



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: dhoos@elmcroft.com
MAILING DATE: May 9, 2019

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 December 20, 2018 of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Violation Report

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

PCH Name: ELMCROFT 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: 5885 MEADOWS ROAD SUITE 500, LAKE OSWEGO, OR 97035		
Certificate(s) of Occupancy C-2 LP 12/15/1997 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 57 Waking Staff: 43		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 12/20/2018: Novak, Ryan		
Off-Site Inspection Dates and Inspectors, if Applicable 01/09/2019: Novak, Ryan		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 77 Number of Residents Served: 54 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: 14		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 54 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 3 Have a Physical Disability: 1

Violation Report: 22716 - 01/09/2019 - Novak, Ryan

PCH Name: ELMCROFT OF READING

1. REGULATION 55 Pa.Code §2600

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

Resident #1 requires the home to change a dressing daily on the residents leg/foot. Interviews with staff members of the home indicate that the family is changing the dressing but the home is uncertain if this is being completed daily. The home is not providing Resident #1 with the ADL assistance that is needed.

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.

2600.23(a) This regulation is important because it ensures that the home has a systemic tool for identifying and addressing problems with care and management of the home.

We violated this regulation because a son of the resident was forbidding us to do his mothers dressing on her lower leg, he said that he would do it daily in reality, he was not coming in every day to do it. At the end of the day she is our resident and our responsibility, and we should have been completing the dressing changes on the days that the son didn't and documenting the same.

We contacted the resident's physician and same day as this inspection and requested an order that the son could change the dressing on the evenings that he comes in, and that he must contact the Medication Tech to let them know that the dressing change was completed, the Medication Tech would then document that the son completed the dressing change. On evenings that the son doesn't come in, it is the Medication Tech who is responsible to complete the dressing change and document. (See attached order and documentation on dressing change).

In the future, we will follow all orders as written by the physician to ensure compliance.

The Resident Service Director, the Support Nurse and the Executive Director or designee will monitor the treatment documentation to ensure that the dressing is changed, and documentation has been completed.

In the event the home experiences a barrier to providing care to a resident, the home is urged to contact the Northeastern Regional Office. WE will be happy to discuss a situation and advise. 4-3-19

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

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 *2/19/19*

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

The above plan of correction is approved as of 4-3-19
(Date)

The above plan of correction was approved by ag
(Initials)

Plan of correction implementation status as of 4-3-19
(Date)

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

Violation Report: 22716 - 01/09/2019 - Novak, Ryan
PCH Name: ELMCROFT OF READING

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 Resident #2's DME dated 5/31/18 does not include the residents height.
 Resident #3's DME dated 9/27/18 does not include anything for health status or cognitive functioning.
 Resident #1's DME dated 3/22/18 does not include anything for health status.

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.

2600.141(a)(2) This regulation is important because accurate medical information helps the home decide whether a resident's needs can be met at the home, helps the home develop accurate assessments and support plans, and ensures that residents' medical needs will be met.

The regulation was violated because three of the DME's that were review the physician missed checking boxes of information (one on each DME).

The information was added to the DME's at time of inspection.

In the future the Resident Service Director will review each DME that is received from a physician for completeness. The form will then be reviewed by the Executive Director before filing in resident's chart. The Resident Service Director and the Executive Director or designee will continue this practice to prevent further violations

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DOREEN S. HOOS</i>	Date <i>2/19/19</i>
--	----------------------------

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

The above plan of correction is approved as of <u>4-3-19</u> (Date) The above plan of correction was approved by <u>ac</u> (Initials)	Plan of correction implementation status as of <u>4-3-19</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
--	---