

# Sent via e-mail: dhoos@elmcroft.com MAILING DATE: February 14, 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 March 19, 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,

M. noskalczy/k

Michele Moskalczyk Human Services Licensing Supervisor

Enclosure Violation Report

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

Page 1 of 3

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	n	-			
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					
	Total Daily Staff: 57 Wakir				
Type of Inspection: Partial BHA Docket Nur	nber: Noti	Notice: Unannounced			
Reason(s) for Inspection(s) Complaint					
On-Site Inspections Dates and Department Representatives On-Site 03/19/2019: DeVries, Kristin; Mendez, Vanessa					
Off-Site Inspection Dates and Inspectors, if Applicable					
Other Details	- Andrease				
	Partial or Full Triggers: Random Indicators:				
Resident Demographic Data as of Inspection Dates					
Licensed Capacity: 77	Number of Residents who:				
Number of Residents Served: 53	Receive Supplemental Security Income: 0				
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 53				
Area:	Have Mental Illness: 0				
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disabliity: 0				
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 4				
Number of Current Hospice Residents: 3	Have a Physical Disability: 1				
Number of Hospice Residents in past year: 9					

Violation Report: 22716 - 03/19/2019 - DeVries, Kristin PCH Name: ELMCROFT OF READING

### 1. REGULATION 55 Pa.Code §2600

2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

## 2a. DESCRIPTION OF VIOLATION

Per staff interviews, Resident #1 frequently becomes physically aggressive during care. The home has not implemented positive interventions to modify or eliminate the behavior.

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.

This regulation ensures that residents' behavioral needs are met in the least restrictive way possible.

This resident has a diagnoisis of Dementia. Staff attended a Virtual Dementia Training sponsered by Berks Encore which addressed dementia and behaviors of residents with dementia. We also assigned a course on our Relias computer training Titled a day in the Life of Henry: A Dementia Experience, which was a training on the approach of caregivers towards residents with dementia.

This resident was also being seen and treated by his primary care physician as well as a psychiatrist for behavioral issues.

On February 19th, 2019, management of Elmcroft gave the resident a 30 written termination notice because we felt we could no longer meet his need in our setting and suggest to the family that they start looking for a skilled dementia unit to move resident to. We offered to help them if needed. Resident was on a waiting list for several different facilities, awaiting an open bed. Resident moved out on April 23rd, 2019 to a skilled dementia unit.

Moving forward our Training and Development Coordinator and the Executive Director or designee will ensure that staff will be trained on behaviors and approach for those residents with a diagnosis of dementia.

Repeat Violation: No Date(s) of Previou	s Violation(s):					
Signature of Legal Entity Representative (Required on EVERY Page)						
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)						
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!						
The above plan of correction is approved as of	<u>5-7-19</u> (Date)	Plan of correction implementation status as of 5-7-19 (Date)				
		Fully Implemented				
	, <u>MM</u> (Initials)	Partially Implemented - Adequate Progress				
The above plan of correction was approved by		Partially Implemented - Inadequate Progress				
		Not Implemented				

Violation Report: 22716 - 03/19/2019 - DeVries, Kristin PCH Name: ELMCROFT OF READING

#### 1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

#### 2a. DESCRIPTION OF VIOLATION

Per interviews with staff, Resident #1 can become physically aggressive toward staff during care. The resident's assessment and support plan (RASP) dated 1-29-19 does not address this behavior.

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.

This regulation ensures that each resident's needs are met, and that accountability for meeting those needs is firmly established.

This residents support plan did not address the residents aggressive behaviors at the time of inspection. It was added to his support plan the same day of the inspection.

The Support Nurse and the Resident Service Director or designee will insure that any change in a residents condition will be documented on his or her support plan at time of any significant change.

Repeat Violation: No	Date(s) of Previou	s Violation(s):			
Signature of Legal Entity Representative					
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) DOREAN 5.4005					
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!					
The above plan of correctio	n is approved as of	of <u>5-7-19</u> (Date) Plan of correction implementation status as of <u>5-7-19</u> (Date)			
			Fully Implemented		
			Partially Implem	nented - Adequate Progress	
The above plan of correctio	n was approved by	MM	Partially Implem	nented - Inadequate Progress	
		(Initials)	Not Implemente	ed	