



**MAILING DATE: May 20, 2019**

Ms. Kelly Vaccaro  
Administrator  
EC OPCO Allison Park, LLC  
500 N Hurstbourne Parkway, Ste. 200  
Louisville, Kentucky 40222

RE: Elmcroft of Allison Park  
2224 Walters Road  
Allison Park, Pennsylvania 15101  
License #: 449001

Dear Ms. Vaccaro:

As a result of the Department's Bureau of Human Services Licensing inspection on February 12, 2019, 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, appearing to read "Janine Wenzig". The signature is fluid and cursive.

Janine Wenzig  
Human Services Licensing Supervisor

Enclosure  
Violation Report

RECEIVED  
MAY 14 2019

### Violation Report

WEST REGION FIELD OFFICE  
Human Services Licensing

#### Facility Information

Name: ELMCROFT OF ALLISON PARK  
Address: 2224 WALTERS ROAD, ALLISON PARK, PA 15101  
County: ALLEGHENY                      Region: WESTERN

License Number: 449001

#### Administrator

Name: Kelly Vaccaro                      Phone: 4124876925                      Email: LICENSING@ECLIPSESENIORLIVING.COM

#### Legal Entity

Name: EC OPCO ALLISON PARK LLC  
Address: ECLIPSE SR LIV ATTN LICENSING 5885 MEADOWS ROAD, SUITE 500, OR, 97035

#### Certificate(s) of Occupancy

Type: C-2 LP                      Date:                      Issued By:

#### Staffing Hours

Resident Support Staff: 0                      Total Daily Staff: 71                      Waking Staff: 53

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#### Inspection

Type: Partial                      BHA Docket #:                      Notice: Unannounced  
Reason: Complaint

#### Inspection Dates and Department Representative

02/12/2019 - On-Site: Courtney Barry

#### Resident Demographic Data as of Inspection Dates

##### General Information

License Capacity: 95                      Residents Served: 54

##### Secured Dementia Care Unit

In Home: No                      Area:                      Capacity:                      Residents Served:

##### Hospice

Current Residents: 8

##### Number of Residents Who:

Receive Supplemental Security Income: 0                      Are 60 Years of Age or Older: 54  
Diagnosed with Mental Illness: 0                      Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 17                      Have Physical Disability: 0

*Kelly Tr. H. Vaccaro, ED*  
02/12/2019

*Kelly Tr. H. Vaccaro, ED 5-15-19*  
1 of 4

23a - Activities of Daily Living Assistance

Regulations

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

On 1/26/19, between 7:00 p.m.-8:00 p.m., resident #1 was seen by direct care staff walking in the hallway. Resident #1 wandered outside of the home and fell. The resident was outside approximately 10 minutes when a visitor found her outside and assisted her back into the home. The resident was sent to the hospital for evaluation and returned to the home. The support plan, dated 3/18/18, indicates that resident #1 requires supervision outside the home and wears a wander guard for her safety; however, the wanderguard system was disabled and removed months prior. The support plan was not updated to indicate how staff would meet resident #1's need for supervision.

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.)

Resident was discharged prior to survey. All Resident support plans/plan of care were audited for accuracy of supervision on 1/26/19 and 1/27/19 by Resident Service Director and Support Nurse. Administrator and/designee will continue on an ongoing basis to ensure accuracy. Staff were educated on reading support plans to ensure accuracy on 5/10/19.

Administrator and/or designee will review all new support plans to ensure accuracy and that wander guard are an intervention on the support plan. Administrator will sign all support plans/Plans of care with a signature confirming review per company policy.

Immediately - The administrator will ensure all residents have their supervision needs met at all times. -- JRW 5/14/19

Legal Entity Representative

*Kelly Tritt Vaccaro ED*  
Signature

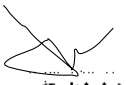
*Kelly Tritt-Vaccaro ED 5-15-19*  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 5/14/19 (Date)

Plan of correction implementation status as of 5/14/19 (Date)

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

The above plan of correction was approved by  (Initials)

184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #2 is ordered Humalog 100u/ml test blood sugar three times a day before meals and inject per sliding scale 70-130=0U; 131-180=2U; 181-240=4U; 241-300=6U; 301-350=8U; 351-400=10U; >400=12U and call MD; and a straight order of 4 units subcutaneously three times a day (with meals); however, the label only indicates the sliding scale order. The straight order not included.

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.)

The Pharmacy was notified of the label error and all insulin orders were checked to ensure accuracy. Resident # 2, insulin supply was corrected by pharmacy. Weekly medication audits are being completed by the Administrator and/or designee, on-going. This audit will continue weekly with no stop date. Results of audits are discussed in Quality Assurance meeting. Attached are a copy of the Medication audit. Staff training conducted with Med Tech Staff educated on regulation 184a, 5/13/19.

Legal Entity Representative

*Kelly Triff Vaccaro, ED*  
Signature

*Kelly Triff Vaccaro, ED* 5-15-19  
Printed Name and Title Date

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The above plan of correction was approved by

*[Signature]*  
(Initials)

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

### 187a - Medication Record

#### Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

#### Description of Violation

Resident #2 is ordered Humalog 100u/ml test blood sugar three times a day before meals and inject per sliding scale 70-130=0U; 131-180=2U; 181-240=4U; 241-300=6U; 301-350=8U; 351-400=10U; >400=12U and call MD; and a straight order of 4 units subcutaneously three times a day (with meals); however, the January 2019 and February 2019 medication administration records (MAR) do not include the units of Humalog administered for the sliding scale coverage.

#### 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.)

On 1/26/19, the Pharmacy was notified of the MAR error when printing the MAR and all insulin orders were checked to ensure accuracy when printing the MAR. Resident # 2 MAR was corrected by pharmacy.

Staff training conducted with Med Tech Staff educated on regulation 187a, 5/13/19.

Weekly medication audits are being completed by the Administrator and/or designee, on-going. This audit will continue with no stop date. Results of audits are discussed in Quality Assurance meeting. Attached are a copy of the Medication audit.

#### Legal Entity Representative


*Kelly Tritt-Vaccaro ED*  
Signature

*Kelly Tritt-Vaccaro ED 5-15-19*  
Printed Name and Title Date

#### DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 5/14/19  
(Date)

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