above plan of correction is approved as of 1/14/19  
 (Date)

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

Plan of correction implementation status as of 1/14/19  
 (Date)

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

Violation Report: 44901 - 12/06/2018 - Mulick, Cindy  
 PCH Name: ELMCROFT OF CHIPPEWA

1. REGULATION 55 Pa.Code §2600  
 2600.102(h) - Toilet paper shall be provided for every toilet.

2a. DESCRIPTION OF VIOLATION  
 At 10:45 a.m. there was no toilet paper available in the common bathroom of the 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.*

12/6/2018 Toilet paper was placed in that bathroom and other bathrooms were checked for compliance.

12/12/2018 to 12/20/2018 Employees assigned to these areas were trained on this regulation. (Attachment C1 to C5). A designated staff person has been assigned this responsibility for each shift. (Attachment C1).

Administrator or designee will monitor bathrooms for toilet paper five times a week for three weeks, then weekly for five weeks. Administrator or designee will continue to verify for compliance as walking thru the building. (Attachment C6)

|                      |                                   |  |  |
|----------------------|-----------------------------------|--|--|
| 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<br>(Required on EVERY Page) <i>Theresa Ryhal EXECUTIVE DIRECTOR</i> | Date<br><i>12-27-18</i> |
|---|-------------------------|

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

|   |   |
|---|---|
| The above plan of correction is approved as of <u>1/14/19</u><br>(Date)     | Plan of correction implementation status as of <u>1/14/19</u><br>(Date)   |
| The above plan of correction was approved by <u><i>JW</i></u><br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JW</i><br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

|  |   |
|--|---|
| Violation Report: 44901 - 12/06/2018 - Mulick, Cindy<br>PCH Name: ELMCROFT OF CHIPPEWA   |   |
| 1. REGULATION 55 Pa.Code §2600<br>2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.  |   |
| 2a. DESCRIPTION OF VIOLATION<br>At approximately 10:15 a.m., there was an accumulation of approximately 1/8 Inch of lint in the lint screen well of the dryer to the right in the laundry area by the kitchen.   |   |
| 3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)<br><i>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.</i>                  |   |
| 12/6/2018 Lint trap well was cleaned. Maintenance Director and Administrator reviewed this regulation. (Attachment D1)   |   |
| 12/10/2018 Maintenance Director and Administrator developed a check list and cleaning schedule. Lint well will be checked by Maintenance Director or designee daily when lint trap is checked. Lint well will be cleaned every other week unless daily check indicates a needed cleaning. An additional monthly check is required thru Elmcroft. (Attachment D2) |   |
| Repeat Violation: No   | Date(s) of Previous Violation(s):   |
| Signature of Legal Entity Representative<br>(Required on EVERY Page) <i>Theresa Ryhal</i>  |   |
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <i>THERESA RYHAL EXECUTIVE DIRECTOR</i>  | Date<br><i>12-27-18</i>   |
| <b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>  |   |
| The above plan of correction is approved as of <u>1/14/19</u><br>(Date)  | Plan of correction implementation status as of <u>1/14/19</u><br>(Date)   |
| The above plan of correction was approved by <u><i>JW</i></u><br>(Initials)  | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JW</i><br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 44901 - 12/06/2018 - Mulick, Cindy  
 PCH Name: ELMCROFT OF CHIPPEWA

**1. REGULATION 55 Pa.Code §2600**

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**

On 9/14/18, staff person B completed the initial medication administration training administered by staff person C. However, staff person C left employment with the home on 8/19/18 is not employed by any legal entity licensed by the Department, making this training invalid.

Staff person B administered Clonazepam 0.5mg and MAPAP Arthritis ER 650mg to resident #4 on 12/1/18 and 12/2/18 at 8:00a.m. Staff person B also administered Lorazepam 0.5mg to resident #4 on 12/1/18 and 12/2/18 at 2:44 p.m.

**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.*

12/6/2018 Nurse(Resident Service Director) reviewed the medication administration record for resident #4.

12/6/2018 Staff person B was removed from medication administration role until re-trained.

12/6/2018 and ongoing all medication trainers will need to verify that they have employment by a legal entity licensed by the Department. This will be the responsibility of the administrator or designee.

Within 5 days of receipt of the plan of correction: A designated staff person qualified to administer medications will audit all current medication training documentation to ensure all staff who currently administer medication to residents are qualified to do so. *JW* 1/14/19

|                      |                                   |  |  |
|----------------------|-----------------------------------|--|--|
| 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 EXECUTIVE Director* Date *12-27-2018*

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

|   |   |
|---|---|
| The above plan of correction is approved as of <u>1/14/19</u><br>(Date) | Plan of correction Implementation status as of <u>1/14/19</u><br>(Date)   |
| The above plan of correction was approved by <i>JW</i><br>(Initials)    | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JW</i><br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |