

Department of Human Services
Bureau of Human Service Licensing

November 23, 2020

CHRISTIAN CUMMINGS, PRESIDENT
EC OPCO CHIPPEWA LLC
5885 MEADOWS ROAD, SUITE 500
ECLIPSE SR LIV ATTN LICENSING
LAKE OSWEGO, OR 97035

RE: ELMCROFT OF CHIPPEWA
104 PAPPAN BUSINESS DRIVE
BEAVER FALLS, PA, 15010
LICENSE/COC#: 44901

Dear Mr. Cummings,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/06/2020, 08/07/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jody Garvey

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *ELMCROFT OF CHIPPEWA* License #: *44901* License Expiration Date: *01/18/2021*
 Address: *104 PAPPAN BUSINESS DRIVE, BEAVER FALLS, PA 15010*
 County: *BEAVER* Region: *WESTERN*

Administrator

Name: *Theresa Ryhal* Phone: *7248913333* Email: *tryhal@elmcroft.com*

Legal Entity

Name: *EC OPCO CHIPPEWA LLC*
 Address: *5885 MEADOWS ROAD, SUITE 500, ECLIPSE SR LIV ATTN LICENSING, LAKE OSWEGO, OR, 97035*
 Phone: *7248913333* Email: *DBAKER@VENTASREIT.COM, Jogarvey@pa.gov*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *05/22/1999* Issued By: *Labor and Industry*
 Type: *I-2* Date: *03/18/2011* Issued By: *Chippewa Township*

Staffing Hours

Resident Support Staff: *3* Total Daily Staff: *85* Waking Staff: *64*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint,Incident* Exit Conference Date: *08/13/2020*

Inspection Dates and Department Representative

08/06/2020 - On-Site: Laurie Garrigan
08/07/2020 - Off-Site: Laurie Garrigan

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *85* Residents Served: *63*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Care* Capacity: *20* Residents Served: *17*

Hospice

Current Residents: *12*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *63*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *19* Have Physical Disability: *0*

Inspections / Reviews

08/06/2020 - Partial

Lead Inspector: *Laurie Garrigan*Follow-Up Type: *POC Submission*Follow-Up Date: *08/30/2020*

9/1/2020 - POC Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *Document Submission*Follow-Up Date: *09/30/2020*

11/4/2020 - Document Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *Document Submission*Follow-Up Date: *11/06/2020*

11/23/2020 - Document Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *Not Required*

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Multiple staff interviews indicated that the midnight shift staff are assigned approximately 8 residents that are routinely awakened, dressed and put back to bed or in a chair between 4:00 a.m. and 4:30 a.m., because staff are expected to have all of the residents up for breakfast and they don't have enough staff to assist. Breakfast is served between approximately 7:30 a.m. and 9:00 a.m. Residents have repeatedly complained to staff that they do not want to get up that early.

Plan of Correction

Accept

8/12/2020 This practice ended. On 8/12/2020 Administrator directed Staff direct to not get residents up that would prefer to sleep.

8/26/2020 Leadership Team/Designee have been educated on Resident Rights requirement and the right to be treated with dignity and respect. Attachment 42 (c) 1 . Training by Administrator.

Resident Rights will be reviewed by Administrator/Designee with all employees via monthly staff meeting, on 9/9/2020 and at shift cross over meetings. Training will be provided by Administrator, Training Development Coordinator or Nurse

Administrator will interview three residents each week for two months and be reviewed at monthly QA meeting to ensure all residents are treated with respect and dignity

Completion Date: 9/30/2020

Completion Date: 09/30/2020

Document Submission

Implemented

See Attachment

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On 7/10/20, the home served 62 residents with 19 residing in the home's Secured Dementia Care Unit (SDCU), 21 with mobility needs, and 3 with mobility needs requiring the assistance of 2 staff persons to evacuate in an emergency. The residents requiring the assistance of 2 staff to evacuate included 1 resident residing in the SDCU and 2 residents residing in the personal care side of the home. Between 2:23 a.m. and 4:02 a.m., there were only 2 staff members present in the home which was not enough to provide personal care services, supervision and safe evacuation of residents in the event of an emergency as specified on the resident's assessments and support plans.

On 7/25/20, the home served 59 residents with 18 residing in the homes SDCU, 20 with mobility needs, and 3 with mobility needs requiring the assistance to 2 staff persons to evacuate in an emergency. The residents requiring the assistance of 2 staff to evacuate included 1 resident residing in the SDCU and 2 residents residing in the personal care side of the home. Between 4:23 a.m. and 5:34 a.m., there were only 2 staff members present in the home which was not enough to provide personal care services, supervision and safe evacuation of residents in the event of an emergency as specified on the resident's assessments and support plans.

60a - Staff/Support Plan (*continued*)**Plan of Correction****Accept**

Immediately Direct care Staffing reviewed daily leadership team to ensure staffing. Manager on Duty/Nurse on Call will be responsible to ensure proper direct care staff is maintained if calls off occur.

Training: 8/28/2020 Leadership Team educated to this regulation 60a and staffing needs to meet the needs of the residents. Attachment: 60 (a) #1. Training by Administrator.

Attachment 60 a #2- Last week's schedule.

ED /Designee will monitor direct care schedules daily to ensure proper staff at all times.

Completion Date: 08/28/2020

Document Submission**Implemented**

See Attachment

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

There was an approximate 3' X 3' hole in the ceiling in the hallway directly outside of resident bedroom #202.

Plan of Correction**Accept**

8/24/2020 The area outside Room 202 was covered and secured. Attachment 88.a #1

8-28-20 Administrators educated all Nurse and Maintenance Director on regulation 88a

Ongoing: ED and or designee will walk community daily to ensure all areas are clean, good repair and free of hazards. Per Regulation 88a

Completion Date: 08/28/2020

Document Submission**Implemented**

See Attachment

234b - Support Plan Needs Elements

1. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

Resident #1 receives hospice services, however the resident's support plan, dated 7/17/20, does not indicate the services provided by hospice or the frequency of services. The support plan also indicates that the resident ambulates with use of a cane or walker; however, the resident's mobility assessment indicates that the resident ambulates with a wheelchair.

234b - Support Plan Needs Elements (continued)

Plan of Correction

Accept

8/17/2020 The resident's Support Plan was updated to reflect the hospice care provided and the frequency. The Support Plan was corrected to reflect that the resident ambulates with a wheelchair. Attachment 234.b #2
Members of leadership team will audit all current residents support plan for accuracy by 9/30/2020
Leadership Team/Designee will audit all current resident's Support Plans for accuracy to ensure that they reflect the resident's physical, medical, social, cognitive and safety needs.

Completion 9/30/2020

8/28/2020 Administrator Re-educated leadership team responsible for creating and updating the Support Plan. Attachment 234.b #1

Ongoing: Administrator and or designee will review 10% of Support plans randomly to audit and results will be reviewed monthly at Quality Assurance meeting for 4 months.

Completion Date: 09/30/2020

Document Submission

Implemented

See Attachment