



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to EC OPCO BERWICK LLC  
LEGAL ENTITY

To operate ELMCROFT OF BERWICK  
NAME OF FACILITY OR AGENCY

Located at 2050 WEST FRONT STREET, BERWICK, PA 18603  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 76  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 9, 2018 until July 9, 2019,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **227170**

Robert E. Robinson  
ISSUING OFFICER

Carolyn K. Ellison  
DEPUTY SECRETARY

**NOTE:** This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



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DEPARTMENT OF HUMAN SERVICES

**JUL 10 2018**

Mr. Brian K. Wood  
Vice President and Treasurer  
EC Opco Berwick, LLC  
5885 Meadows Road, Suite 500  
Lake Oswego, Oregon 97035

RE: Elmcroft of Berwick  
2050 West Front Street  
Berwick, Pennsylvania 18503  
License #: 227170

Dear Mr. Wood:

As a result of the Department's Bureau of Human Services Licensing inspection on June 22, 2018 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

Your NEW license is enclosed.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services provider application submission experience. To participate in the online applicant survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Application](https://www.surveymonkey.com/r/BHSL_Application).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider applicant responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

<b>PCH Name:</b> ELMCROFT OF BERWICK		<b>License Number:</b> 22717			
<b>Address:</b> 2050 WEST FRONT STREET, BERWICK, PA 18603		<b>County:</b> Columbia			
<b>Administrator:</b> BARBARA KELLY		<b>Region:</b> NORTHEAST			
<b>Legal Entity Name:</b> E C OPCO BERWICK, LLC					
<b>Legal Entity Address:</b> 5885 MEADOWS ROAD, LAKE OSWEGO, OR 97035					
<b>Certificate(s) of Occupancy</b> I-2 11/08/2010 LABOR & INDUSTRY					
<b>Staffing Hours</b> <table style="width: 100%;"><tr><td style="width: 33%;">Resident Support: 60</td><td style="width: 33%;">Total Daily Staff: 104</td><td style="width: 33%;">Waking Staff: 78</td></tr></table>			Resident Support: 60	Total Daily Staff: 104	Waking Staff: 78
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<table style="width: 100%;"><tr><td style="width: 33%;">Type of Inspection: Full</td><td style="width: 33%;">BHA Docket Number:</td><td style="width: 33%;">Notice: Announced</td></tr></table>			Type of Inspection: Full	BHA Docket Number:	Notice: Announced
Type of Inspection: Full	BHA Docket Number:	Notice: Announced			
<b>Reason(s) for Inspection(s)</b> New					
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 06/22/2018: Palermo, Michael; Bomberger, Cybil					
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>					
<b>Other Details</b> <table style="width: 100%;"><tr><td style="width: 50%;">Partial or Full Triggers:</td><td style="width: 50%;">Random Indicators:</td></tr></table>			Partial or Full Triggers:	Random Indicators:	
Partial or Full Triggers:	Random Indicators:				
<b>Resident Demographic Data as of Inspection Dates</b>					
<b>Licensed Capacity:</b> 76 <b>Number of Residents Served:</b> 40 <b>Secured Dementia Care Unit In Home:</b> No <b>Area:</b> <b>Secured Dementia Unit Capacity, if Applicable:</b> <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> <b>Number of Current Hospice Residents:</b> 1 <b>Number of Hospice Residents in past year:</b> 6	<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 0 <b>Are 60 Years of Age or Older:</b> 40 <b>Have Mental Illness:</b> 1 <b>Have an Intellectual Disability:</b> 0 <b>Have a Mobility Need:</b> 4 <b>Have a Physical Disability:</b> 0				

Violation Report: 22717 - 06/22/2018 - Palermo, Michael  
PCH Name: ELMCROFT OF BERWICK

1. REGULATION 56 Pa.Code §2600  
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.

2a. DESCRIPTION OF VIOLATION  
The contract for resident #1 was not signed by the resident. Although there is a court order that the resident is incompetent, there is no mark in lieu of signature. (This was corrected at the time of this inspection).

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff in-service on regulation. Staff will ensure to get resident signature or mark on every resident contract. Executive Director or Designee will monitor

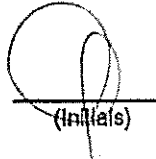
Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Barbara Kelly*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Barbara Kelly Executive Director*      Date *7-6-18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-6-18  
(Date)

The above plan of correction was approved by   
(Initials)

Plan of correction implementation status as of 07-06-18  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented