



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: agresh@elmcroft.com
MAILING DATE: April 21, 2020

Mr. Christian N. Cummings
President
EC OPCO Lewisburg, LLC
Eclipse Sr Living ATTN Licensing
5885 Meadows Road, Suite 500
Lake Oswego, Oregon 97035

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

Dear Mr. Cummings:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 30, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: ELMCROFT OF LEWISBURG

License Number: 22720

Address: 2421 OLD TURNPIKE ROAD,, LEWISBURG, PA 17837

County: UNION

Region: NORTHEAST

Administrator

Name: Amanda Gresh

Phone: 5705247999

Email: agresh@elmcroft.com

Legal Entity

Name: EC OPCO LEWISBURG LLC

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

Certificate(s) of Occupancy

Type: C-2 LP

Date:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 59

Waking Staff: 44

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint, Incident

Inspection Dates and Department Representative

01/30/2020 - On-Site: Ryan Yankowy, Jason Harvey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 73

Residents Served: 55

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 55

Diagnosed with Mental Illness: 7

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 4

Have Physical Disability: 7

23a - Activities of Daily Living Assistance

Regulations

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1 stated during the interview that in October the resident was left on the toilet for 30 mins to an hour after using the call bell. The resident states that after lunch resident #1 is prescribed Lasix and when the resident is put on the toilet he/she is left there until shift change is over after 2:30 pm.

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's support plan was updated day of inspection, 01/30/2020 to include resident receiving a toileting schedule directly after resident lunch meal service so resident can attend activity at 2:00PM. Please see attachment A for supporting documentation.

Training: Administrator/designee trained all staff involved with updating resident support plans on regulation 2600.23.a. Training was completed on 01/31/2020.

Monitoring: Administrator/designee will monitor compliance with regulation 2600.23.a.

Legal Entity Representative

Amanda Gresh
Signature

Amanda Gresh Administrator 3/10/2020
Printed Name and Title Date

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The above plan of correction is approved as of 3-25-2020
(Date)

Plan of correction implementation status as of 3-25-2020
(Date)

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

Implemented
 Not Implemented

182b - Prescription Medication

Regulations

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- 4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Direct care staff member A completed the initial medication administration course on 10/1/19. Only 2 of the required 4 medication administration observations were completed.

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: On 01/30/2020, staff member A completed the required 4 medication administration observations.

Training: Administrator/designee trained the Medication Technician Train the Trainer on the requirements of regulation 2600.182.b.4. Training completed on 01/31/2020.

Monitoring: Administrator/designee will ensure all certified medication technicians are compliant with regulation 2600.182.b.4 through an audit to be completed by 03/20/2020.

Legal Entity Representative

Amanda Gresh
Signature

Amanda Gresh Administrator 3/10/2020
Printed Name and Title Date

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- Implemented
- Not Implemented

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224a - Preadmission Screen Form

Regulations

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2's pre-admission screening dated 10/23/19 does not indicate if the residents needs can be met in the personal care 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.)

Action: Administrator/Resident Services Director will audit all current resident pre-admission screenings to ensure compliance with regulation 2600.224.a. This audit will be completed by 03/20/2020.

Training: Administrator/designee trained all staff involved in the pre-admission screening process on regulation 2600.224.a. Pre-admission screenings will be verified by a second Administrator/designee prior to admission. Training completed on 01/31/2020.

Monitoring: Administrator/designee will ensure all new resident pre-admission screenings are compliant with regulation 2600.224.a. Regulation compliance will be reviewed at monthly QA meeting.

Legal Entity Representative

Amanda Bush
Signature

Amanda Gresh Administrator 3/10/2020
Printed Name and Title Date

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The above plan of correction was approved by	<i>ag</i> (Initials)	<input checked="" type="checkbox"/> Implemented <input type="checkbox"/> Not Implemented	

225a - Assessment 15 Days

Regulations

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #2 was admitted to the home on 11/7/19, the home did not complete an assessment for the resident within 15 days.

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: Starting day of inspection, 01/30/2020, Resident Services Director/designee audited current resident assessments to ensure compliance with 2600.225.a.

Training: Administrator/designee trained all staff involved in the resident assessment and support plan process on regulation 2600.225.a. Training was completed on 01/31/2020.

Monitoring: Administrator/designee will ensure all future resident assessments and support plans are compliant with regulation 2600.225.a.

Legal Entity Representative

Amanda Gresh
Signature

Amanda Gresh Administrator 3/10/2020
Printed Name and Title Date

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227d - Support Plan Medical/Dental

Regulations

2600. 227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #3's RASP dated 10/23/19 was not updated to include the resident's incident where resident #3 caused lacerations to his/her wrist and was put on 15-minute checks.

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 #3 no longer currently resides at Elmcroft of Lewisburg, resident was discharged on 12/16/2019. Resident Services Director/designee will audit all current residents' charts to verify compliance with regulation 2600.227d.

Training: Administrator/designee trained all staff involved in the resident assessment and support plan documentation process on regulation 2600.227d. Training was completed on 01/31/2020.

Monitoring: Administrator/designee will ensure resident assessment and support plans are updated as changes in condition occur for residents to ensure compliance with regulation 2600.227.d. Changes in conditions will be reviewed at monthly QA meetings. Attachment B is attached as supporting documentation.

Legal Entity Representative

Amanda Greth
Signature

Amanda Greth Administrator 3/10/2020
Printed Name and Title Date

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