Department of Human Services
Bureau of Human Service Licensing

May 27, 2022

[redacted], VICE PRESIDENT & TREASURER
[redacted]

RE: ELMCROFT OF DILLSBURG
153 LOGAN ROAD
DILLSBURG, PA, 17019
LICENSE/COC#: 33379

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/24/2021, 05/25/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[redacted]

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 DILLSBURG* **License #:** *33379* **License Expiration:** *08/01/2021*

Address: *153 LOGAN ROAD, DILLSBURG, PA 17019*

County: *YORK* **Region:** *CENTRAL*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [redacted]

Legal Entity

[redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *11/05/1998* **Issued By:** *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *70* **Waking Staff:** *53*

Inspection Information

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Renewal, Complaint* **Exit Conference Date:** *05/25/2021*

Inspection Dates and Department Representative

05/24/2021 - On-Site: [redacted]
05/25/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* **Residents Served:** *40*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *40*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability:** *3*

Have Mobility Need: *30* **Have Physical Disability:** *0*

Inspections / Reviews

05/24/2021 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *07/18/2021*

Inspections / Reviews *(continued)*

05/19/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *06/09/2022*

05/27/2022 - Document Submission

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

25b - Contract Signatures

1. Requirements

2600.
25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract for Resident #1 who was admitted on [redacted] was not signed by the resident.

Plan of Correction ***Accept***

Action: Resident #1 signed their contract on [redacted](see attached). An audit of all current resident contracts by Administrator will be completed for all appropriate signatures by 7-16-21.

Training: Administrator will educate all leadership staff on need for resident to sign contract/Regulation 25b by 7-19-2021.

Ongoing: Administrator will review all new contracts for appropriate signatures.

Completion Date: *07/19/2021*

Document Submission ***Implemented***

POC completed. audit and resident signature page attached

65a - FS Orientation 1st Day

1. Requirements

2600.
65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff Person A, whose first day of work was [redacted] did not receive orientation in general fire safety and emergency preparedness.

Plan of Correction ***Accept***

Action: On 5/26/2021, Staff member provided fire safety and emergency preparedness training (see attached) by Administrator.

Training: Administer will provide education that direct care and ancillary staff persons must have training on emergency procedures/Reg 65a to leadership team by 7/19/2021.

Ongoing: Administer and or business office will ensure that all new hires are provided fire safety and emergency preparedness training.

Staff training needs will be discussed at the home's next quality management review, to be held 6/24/21.

Completion Date: *07/19/2021*

65a - FS Orientation 1st Day *(continued)*

Document Submission ***Implemented***

POC completed. staff signature page attached

171b5 - First Aid Kit

1. Requirements

2600.
171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:
5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the 2020 Chevy Bus, used to transport residents, does not include a thermometer, tweezers or eye coverings.

Plan of Correction ***Accept***

Action: On 5-25-21, First aid kit located in the community vehicle was corrected onsite prior to surveyor's departure.
Training: Administer will review first aid content requirements with leadership team at Monthly Safety meeting by July 31st
Ongoing:. Administrator and or Maintenance Director will complete first aid kit audits monthly.

Completion Date: *07/31/2021*

Document Submission ***Implemented***

POC completed. leadership in-service signatures attached

185a - Implement Storage Procedures

1. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The MAR (medication administration record) for Resident #3 has a blood glucose level of [redacted] recorded for 5/18/21 at 4:17 PM. However, the glucometer reading was [redacted]

Plan of Correction ***Accept***

Action: Beginning 7/16, staff will implement Glucometer Tool (see attached) to audit and monitor glucometer entries and ensure accuracy.
Training: Administer and or Nurse will provide training to all med techs and nursing staff on how to properly complete the Tool and on education on regulation 85a by 7/31/2021.
Ongoing: Nurse will monitor for glucometer compliance weekly and monthly at QA meetings. beginning 6/24/21.

Completion Date: *07/31/2021*

Document Submission ***Implemented***

plan of correction completed. Random sample of audit too attached

225a - Assessment 15 Days

1. Requirements

225a - Assessment 15 Days *(continued)*

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

The assessment for Resident #1, who was admitted on [redacted] was not completed until [redacted]

Plan of Correction ***Accept***

Action: An audit of current resident assessments will be completed by 7/31/2021 by Administrator.
Training: Administrator and Nurse will provide education to Nursing/Leadership Team that initial assessments must be completed within 15 days of physical move in by Friday, 7/31/2021
Ongoing: Administer and Nurse will monitor monthly all initial assessments for timely completion.

Completion Date: *07/31/2021*

Document Submission ***Implemented***

POC completed. management in-service training and audit attached

227g -Support Plan Signatures

1. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The RASP for Resident #1, dated [redacted] and the RASP for Resident #2, dated [redacted] did not include any of the required signatures.

Plan of Correction ***Accept***

Action: On [redacted] signatures for Resident 1 and Resident 2 were obtained for their quarterly RASPS (see attached.) An audit of all current resident support plan for signatures will be completed by [redacted] by the Administrator.
Training: Administer will provide education to Nurse and leadership team that resident signatures are required on all support plans/Reg 227g by 7/19/2021
Ongoing: Administer and Nurse will monitor all support plans monthly to confirm appropriate signatures.

Completion Date: *07/31/2021*

Document Submission ***Implemented***

POC completed. Resident signature page, management in-service training and audit attached