



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: agresh@elmcroft.com
MAILING DATE: May 6, 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 February 27, 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@elmcraft.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: *57*

Waking Staff: *43*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

Inspection Dates and Department Representative

02/27/2020 - On-Site: Ryan Yankowy

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *73*

Residents Served: *53*

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: *53*

Diagnosed with Mental Illness: *3*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *4*

Have Physical Disability: *1*

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

Resident #1's glucometer was used to test Resident #2's blood glucose on 2/4/20 at 7:42 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: On 02/04/2020 following discovery of error, resident #1's glucometer was discarded and replaced with a new glucometer. Both resident #1 and resident #2 physicians were made aware of error and confirmed that resident #1 and resident #2 have no communicable diseases. See attachment A for reference.

Training: Staff member was enrolled in Department of Human Services Diabetic Training Course for re-education. Staff member involved in error no longer is employed by Elmcroft of Lewisburg. All medication technicians will receive an education on not sharing glucometers between residents. See attachment B for reference.

Monitoring: Resident Services Director/Designee will monitor weekly to ensure compliance with regulation 2600.85.a.

Legal Entity Representative

Amanda M Gresh
Signature

Amanda M Gresh Administrator 4/14/2020
Printed Name and Title Date

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

The above plan of correction is approved as of	4-21-2020	Plan of correction implementation status as of	4-21-2020
	(Date)		(Date)
The above plan of correction was approved by	<i>ag</i>	<input checked="" type="radio"/> Implemented	
	(Initials)	<input type="checkbox"/> Not Implemented	