



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to EC OPCO ALLISON PARK LLC
LEGAL ENTITY

To operate ELMCROFT OF ALLISON PARK
NAME OF FACILITY OR AGENCY

Located at 2224 WALTERS ROAD, ALLISON PARK, PA 15101
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

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 95
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 June 27, 2019 until December 27, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **449002**

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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE:

JUN 27 2019

Ms. Johanna Ruble
Executive Director
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 #: 449002

Dear Ms. Ruble:

As a result of the Department's Bureau of Human Services Licensing inspection on March 6, 2019, of the above facility, we found that violations specified for your previous PROVISIONAL license have not been corrected and we found new violations not found during our previous inspection.

A SECOND PROVISIONAL license is being issued based on substantial compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

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.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Shivani Patel, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

Ms. Johanna Ruble

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink that reads "Carolyn K. Ellison". The signature is written in a cursive style with a large, looping initial "C".

Carolyn K. Ellison,
Deputy Secretary, Office of Administration
Shared Services for Health and Human Services

Enclosures
License
Violation Report

Violation Report

Facility Information

Name: ELMCROFT OF ALLISON PARK

License Number: 449001

Address: 2224 WALTERS ROAD, ALLISON PARK, PA 15101

County: ALLEGHENY

Region: WESTERN

Administrator

Name: Kelly Tritt-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: 67

Waking Staff: 50

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint, Incident

Inspection Dates and Department Representative

03/06/2019 - On-Site: Ashley Roser, Barbara Barone

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 95

Residents Served: 55

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 55

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 12

Have Physical Disability: 0

Kelly Tritt-Vaccaro ED 6-6-19

Kelly Tritt-Vaccaro

03/06/2019

I6c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 1/1/19 at 4:45 p.m., resident #1 fell in the home hitting her head off the wall between the dining room area and the home's medication carts. Resident #1 was transported via ambulance to UPMC Passavant where she was diagnosed with a fracture of the C-1 vertebrae and subsequently transferred to Allegheny General Hospital trauma center; however, this incident was not reported to the Department until 1/3/19 at 11:10 a.m.

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 Administrator and/or designee monitor all reportable incidents and conditions daily to ensure all reportable incidents and conditions indicated in 2600.16a are reported to the Department within 24 hours. Leadership team had been re-educated on the proper completion and reporting of reportable incidents. Please see staff sign in sheet and education.

Legal Entity Representative

Kelly Tritt-Vaccaro
Signature

Kelly Tritt-Vaccaro 6/6/19
Printed Name and Title Date

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

The above plan of correction is approved as of 6/6/19
(Date)

Plan of correction implementation status as of 6/6/19
(Date)

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

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

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #1 began receiving hospice services on 3/23/18. On 3/26/18, hospice ordered resident #1 a bed alarm due to the resident's fall risk. On multiple occasions, including on 3/27/18, 5/1/18, 5/7/18, 6/15/18 and 7/31/18, hospice noted the resident's bed alarm was not in use during their visits. Resident #1 suffered numerous falls in the home, including on 4/26/18, 10/23/18 and 11/3/18. The fall on 11/3/18 resulted in a laceration to her right forehead, requiring multiple stitches at the hospital. According to resident #1's most recent assessment and support plan, dated 8/27/18, resident #1 was unstable with ambulation and needed reminders to use her walker for ambulation, as she would often forget to take her walker with her. Also, resident #1's assessment and support plan indicated the resident was not independent with escorting and required the assistance of a direct care staff person to be escorted throughout the home.

On 1/1/19 at 4:45 p.m., resident #1 fell in the home, hitting her head off the wall between the dining room area and the home's medication carts. Resident #1 did not have her walker at the time of the fall and did not have a direct care staff escort with her. Resident #1 was transported via ambulance to the hospital where she was diagnosed with a fracture to the C-1 vertebrae. Resident #1 passed away on resident #1's date of death. According to the resident's death certificate, the cause of death was complications of blunt force trauma of the neck and a fall.

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.)

Within 7 days of receipt of the plan of correction: A designated staff person shall review all current resident assessments and support plans for accuracy and completion, and to ensure all resident care needs are addressed, including residents who are fall risks.

Within 7 days of receipt of the plan of correction: All direct care staff persons shall be reeducated on the location of resident assessments and support plans and the importance of reading them regularly to ensure all resident care needs are met. Documentation of the education shall be kept. Staff education attached.

The home uses the walking tool program/tool/screening for identifying residents who are fall risks and for precautions and interventions. The walking tool screen is completed upon admission, change of condition-within 72 hours after a fall, and every 6 months by the Resident Services Director and/or designee. Incident reports are completed through caretracker that include resident physician notification and responsible party notification. 24 hour report is used for update of support plan including incident, and new orders. Falls are reviewed at stand up meetings and monthly thru our QA process. This was implement after incident when new administrator hired end of January 2019.

Legal Entity Representative

Kelly Trett-Vaccaro
Signature

Kelly Trett-Vaccaro ED
Printed Name and Title

6/6/19
Date

42b - Abuse (continued)

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

The above plan of correction is approved as of 6/6/19
(Date)

Plan of correction implementation status as of 6/6/19
(Date)

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

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

Kelly Tritt-Vaccaro

03/06/2019

Kelly Tritt-Vaccaro ED

4 of 4

6-6-19