



**brandi.butler@elmcroft.com**  
**MAILING DATE: May 8, 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 March 7, 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 that reads "M. Moskalczyk".

Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Violation Report

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

<b>PCH Name:</b> ELMCROFT OF STATE COLLEGE	<b>License Number:</b> 23374			
<b>Address:</b> 150 FARMSTEAD LANE, STATE COLLEGE, PA 16803	<b>County:</b> Centre			
<b>Administrator:</b> Brandi Butler	<b>Region:</b> NORTHEAST			
<b>Legal Entity Name:</b> EC OPCO SC LLC				
<b>Legal Entity Address:</b> 5885 MEADOWS ROAD SUITE 500, LAKE OSWEGO, OR 97035				
<b>Certificate(s) of Occupancy</b> I-2 08/02/2010 Centre Region Code Admin				
<b>Staffing Hours</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><b>Resident Support:</b> 0</td> <td style="width: 33%;"><b>Total Daily Staff:</b> 74</td> <td style="width: 33%;"><b>Waking Staff:</b> 56</td> </tr> </table>		<b>Resident Support:</b> 0	<b>Total Daily Staff:</b> 74	<b>Waking Staff:</b> 56
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<b>Reason(s) for Inspection(s)</b> Complaint				
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 03/07/2019: Mendez,Vanessa; Novak, Ryan				
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>    				
<b>Other Details</b>				
<b>Partial or Full Triggers:</b>	<b>Random Indicators:</b>			
<b>Resident Demographic Data as of Inspection Dates</b>				
<b>Licensed Capacity:</b> 60  <b>Number of Residents Served:</b> 51  <b>Secured Dementia Care Unit in Home:</b> Yes  <b>Area:</b> N/A  <b>Secured Dementia Unit Capacity, if Applicable:</b> 20  <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> 16  <b>Number of Current Hospice Residents:</b> 6  <b>Number of Hospice Residents in past year:</b> 12	<b>Number of Residents who:</b>  <b>Receive Supplemental Security Income:</b> 0  <b>Are 60 Years of Age or Older:</b> 51  <b>Have Mental Illness:</b> 0  <b>Have an Intellectual Disability:</b> 0  <b>Have a Mobility Need:</b> 23  <b>Have a Physical Disability:</b> 0			

Violation Report: 23374 - 03/07/2019 - Mendez, Vanessa  
 PCII Name: ELMCROFT OF STATE COLLEGE

1. REGULATION 55 Pa.Code §2600  
 2600.23(b) - A home shall provide each resident with assistance with instrumental activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION  
 According to resident #1's Resident's Assessment and Support Plan, resident was to receive two showers per week prior to 02/19/19. During the week of 02/10-02/16/19, resident only received one shower during this week which occurred on 02/14/19.

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.

# 1 Resident was showered on 2/10/19, 2/14/19 and 2/16/19 please see attached report.

Staff will be educated that any resident that has refused a shower or did not receive a shower for any reason that they must notify RSD or designee of occurrence on 4/17/19.

RSD or designee will monitor for compliance that all residents hygiene needs are met according to service plan.

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative  
 (Required on EVERY Page) Brandi Butler

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Brandi Butler, ED Date 4-11-19

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

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

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

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

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

Violation Report: 23374 - 03/07/2019 - Mendez, Vanessa

PCH Name: ELMCROFT OF STATE COLLEGE

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 refused calomeseptine ointment 3/1/19 at 9pm, 3/3/19 at 9a, 3/4/19 at 9a & 9p, 3/5/19 at 9p and 3/6/19 at 9a. The prescriber was not notified regarding the refusals.  
Resident #2 refused folic acid on 12/12/18, lactulose on 12/1, 12/3, 12/24 & 12/27/18 at 12pm, and hydrocortisone cream on 12/22 & 12/31/18. The prescriber was not notified regarding the refusals.

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.

Resident #2 Effective 3/8/19 Calomeseptine Ointment order was discontinued from routine to PRN. Effective 4/8/19 Hydrocortisone Cream was discontinued from routine to PRN.

Med tech that did not give folic acid, lactulose and hydrocortisone cream medication on those dates will be re-educated upon return from medical leave that all refusals of medication must result in a PCP notification as well as the RSD. All Med Techs will be re-educated on PCP/RSD notification of medication refusal at next all staff meeting 04/17/19.

RSD or designee will monitor for any missed medications that did not get administered and reasons why. RSD or designee will ensure MD is notified in a timely manner.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Brandi Butler*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Brandi Butler, ED

Date 04-11-19

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Violation Report: 23374 - 03/07/2019 - Mendez, Vanessa  
 PCH Name: ELMCROFT OF STATE COLLEGE

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 had an order for oxymorphone 5mg PRN 4x daily during awake hours. The oxymorphone 5 mg was administered 5x daily from 12/2-12/7/18, 12/10-12/13/18, 12/17-12/18/18, 12/20/18 & 12/31/19.

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.

Resident #2 Oxymorphone 5mg was changed to twice daily routine 1pm and 6:30pm effective 1/29/19. Effective 3/19/19 Oxymorphone 5mg was discontinued completely.

Staff involved was educated on medication administration per Elmcroft policies and medication error policy. All med tech staff will be re-educated on all staff meeting on 4/17/19. See attachment:

RSD or designee will do weekly Mar Audit for any resident Narcotic order to ensure that orders are being followed weekly Mar/cart audits to ensure all MD orders are followed appropriately with attention to narcotics.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Brandi Butler*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

*Brandi Butler, ED*

Date

*04-11-19*

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