



pennsylvania
DEPARTMENT OF HUMAN SERVICES

July 11, 2019

Mr. Christian N. Cummings
President
EC OPCO Lebanon PA, LLC
Eclipse Senior Living
ATTN: Licensing
5885 Meadows Road, Suite 500
Lake Oswego, Oregon 97035

RE: Elmcroft of Lebanon
860 Norman Drive
Lebanon, Pennsylvania 17042
Certificate #: 333760

Dear Mr. Cummings:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on June 10, 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 LEBANON*
Address: *860 NORMAN DRIVE, LEBANON, PA 17042*
County: *LEBANON* Region: *CENTRAL*

License Number: *333760*

Administrator

Name: *Krista Funk* Phone: *7172280909* Email:

Legal Entity

Name: *EC OPCO LEBANON PA LLC*
Address: *5885 MEADOWS ROAD SUITE 500, OR, 97035*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/10/1999* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *58* Waking Staff: *44*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
Reason: *Renewal*

Inspection Dates and Department Representative

06/10/2019 - On-Site: Israel Springs, Michael Showers

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *65* Residents Served: *48*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *46*
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *10* Have Physical Disability: *7*

57b - 1 Hour/Day

Regulations

2600.
57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Description of Violation

On 6/2/19 and 6/8 19, a minimum of 56 hours of direct care service was required by the home. On these days, only 54.25 hours of direct care staffing was provided.

Plan of Correction (POC)

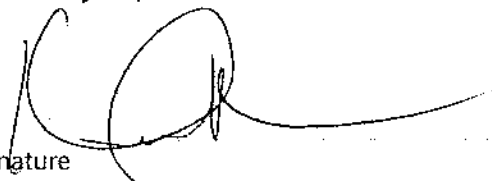
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Executive Director and/or designee to ensure that direct care staffing hours are appropriate and meets the 1 hour per day, per mobile resident daily. Executive Director and/or designee will ensure ongoing hiring of staff is conducted regularly and that all hours of needs are met.

Executive Director and/or designee will review direct care staff schedule each day to ensure staffing hours are met.

*Prior to the implementation of a staffing schedule, the staffing schedule will be reviewed by the administrator, and or designee, to ensure that there is sufficient staffing each day in relation to the number of residents in the facility, the resident needs as specified in the resident assessment and support plan, and the requirements specified in regulations 2600.57a-57d. BAS 6/20/19

Legal Entity Representative

Signature 

Printed Name and Title *Krista Funk, Executive Director* Date *6/19/19*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of	6/20/2019 (Date)	Plan of correction implementation status as of	6/20/2019 (Date)
The above plan of correction was approved by	BAS (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	

57d - Waking Hours

Regulations

2600. 57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On 6/2/19 and 6/8/19, a total of 42 hours of direct care was required to be provided by the home during waking hours. However, only 40.75 of the required hours, or 73 percent of the total direct care hours, were provided during waking hours.

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.)

Executive Director and/or designee to ensure that direct care staff waking hours are appropriate and meets the 75% required hours. Executive Director/or designee will ensure ongoing hiring of staff is conducted regularly and that all waking hours of needs are met.

Executive Director and/or designee will review direct care staff schedule each day to ensure waking hour staffing needs are met.

*Prior to the implementation of a staffing schedule, the staffing schedule will be reviewed by the administrator, and or designee, to ensure that there is sufficient staffing each day to be provided during waking hours in relation to the number of residents in the facility, the resident needs as specified in the resident assessment and support plan, and the requirements specified in regulations 2600.57a-57d.

BAS 6/20/19

Legal Entity Representative

Signature [Handwritten Signature]

Printed Name and Title: Krista Funk, Executive Director Date: 6/19/19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 6/20/2019 (Date) Plan of correction implementation status as of 6/20/2019 (Date)
The above plan of correction was approved by BAS (Initials)
[] Fully Implemented
[X] Partially Implemented - Adequate Progress
[] Partially Implemented - Inadequate Progress
[] Not Implemented