



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail:** [REDACTED]  
**Mailing Date:** March 7, 2019

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

RE: Elmcroft of Lewisburg  
2421 Old Turnpike Road  
Lewisburg, Pennsylvania 17837  
License #: 227200

Dear Mr. Wood:

As a result of the Department's Bureau of Human Services Licensing inspection on January 3, 2019 of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Violation Report

VIOLATION REPORT

PERSONAL CARE HOMES - 55 Pa Code Chapter 2600

PCH Name: ELMCROFT OF LEWISBURG		License Number: 22720
Address: 2421 OLD TURNPIKE ROAD, LEWISBURG, PA. 17837		County: Union
Administrator: Amanda Gresh		Region: NORTHEAST
Legal Entity Name: EC OPCO LEWISBURG LLC		
Legal Entity Address: 500N HURSTBOURNE PKWY STE 200, LOUISVILLE, KY 40222		
Certificate(s) of Occupancy C-2 LP 10/13/1996 L&I		
Staffing Hours Resident Support: 0      Total Daily Staff: 59      Working Staff: 44		
Type of Inspection: Partial      BHADocket Number:      Notice: Unannounced		
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 01/03/2019: DeVries, Kristin; Novak, Ryan		
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: 73 Number of Residents Served: 52 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: 2 Number of Hospice Residents in past year: 13		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 52 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 7 Have a Physical Disability: 0

Violation Report: 22720- 01/03/2019 - DeVries, Kristin  
PCH Name: ELMCROFT OF LEWISBURG

1. REGULATION 55 Pa. Code §2600  
2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION  
On 10-5-18, the local Aging office made the home aware of an allegation of sexual abuse, in which Resident #1 stated he/she had been the victim of sexual abuse. This was not reported to the Department of Human Services, as required by this regulation.

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.

Elmcroft of Lewisburg does not condone and in no way shape or form permit not reporting suspected abuse of a resident served by our home. Resident #1 was sent to the local hospital on October 2, 2018 due to a fall. Personal Care Administrator received a phone call from the Union-Snyder Area Agency on Aging requesting documentation and nursing notes on resident #1. Union-Snyder Area Agency on Aging Case Worker indicated that they were looking for information related to a call they had received from a doctor at the local hospital in relation to resident #1 and bruising between the resident legs. On October 24, 2018 Personal Care Home Administrator provided information requested and an internal investigation was conducted. On October 31, 2018 resident #1 refused a skin assessment from nursing. The internal investigation did not present substantiated statements related to resident #1, this information was sent to the Case Worker. Elmcroft of Lewisburg was not made aware that resident #1 had made an allegation claim of sexual abuse until DHS visited on January 01, 2019 for a complaint visit. Administrator confirmed with Union-Snyder Area Agency on Aging that the resident #1 allegation could not be substantiated.

Training: All staff will be re-educated on resident rights and mandatory abuse reporting on February 28<sup>th</sup> and abuse training has been scheduled for March 27, 2019 at 2:00PM through the Union-Snyder Area Agency on Aging.

Monitoring: Administrator or Designee will continue to educate and address any and all allegations of abuse and ensure prompt to reporting to all regulatory agencies.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Amanda Gresh*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Amanda Gresh Administrator*      Date *2/15/2019*

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The above plan of correction is approved as of	<u>2-20-19</u> (Date)	Plan of correction implementation status as of	<u>2-20-19</u> (Date)
		<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	
The above plan of correction was approved by	<u>MM</u> (Initials)		

Violation Report: 22720 - 01/03/2019 - DeVries, Kristin  
PCH Name: ELMCROFT OF LEWISBURG

1. REGULATION 55 Pa Code §2600  
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION  
Resident #1's medical evaluation (DME), dated 11-1-18, did not list the resident's (2) Medical Diagnoses; or (9) Health Status, Cognitive Functioning.

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: A new (DME) will be obtained and full completed including all current medical Diagnosis Health status and cognitive functioning. DME was sent to resident physician, facility is awaiting for it to return and will submit to DHS once it has been received.

Training: Administrator will educate all staff that is responsible for obtaining DME. The education will be completed by February 28, 2019.

Monitoring ongoing: Administrator or designee will monitor all new DME to ensure all sections have been addressed.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Amanda Gresh*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Amanda Gresh Administrator*      Date *2/15/2019*

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Violation Report: 22720 - 01/03/2019 - DeVries, Kristin  
 PCH Name: ELMCROFT OF LEWISBURG

1. REGULATION 55 Pa.Code §2600  
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident #1 did not sign their most recent support plan (RASP), dated 11-2-18. There was no indication that the resident was unable to or declined to participate or declined to or was unable 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.

Action: - Resident #1 signed and reviewed current RASP (see attachment #A). Administrator and or Nurse will audit all current residents DME to ensure completeness of DME

Training: Education on regulation 2600.227(g) will be provided to the staff responsible for documenting and presenting the RASP to the resident and need for all residents to sign. The education will be completed by February 28, 2019.

Monitoring on going: Personal Care Home Administrator or designee will monitor monthly all new DMEs for accuracy and completeness.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page) *Amanda Gresh*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Amanda Gresh, Administrator* Date *2/15/2019*

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