



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

FEB 1 1 2019

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

RE: Elmcroft of Altoona  
170 Red Fox Drive  
Duncansville, Pennsylvania 16635  
Certificate #: 333730

Dear Mr. Wood:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on January 18, 2019 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.

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. 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

Enclosure  
Violation Report



Violation Report: 33373 - 01/18/2019- Springs, Israel  
 PCH Name: ELMCROFT OF ALTOONA

1. REGULATION 55 Pa.Code §2600  
 2600.63(a) -At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION  
 On 1/11/19 from 11pm to 6:15am on 1/12/19, there were residents in the home, and no staff in the home trained in first aid and certified in obstructed airway techniques and CPR.  
 On 1/16/19 from 3:15pm to 10:45pm, there were residents in the home and no staff in the home trained in first aid and certified in obstructed airway techniques and CPR.

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.*

- POC:
- First aid, obstructed airway techniques and CPR class held 1/22/2019. (see attached A)
  - Training and Development Coordinator was trained on regulation 2600.63 (a). (see attached B)
  - All staff members, in all departments will be trained in first aid and certified in obstructed airway techniques and CPR, Training and Development Coordinator will review quarterly to monitor their certification/expiration date. (see attached C)
  - A monitoring system has been implemented to ensure that all direct care staff scheduled shifts are in compliance with regulation 2600.63 (a). (see attached D)
  - The Training and Development Coordinator or designee will schedule and coordinate all first aid, obstructed airway techniques and CPR class.

Repeat Violation: Na	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
TAMMIE LYNN ED			2-6-19

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

The above plan of correction is approved as of	2/7/19 (Date)	Plan of correction implementation status as of	2/7/19 (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	BAS (Initials)		

Violation Report: 33373 - 01/18/2019- Springs, Israel  
 PCH Name: ELMCROFT OF ALTOONA

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- {2} Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- {3} Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Staff Member A did not receive training in medication self-administration during training year 2018.

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.

- POC:
- Direct care staff person A completed required training topic included in the violation report. (see attached E)
  - Training and Development Coordinator or designee in-serviced by the Executive Director regarding regulation 2600.065 (g), including annual training requirements. (see attached F)
  - The Training and Development Coordinator or designee shall audit 2019 training plans for required training topics. (see attached G)
  - The Training and Development Coordinator or designee will audit individual staff training plans on a monthly basis to ensure staff training requirements are completed.

Repeat Violation: No

Date(s) of Previous Violation(s):

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Printed Name and Title of Legal Entity Representative  
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Date 2-6-19

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Violation Report: 33373 - 01/18/2019 - Springs, Israel  
 PCH Name: ELMCROFT OF ALTOONA

1. REGULATION 55 Pa.Code §2600

2600.65(9) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff Member B did not receive training in fire safety and emergency preparedness procedures during training year 2018.

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.*

POC:

- Staff person B did receive annual fire safety and emergency preparedness training. (see attached H)
- Direct care staff person B to complete required training topic included in the violation report on 3/28/2019 by fire safety expert.
- Training and Development Coordinator or designee in-serviced by the Executive Director regarding regulation 2600.065 (g), including annual training requirements. (see attached I.)
- The Training and Development Coordinator or designee audited all staff 2019 training plans for required training topics. (see attached G)
- The Training and Development Coordinator or designee will audit individual staff training plans on a monthly basis to ensure staff training requirements are completed.

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Violation Report: 33373 - 01/18/2019 - Springs, Israel  
 PCH Name: ELMCROFT OF ALTOONA

1. REGULATION-55 Pa.Code §2600  
 2600.141(b)(1)- A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
 The most recent medical evaluation for Resident #1 was completed on 12/19/17

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.

POC:

- Medical evaluation for resident #1 was faxed to physician to complete from annual visit. (see attached J)
- Training and Development Coordinator was immediately educated on regulation 2600.141 (b) (1).(see attached K)
- Resident Services Director or designee to review DMEs for current residents to assure medical evaluation has been completed annually. (see attached L)
- Resident Services Director will develop and maintain a list of current DME due dates. (see attached M)
- Resident Services Director and designee will review on a monthly basis all DME due.

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 PCH Name: ELMCROFT OF ALTOONA

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

On 1/4/19 at 7:25am, Resident #2's blood glucose records documented a measurement of 164. However, the resident's glucometer had no measurement stored for this date and time.  
 On 1/5/19 at 7:26am, Resident #2's blood glucose records documented a measurement of 183. However, the resident's glucometer had no measurement stored for this date and time.  
 On 1/4/19 at 7:33am, Resident #3's blood glucose records documented a measurement of 210. However, the resident's glucometer had no measurement stored for this date and time.  
 On 1/4/19 at 4:06am, Resident #3's blood glucose records documented a measurement of 258. However, the resident's glucometer had no measurement stored for this date and time.

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POC:

- Glucometer machine for resident A and B were disposed of on 1/18/2019.
- New glucometer machine ordered from Thompsons' Pharmacy for resident A and B on 1/18/2019 at the homes cost. (see attached N)
- All residents with glucometer machines will be labeled with name and kept in proper storage. (see attached O)
- The physicians for residents A and B will be notified of the glucometer sharing and orders by the physician will be followed. (see attached P)
- Training and Development Coordinator was educated on regulation 2600.185 (a) (see attached Q)
- Staff members responsible for blood glucose testing and insulin administration reeducated on regulation 2600.185 (a) (see attached R)
- The LPN Support Nurse or designee will audit the glucometer readings and medication administration records of all residents who receive blood glucose testing for accuracy weekly. (see attached S)

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