



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

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

To operate ELMCROFT OF READING
NAME OF FACILITY OR AGENCY

Located at 9 COLIN COURT, READING, PA 19606
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ 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 70
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 11, 2018 until July 11, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **227160**

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 11 2018

Mr. Brian K. Wood
Vice President and Treasurer
EC Opco Reading, LLC
500 North Hurstbourne Parkway, Suite 200
Louisville, Kentucky 40222

RE: Elmcroft of Reading
9 Colin Court
Reading, Pennsylvania 19606
License #: 227160

Dear Mr. Wood:

As a result of the Department's Bureau of Human Services Licensing inspection on June 5, 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.

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,

Jacqueline L. Rowe
Director

Enclosure
License

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

PCH Name: EIMCROFT OF READING		License Number: 22716
Address: 9 COLIN COURT, READING, PA 19606		County: Berks
Administrator: DOREEN HOOS		Region: NORTHEAST
Legal Entity Name: EC OPCO READING LLC		
Legal Entity Address: 500 NORTH HURSTBOURNE PARKWAY, LOUISVILLE, KY 40222		
Certificate(s) of Occupancy		
C-2 LP 12/15/1997 L&I	I-2 04/19/2012 Exeter Township	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 58	Waking Staff: 44
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Change Legal Entity		
On-Site Inspections Dates and Department Representatives On-Site		
06/05/2018: Harvey, Jason; O'Haire, Anne		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 70 Number of Residents Served: 52 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 6 Number of Hospice Residents in past year: 12	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 52 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 6 Have a Physical Disability: 1	

Violation Report: 22716 - 06/05/2018 - Harvey, Jason

PCH Name: EMCROFT OF-READING

1. REGULATION 55 Pa.Code §2600

2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The home's fire drill log indicates that the two most recent sleeping-hour fire drills took place 10/25/17 and 5/25/18. The home did not conduct a sleeping-hour fire drill every 6 months as specified by the regulation.

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.

It is critical to practice response and evacuation while residents are asleep, since an individual's response time and actions when waking from sleep are reduced, and because most fire deaths occur during sleeping hours.

Our fire drill log indicates that the two most recent sleeping-hour fire drills took place 10/25/17 and 5/25/18. We did not conduct a sleeping-hour fire drill every 6 months as specified by the regulation.

On 6/20/18 we conducted a simulated total night evacuation. After the noon meal was completed, we took all of our residents back to their rooms, we allowed them to use the restroom, then removed their shoes and put them in bed as they would be in the middle of the night. We then had our night shift girls do a total evacuation while all other staff observed and took notes. We then met up as a group and discussed how we felt we did, where we excel and where we need practice. See attached sign in sheet.

The Maintenance Director has been inserviced by the Executive director on regulation.2600.132(e), going forward we will conduct a 3rd shift fire drill once every six months. (See sign in sheet) YES.

It is the responsibility of the Maintenance Director and Executive Director to ensure that these drills take place.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) **DOREEN S. HOOS** Date *6/27/18*

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

The above plan of correction is approved as of 6-28-18
(Date)

Plan of correction implementation status as of 6-28-18
(Date)

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

The above plan of correction was approved by *[Handwritten Initials]*
(Initials)

Violation Report: 22716 - 06/05/2018 - Harvey, Jason
PCH Name: EMCROFT OF READING

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

Resident room #403 had a bottle of Octavia Preservision located on the resident's sink at the time of inspection. The medication was not secured and was accessible to other residents.

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.

Medications and syringes will be safe from contamination, spillage or theft and residents who are unable to self-administer medication will be safe from harming themselves with the medications.

This resident has a physicians order to keep her Octavia Preservision in her apartment to self administer, however she did not have it in a locked drawer, nor did she have her apartment door locked.

Resident was re-educated that if he/she is going to continue to have any medications in her apartment, he/she must keep them in a locked drawer, and he/she must keep the apartment door locked.

Staff have been re-inserviced that if meds are found in a residents apartment, they must first check to see if there is an order from a physician that the resident may have them in their apartment, and they must be sure that they are in a locked drawer and that the apartment door is locked. (SEE ATTACHED SIGN IN SHEET.)

Resident Service Director, Support Nurse, and the Executive Director or responsible to do random checks to ensure that any meds in a residents apartment are kept in a locked drawer, that the apartment door is kept locked and that there is a physicians order is on file stating that the resident can self administer.

This should include ancillary staff in the event they find an unlocked door they know who to inform if not already addressed of.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DORRIS S. HODS* Date *6/27/18*

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

The above plan of correction is approved as of 6-28-18 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of 6-28-18 (Date)

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