



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to EC OPCO MID VALLEY LLC
LEGAL ENTITY

To operate ELMCROFT OF MID VALLEY
NAME OF FACILITY OR AGENCY

Located at 89 STURGES ROAD, PO BOX 116, PECKVILLE, PA 18452
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 50
(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 50

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: **227180**

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 Mid Valley, LLC
500 North Hurstbourne Parkway, Suite 200
Louisville, Kentucky 40222

RE: Elmcroft of Mid Valley
89 Sturges Road, P.O Box 116
Peckville, Pennsylvania 18452
License #: 227180

Dear Mr. Wood:

As a result of the Department's Bureau of Human Services Licensing inspection on June 13, 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,

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

Jacqueline L. Rowe
Director

Enclosure
License

Violation Report: 22718 - 06/13/2018 - Dumas, Gerald
 PCH Name: ELMCROFT OF MID VALLEY

1. REGULATION 65 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The Home is not in compliance with the Care Facility Carbon Monoxide Alarms Standards Act effective September, 2016 which requires batteries in the unit to be labeled with the date of installation. The carbon monoxide detector located inside the doorway of bedroom A-1 and a second carbon monoxide detector located in the hallway across from bedroom A-1 were checked. Neither detector had a label on the unit to indicate when the batteries were installed.

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.

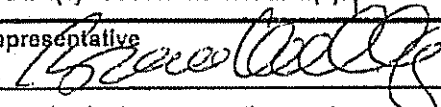
6/14/18 Maintenance Director checked all batteries in Carbon Monoxide alarms and labeled each with a sticker and date. Executive Director or Designee will monitor. (See Attached picture)

YES

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



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)

Plan of correction implementation status as of

7-6-18
 (Date)

The above plan of correction was approved by


 (Initials)

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

Violation Report: 22718 - 06/13/2018 - Dumas, Gerald
 PCH Name: ELMCROFT OF MID VALLEY

1. REGULATION 65 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The floor inside the bathroom located in bedroom B-4 had an amount of water on the floor between the shower stall and the toilet. This wet surface creates a potential slipping hazard for the resident using the shower or toilet. At the time of inspection, the Maintenance Director removed the water on the floor by wiping the floor.

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.

6/13/18 Maintenance Director wiped up the water on floor. Maintenance Director or Designee to check rooms daily for any water on floor. Executive Director or Designee to monitor.

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

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

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

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

Plan of correction implementation status as of 7-6-18
 (Date)

- Fully Implemented
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