

Department of Human Services
Bureau of Human Service Licensing

June 30, 2020

EC OPCO SHIPPENSBURG LLC
5885 MEADOWS ROAD, SUITE 500
ECLIPSE SR LIV ATTN LICENSING
LAKE OSWEGO, OR, 97035

RE: ELMCROFT OF SHIPPENSBURG
129 WALNUT BOTTOM ROAD
SHIPPENSBURG, PA, 17257
LICENSE/COC#: 33375

Dear Ms. Kipe,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 06/09/2020, 06/10/2020 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cs: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSE INSPECTION SUMMARY**

Facility Information

Name: *ELMCROFT OF SHIPPENSBURG* License #: *33375* License Expiration Date: *05/30/2021*
 Address: *129 WALNUT BOTTOM ROAD, SHIPPENSBURG, PA 17257*
 County: *CUMBERLAND* Region: *CENTRAL*

Administrator

Name: *Jennifer Kipe* Phone: *717.658.9752* Email: *jkipe@elmcroft.com*

Legal Entity

Name: *EC OPCO SHIPPENSBURG LLC*
 Address: *5885 MEADOWS ROAD, SUITE 500, ECLIPSE SR LIV ATTN LICENSING, LAKE OSWEGO, OR, 97035*
 Phone: *7175301400* Email: *jkipe@elmcroft.com*

Certificate(s) of Occupancy

Type: *I-2* Date: *07/22/2011* Issued By: *Middle Dept Insp. Agency*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *57* Waking Staff: *43*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *06/10/2020*

Inspection Dates and Department Representative

06/09/2020 - Off-Site: Douglas Hoover
06/10/2020 - Off-Site: Douglas Hoover

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *62* Residents Served: *53*

Secured Dementia Care Unit

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

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *53*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

06/09/2020 - Partial

Lead Inspector: *Douglas Hoover*Follow-Up Type: *POC Submission*Follow-Up Date: *06/25/2020*

6/30/2020 - POC Submission

Lead Reviewer: *Gloria Emick*Follow-Up Type: *Document Submission*Follow-Up Date: *09/01/2020*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 6/06/20 at 8:35 am, Staff Member A stated to Resident #1, "I feel like smacking you in the mouth when you talk like that," while assisting the resident in the bathroom.

Plan of Correction - 06/30/2020**Accept**

On 6/8/2020, staff member was immediately suspended from her duties by the Executive Director when this incident was reported by the Resident. This incident was reported to both the Cumberland County Office of Aging, and the Department of Human Services. An internal investigation of the incident occurred, and staff member's employment with Elmcroft of Shippensburg was terminated on 6/12/2020.

All Elmcroft of Shippensburg associates will be re-educated on the Resident Abuse policy (see Attachment 1) on June 26, 2020 at 1:30pm. This training will be facilitated by the Executive Director.

Executive Director or Designee will interview 3 residents per month for the following 3 months: June, July, and August 2020 to ensure that residents feel safe living at Elmcroft of Shippensburg. (See Attachment 2)

Completion Date: 06/19/2020