

Department of Human Services
Bureau of Human Service Licensing

May 4, 2021

[REDACTED]
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 [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 02/24/2021, 02/25/2021 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,
Suzy Quinn

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:** 01/18/2022
Address: 104 PAPPAN BUSINESS DRIVE, BEAVER FALLS, PA 15010
County: BEAVER **Region:** WESTERN

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 59 **Waking Staff:** 44

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 02/24/2021

Inspection Dates and Department Representative

02/24/2021 - On-Site: [REDACTED]
02/25/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 85 **Residents Served:** 44

Secured Dementia Care Unit

In Home: Yes **Area:** Memory Care **Capacity:** 20 **Residents Served:** 15

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 44
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 15 **Have Physical Disability:** 0

Inspections / Reviews

02/24/2021 - Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/25/2021

Inspections / Reviews (*continued*)

4/27/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/04/2021*

5/4/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/01/2021*

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

Resident #1's assessment and support plan, dated 12/20/20, indicates [REDACTED] is able to propel [REDACTED] in [REDACTED] wheelchair and staff will assist as needed. The home has an alarm system on the front door which is activated from 11:00 PM - 7:00 AM to alert staff if a resident exits the building. On 2/22/21 at approximately 1:20 AM, the home failed to reactivate the alarm on the front door, which was disengaged to permit entry for an ambulance crew. Sometime thereafter, resident #1 eloped through the front door in [REDACTED] wheelchair to the outside.

On [REDACTED] at 4:02 AM, resident #1 was found crawling on the ground near the front door of a neighboring dialysis clinic, approximately 500 feet downhill from the home, by a clinic employee. [REDACTED] was dressed only in a [REDACTED] had blood on [REDACTED] hands and feet and there was blood on the ground. [REDACTED] wheelchair was laying approximately 100 feet away from [REDACTED] in the snow. [REDACTED] was transported by ambulance to the emergency room where [REDACTED] presented with altered mental status and a body temperature of 87 degrees Fahrenheit. [REDACTED] was diagnosed with hypothermia, pericardial effusion, atrial fibrillation with rapid ventricular response and had abrasions on [REDACTED] upper and lower extremities.

42b - Abuse (continued)

Plan of Correction

Directed

Immediate Action

2/24/2021 Staff on duty night of 2-22-21 were retrained on door alarms/re-setting door alarms and rounding to confirm that residents are in their rooms. Attachment A

2/22/2021 Proper functioning of door alarm was verified by Maintenance Director.

March 3 and March 4, 2021 -Executive Director completed a walk thru and in-serviced random staff during the walk-thru. In-service included review of the incident and re-training on door alarms. Attachment B

March 2021 Staff meeting -Incident was reviewed at staff meeting and all available staff on all shifts re-trained on doors alarms and rounding to check on residents. Attachment C

Training:

All employees will be re-trained on Regulation 42.b, the use of door alarm activation and proper re-setting by Executive Director or designee. Part of the training material is Older Adult Protective Services power point. Attachment D

To be completed by 5/31/2021

Executive Director contacted Adult Protective Services to request training. APS will send a ZOOM invite to all staff for 6/2/2021 at 2:00 pm for additional training to focus on signs and symptoms of confusion, disorientation, and elopement. For those that cannot attend the 6/2/2021 training a power point will be available for training by Executive Director or designee. Training will be completed by 6/15/2021.

All new associates will be trained upon hire on abuse and neglect (42.b) and all new hires and current staff will be trained annually on abuse and neglect (42b.)

Ongoing Monitoring:

Administrator or Designee will interview three residents each week for two months to assess for any concerns regarding care, safety and treatment, and, verify door alarms are activated and rounds are completed. Maintenance Director and/or Designee will conduct weekly check of all door alarms for proper functioning and keep documentation. All items will be reviewed on monthly basis at Quality Assurance meeting.

Directed:

Immediately upon receipt and daily thereafter at the beginning and end of each shift, a designated staff person shall inspect all alarmed doors to ensure the alarm is engaged and functioning properly. Documentation shall be kept.

SQ 5/4/21

During the next quality management plan review and evaluation, the home shall place an increased emphasis on these plans of correction and take action to improve the quality of its resident rights training for all newly hired staff within 40 scheduled working hours in accordance with §2600.65(b)(1) and annually in accordance with §2600.65(g) 3).

SQ 5/4/21

Completion Date: 06/15/2021