

Department of Human Services
Bureau of Human Service Licensing

February 18, 2021

██████████, PRESIDENT, TREASURER
EC OPCO LEWISBURG LLC
5885 MEADOWS ROAD, SUITE 500
ECLIPSE SR LIV ATTN LICENSING
LAKE OSWEGO, OR 97035

RE: ELMCROFT OF LEWISBURG
2421 OLD TURNPIKE ROAD
LEWISBURG, PA, 17837
LICENSE/COC#: 22720

Dear ██████████,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/20/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

Facility Information

Name: *ELMCROFT OF LEWISBURG* License #: *22720* License Expiration Date: *07/03/2021*
Address: *2421 OLD TURNPIKE ROAD, LEWISBURG, PA 17837*
County: *UNION* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *5705247999* Email: [REDACTED]

Legal Entity

Name: *EC OPCO LEWISBURG LLC*
Address: *5885 MEADOWS ROAD, SUITE 500, ECLIPSE SR LIV ATTN LICENSING, LAKE OSWEGO, OR, 97035*
Phone: *5705247999* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/13/1998* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *53* Waking Staff: *40*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
Reason: *Incident* Exit Conference Date: *10/20/2020*

Inspection Dates and Department Representative

10/20/2020 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *73* Residents Served: *50*

Secured Dementia Care Unit

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

Hospice

Current Resident: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *50*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *3* Have Physical Disability: *0*

Inspections / Reviews

10/20/2020 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *11/06/2020*

11/6/2020 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *11/14/2020*

2/18/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 10/9/20 the glucometer belonging to resident #1 was used to test the blood glucose level for resident #2.

Plan of Correction

Accept

ACTION: On 10/09/2020 following discovery of error, resident #1 glucometer was discarded and replaced with a new glucometer. Facility requested and will obtain confirmation that both resident #1 and resident #2 have no communicable diseases. See attachments as references.

TRAINING: Staff member responsible for medication error was verbally counseled day of error occurrence and will be re-enrolled in a Diabetic Training Course on November 16, 2020. A staff education will be held by November 13, 2020 for all staff responsible for diabetic administrations.

MONITORING: Resident Services Director/Designee will monitor and audit the glucometers weekly to ensure compliance with regulation 2600.85.a.

Completion Date: 11/05/2020

Update - 11/06/2020

Please send proof of staff education.

Document Submission

Implemented

See attachment for proof of staff education.