

MAILING DATE: February 5, 2019

Mr. Brian K. Wood Vice President and Treasurer EC Opco SC, LLC Eclipse Senior Living ATTN: Licensing 5885 Meadows Road, Suite 500 Lake Oswego, Oregon 97035

> RE: Elmcroft of State College 150 Farmstead Lane

> > State College, Pennsylvania 16803

License #: 233740

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,

Michele Moskalczyk

M. moskalczy/

Human Services Licensing Supervisor

Enclosure Violation Report

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

License Number: 23374 PCH Name: ELMCROFT OF STATE COLLEGE County: Centre Address: 150 FARMSTEAD LANE, STATE COLLEGE, PA 16803 Administrator: Brandi Butler Region: NORTHEAST Legal Entity Name: EC OPCO SC LLC Legal Entity Address: 5885 MEADOWS ROAD SUITE 500, LAKE OSWEGO, OR 97035 Certificate(s) of Occupancy 08/02/2010 Centre Region Code Admin Staffing Hours Waking Staff: 56 Total Daily Staff: 75 Resident Support: 0 Notice: Unannounced Type of Inspection: Partial BHA Docket Number: Reason(s) for Inspection(s) Complaint On-Site Inspections Dates and Department Representatives On-Site 12/20/2018: Mendez, Vanessa; Bomberger, Cybil Off-Site Inspection Dates and Inspectors, if Applicable Other Details Random Indicators: Partial or Full Triggers: Resident Demographic Data as of Inspection Dates Number of Residents who: Licensed Capacity: 60 Receive Supplemental Security Income: 0 Number of Residents Served: 51 Secured Dementia Care Unit in Home: Yes Are 60 Years of Age or Older: 51 Have Mental Illness: 0 Area: Have an Intellectual Disability: 0 Secured Dementia Unit Capacity, if Applicable: 20 Number of Residents Served in Secured Dementia Care Unit, Have a Mobility Need: 24 if applicable: 17 Have a Physical Disability: 1 Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 12

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Violation Report: 23374 - 12/20/2018 - Mendez, Vanessa PCH Name: ELMCROFT OF STATE COLLEGE							
1. REGULATION 55 Pa.Code §2600 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.							
2a. DESCRIPTION OF VIOLATION The most current Certificate of Compliance with license number 233740 issued 09/28/18 was not posted. Prior Certificate with license number 333740 issued 07/03/18 was posted.							
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.							
Immediate placement of Certificate of Compliance License number 233740 was posted in frame while inspectors were on site on 12/20/18. Staff education conducted on 1/23/19. Ongoing: Administrator or designee will be responsible to post new Certificate of Compliance License each year as sent to the community effective 12/20/18.							
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Repeat Violation: No	Date(s) of Previous	Violation(s):			<u></u>		
Signature of Legal Entity Representative Branch Butter (Required on EVERY Page)							
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Broand, 13 Aler Executive Director							
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!							
The above plan of correction	n is approved as of	1-30-19 (Date)	- P		ion implementati	on statu	1 as as of 1-30-19 (Date)
The above plan of correction was approved by (Initials) Fully Implemented Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not Implemented							

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Violation Report: 23374 - 12 PCH Name: ELMCROFT OF		/anessa			
1. REGULATION 55 Pa.Code §2600 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.					
2a. DESCRIPTION OF VIOLA The menus posted in the dinir menu (12/23/18-12/29/18) wa	g room and activity:	room were from p	prior and current week	s (12/09-12/22/18), The	following week's
3. PLAN OF CORRECTION (I Include steps to correct the vic immediately, include dates by	lation described above	and steps to preven			L.
1 Week advance menu was posted while inspectors were on site on 12/20/18. Staff education conducted on 1/23/19. Ongoing: Dining director or designee will be responsible to post 1 week advance menu prior to end of business day, effective 12/20/18.					
Repeat Violation: No	Date(s) of Previous	Violation(s):			
Signature of Legal Entity R (Required on EVERY Page)	-	Zecino	i Bulle		
Printed Name and Title of L (Required on EVERY Page)	- -	_	BUTLER,	ED Date Oll	28/19
DEPAR	TMENT USE ON	LY - HOMES I	MAY NOT WRITE	BELOW THIS LIN	E!
The above plan of correction	n is approved as of	1-30-19 (Date)		tion implementation sta	tus as of 1-30-19 (Date)
The above plan of correction was approved by MM				_	

Violation Report: 23374 - 12/20/2018 - Mendez, Vanessa PCH Name: ELMCROFT OF STATE COLLEGE				
1. REGULATION 55 Pa.Code §2600 2600.182(c) - Medication administration includes the following activities, based on the needs of the resident: (1) Identify the correct resident. (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly. (3) Remove the medication from the original container. (4) Crush or split the medication as ordered by the prescriber. (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand. (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4). (7) Complete documentation in accordance with § 2600.187 (relating to medication records).				
2a. DESCRIPTION OF VIOLATION At approximately 9:15 am on 12/20/18, staff member A was observed administering medications in the dining room to both residents #1 and #2 at the same time. Medications for both residents were poured, taken to the dining room table, administered to both residents, and then documented on both resident's Medication Administration Records. Medication was not administered one resident at a time.				
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. Med Tech. was given a Written/Verbal Coaching. Re-educated to only administer one resident's medication at a time and one Mar Administration record at a time on 12/28/18. A repeat incident will result in a re-uraining of medication training or possible demotion. LPN Support Nurse / RSD or designee will observe 4 residents' medications being passed by staff member once a week for one month and document to ensure staff member understood the education provided. Effective immediately upon return of Med Tech from her leave.				
Repeat Violation: No	Date(s) of Previous Violation(s)			
Signature of Legal Entity Representative (Required on EVERY Page)				
Printed Name and Title of I (Required on EVERY Page)		EV , EO Date 1/28/19		
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!				
The above plan of correction is approved as of 1-30-19 (Date) Plan of correction implementation status as of 1-30-19 (Date)				
The above plan of correction was approved by (Initials) Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not Implemented				

							Page 5 of 6
Violation Report: 23374 - 12/20/2018 - Mendez, Vanessa PCH Name: ELMCROFT OF STATE COLLEGE							
1. REGULATION 55 Pa.Code §2600 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.							
2a. DESCRIPTION OF VIOLATION The most recent Resident Assessment Support Plan does not reflect that resident #3 uses prescribed Oxygen and has a pacemaker. In addition, the diagnosis of CHF, HTN, CVD, Hypercholesterolemia, SOB, and Emphysema as listed on the Documented Medical Evaluation dated 11/1/18 are not addressed in the RASP of 12/11/18.							
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 education conducted on 1/2 Resident Service Director or des		is / orders of re				·	
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Repeat Violation: No	Date(s) of Previous Vio	lation(s):					
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Violation Report: 23374 - 12/20/2018 - Mendez, Vanessa PCH Name: ELMCROFT OF STATE COLLEGE			
1. REGULATION 55 Pa.Code §2600 2600.233(c) - If key-locking devices, electronic cards systems or other devices th lock and unlock exits, directions for their operation shall be conspicuously posted			
2a. DESCRIPTION OF VIOLATION The code for the keypad to the door exiting the SDCU was not posted conspicuously.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign a Include steps to correct the violation described above and steps to prevent a similar violation from immediately, include dates by which the steps will be completed.			
Code for keypad was posted in a picture frame prior to inspectors exiting the building. Staff education conducted on 1/23/19. RSD or designee will do a daily check for one month to make sure Code remains hung in conspicuous place months.	by exiting device for 1 month then monthly for 3		
Repeat Violation: No Date(s) of Previous Violation(s):			
Signature of Legal Entity Representative Branch Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Brand Totler	Date 1/28/19		
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