



July 2, 2019

Mr. Christian M. Cummings
President
EC OPCO Dillsburg LLC
Eclipse Senior Living
ATTN: LICENSING
5885 Meadows Road, Suite 500
Lake Oswego, Oregon 97035

RE: Elmcroft of Dillsburg
153 Logan Road Bottom Road
Dillsburg, Pennsylvania 17019
Certificate #: 333790

Dear Mr. Cummings:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on May 29, 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.

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,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report

Facility Information

Name: ELMCROFT OF DILLSBURG

License Number: 333790

Address: 153 LOGAN ROAD, DILLSBURG, PA 17019

County: YORK

Region: CENTRAL

Administrator

Name: Tara Neal

Phone: 7175021000

Email:

Legal Entity

Name: EC OPCO DILLSBURG LLC

Address: ECLIPSE SR LIV ATTN LICENSING 5885 MEADOWS ROAD, SUITE 500, OR, 97035

Certificate(s) of Occupancy

Type: C-2 LP

Date: 11/05/1998

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 75

Waking Staff: 56

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

05/29/2019 - On-Site: Israel Springs, Laura Heemer

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 80

Residents Served: 67

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 67

Diagnosed with Mental Illness: 1

Diagnosed with Intellectual Disability: 2

Have Mobility Need: 8

Have Physical Disability: 2

63a - First Aid/CPR Training

Regulations

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.

Description of Violation

On 5/19/2019, fifty-six residents were present in the home. On this date, from 10:45pm until 07:00 am the following morning, only one staff member with First Aid training and CPR and obstructed airway certification was present in the home.

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.)

- Immediate Action- A CPR class is scheduled for Monday, June 10th to renew the expired certification of the associate who was working the shift that night.
- Training- Training and Development Coordinator was re-educated on the Regulation of having at least one staff member who is CPR certified for every 50 residents. This training was instructed by Laura Hemmer of DHS at the exit conference on May 29, 2019. Training and Development Coordinator is responsible for scheduling the Direct Care Staff
- On-Going Monitoring- Schedule will be reviewed by Executive Director or designee comparison to the CPR certified list of staff to ensure that staffing has the required 1 CPR employee to every 50 residents.

Legal Entity Representative

Tara M. Reid
Signature

Tara Neil, Executive Director 6/7/19
Printed Name and Title Date

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The above plan of correction is approved as of 6/11/19

The above plan of correction was approved by 6/11/19

The above plan of correction was approved by BAS
05/29/2019

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

65b - Rights/Abuse 40 Hours

Regulations

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 2. Emergency medical plan.
- 4. Reporting of reportable incidents and conditions.

Description of Violation

Staff Member A, who has been providing regular service in the home since September of 2018, did not receive training in the Emergency Medical Plan and Reportable Incidents and Conditions within the first 40 hours of work.

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.)

Immediate Action-Staff Member A was in serviced on the Emergency Medical Plan and Reportable Incidents and Conditions

Training- Emergency Medical Plan and Reportable Incidents and Conditions hand out was added to the new hire packet that is completed on Day 1 with our New Hires.

Ongoing Monitoring- Business Office Coordinator or designee will audit one employee file per month to ensure training occurred and is documented. Results will be discussed during Quality Assurance meeting.

Legal Entity Representative

Tara M. Neil
Signature

Tara M. Neil, Exec. Dir. 6/7/19
Printed Name and Title Date

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65f - Training Topics.

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

The 2018 training that Staff Members B and C received for the topic 2600.65(f)(2) did not include instruction specific to the medical evaluation.

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.)

Immediate Action- Staff members B and C were re-educated on Medical Evaluations

Training- Medical Evaluation training will be provided by Executive Director or Designee annually.

Ongoing monitoring- Training and Development Coordinator or designee will audit one training file per month to ensure training occurred and documented accurately. Results to be discussed at Quality Assurance meeting

Legal Entity Representative

Torah Neil
Signature

Torah Neil, Executive Dir. 6/7/19
Printed Name and Title Date

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65i - Training Record

Regulations

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's 2018 record of training does not document the source of the training (instructor's name) for the trainings provided to Staff Members B and C in Resident Rights and The Older Adult Protective Services Act.

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.)

Immediate Action- Instructor's name was added to the training that was given to Staff Members B and C in Resident Rights and Older Adult Protective Services Act.

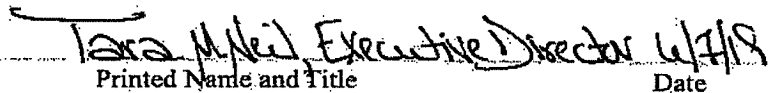
Training- Staff Training Sign in template was updated to include Instructors name

Ongoing Monitoring- Training and Development Coordinator or designee will ensure the staff training has the Instructor name documented when filing the trainings.

*The administrator, or another identified staff member, will review each staff member's training on a semi-annual basis to identify any missed trainings, ensure that the staff member has received the requisite number of annual training hours, and that the proper documentation has been recorded. BAS 6/11/19

Legal Entity Representative


Signature


Printed Name and Title Executive Director 6/11/19
Date

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103f - Refrigerator/Freezer Temps

Regulations

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

The Traulsen double door standing freezer located in the kitchen had an internal temperature that measured 25 degrees Fahrenheit at 3 pm on 5/29/2019.

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.)

Immediate Action- Thermometer was replaced to make sure it was working correctly. Refrigeration company called to check that the freezer was working correctly. Found that a sensor needs to be replaced so the freezer continues to maintain temperature even during defrost cycles.

Training- Dining staff re-educated on taking accurate temperatures and reporting any outliers with Maintenance Director and Executive Director

Ongoing Monitoring- Temperature log on freezer will be documented morning and evening. Temperatures will be monitored by Dining Service Director and Executive Director.

Legal Entity Representative

Tara M. Neil
Signature

Tara M. Neil, Executive Dir 6/7/19
Printed Name and Title Date

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