pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email: dhoos@elmcroft.com
MAILING DATE: July 18, 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 May 8, 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. Moskalczyk

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: *ELMCROFT OF READING* **License Number:** *227160*
Address: *9 COLIN COURT, READING, PA 19606*
County: *BERKS* **Region:** *NORTHEAST*

Administrator

Name: *Doreen Hoos* **Phone:** *6103702211* **Email:** *dhoos@elmcroft.com*

Legal Entity

Name: *EC OPCO READING LLC*
Address: *5885 MEADOWS ROAD SUITE 500, LAKE OSWEGO, OR, 97035*

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** **Issued By:**

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *58* **Waking Staff:** *44*

Inspection

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

Inspection Dates and Department Representative

05/08/2019 - On-Site: Vanessa Mendez

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *70* **Residents Served:** *54*

Secured Dementia Care Unit

In Home: *No* **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: *5*

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: *4*
Have Physical Disability: *1*

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

Per staff interviews, it was determined that the home's preferred standard wait time is between 7-10 minutes when a resident requests assistance. Resident #1 had to wait longer than the home's standard on the following dates and times:

On 04/16/19, resident #1 waited 56 minutes to get assistance between the hours of 18:12-19:08 and waited 20 minutes between the hours of 23:27-23:47.

On 04/17/19, resident #1 waited 1 hour and 9 minutes to get assistance between the hours of 00:14-01:23.

On 04/20/19, resident #1 waited 42 minutes to get assistance between the hours of 10:12 am-10:54 am.

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' needs are met once those needs have been assessed and a plan to meet the needs has been developed. A standard response time when a resident rings a call bell for help is within 7-10 minutes. In the above violation on three different days resident #1 waited much longer than the standard time. Staff have been inservice on several occasions regarding the standard for call bell response including at our latest staff meeting held 6/27/19. RF Technologies who is the vendor for our call bell system was in to assess the system and determined that the system's computer was installed in 2010 and has been running 24/7 since instilation, and that the software was antiquated and was not working properly, all calls were not coming thru to the computer and therefore not showing on the staff pagers when a call bell was pulled. The computer and software were replace at the end of June 2019 when we learned of this problem.
The Executive Director or designee will monitor the call bell response report everyday, several times a day to ensure that bells are answered in the acceptable standard time.

Legal Entity Representative

Doreen S. Hoos

Signature

Doreen S. Hoos, Executive Director — Printed Name and Title

7/2/19 — Date

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

The above plan of correction is approved as of 7-11-19 (Date)

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

Plan of correction implementation status as of 7-11-19 (Date)

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

89a - Water Pressure

Regulations

2600.

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

The faucet in the kitchenette of the common area in hallway 300 did not function.

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 the home's water supply is sufficient to meet residents' needs for hygiene and comfort. On the day of this inspection the faucet in the kitchenette of the common area in hallway 300 did not function. Maintenance Director Greg Geesaman assessed the issue and determined that a flex tube was kinked under the sink, he straightened it at time of inspection and the water worked. Since that inspection the faucet and plumbing to this sink has been replaced.
Maintenance or designee to monitor all common area faucet on a regular basis to ensure that they are in proper working order.

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95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

There were wet towels hugged around the base of the toilet in room 318 due to occasional leaking issues. This area was not free of hazards.

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.)

Equipment that is clean, free of hazards, and in good repair helps to maintain sanitary conditions in the home and minimizes the risk that residents will suffer an injury while using the equipment. At the time of this inspection there were wet towels hugged around the base of the toilet in room #318 due to occasional leaking issues caused by the weight of the resident and his/her inablity to stablize his/her body weight to prevent dropping onto the toilet. This area was not free of hazards.
The maintanence director replaced all seals, and hardware on this toilet just after the inspection. There has not been any leaking since repairs were made.
Maintenance or designee to monitor for leaks, front line staff were made aware to report any maintenance issues found in resident rooms or any social areas to the Maintenance Director.

Legal Entity Representative

Signature

Doreen S. Hoos, Executive Director — Printed Name and Title

7/2/19 — Date

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183b - Meds and Syringes Locked

Regulations

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

There were two med carts left unattended at 9:00 am in the hallway outside of the activity room.

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.)

Medicaions and syringes will be safe from contamination, spillage and or theft, and residents who are unable to self administer medications will be safe from harming themselves with the medications. There were two med carts left unattended at 9:00AM in the hallway outside of the activity room at time of inspection.
Med tech stated that she only left the med cart for "2 seconds" and left the med carts unlocked and unattended. Med tech was counselled at time of inspection regarding locking meds carts up anytime they leave the med cart and to take the keys along with them. These protocals are also reviewed at monthly med tech meetings. Med techs will lock and take keys along with them any time when leaving the carts unattended no matter what the time limit away from the carts. Resident Service Director or designee to monitor.

Legal Entity Representative

Doreen S. Hoos

Signature

Doreen S. Hoos, Executive Director — Printed Name and Title

7/2/19 — Date

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187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On 12/20/18, staff initialed that Tramadol 50 mg was administered to resident #1 at 2 pm. On this date, staff administered medication at 11 am.

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 MAR accuracy by minimizing the chances of documentation mistakes if a resient refuses a medication. On 12/20/18 the med tech recorded that she gave the above medication at 11am but it was scheduled for administration for 2 pm. All Med Techs were inserviced at time of incident and we revisit this topic at monthly med tech meetings. Resident Service Director or designee to monitor.

Legal Entity Representative

Doreen S. Hoos

Signature

Doreen S. Hoos, Executive Director 7/2/19

Printed Name and Title Date

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187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

On 12/20/18, Tramadol 50 mg was administered at 11 am. This medication is to be administered three times per day at 8 am, 2 pm, and 8 pm. The home did not follow the directions of the prescriber.

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 the residents receive medications and treatments as orderd by a physician.

On 12/20/18, Tramadol 50 mg was administered at 11am. This medication is to be administered three times per day at 8 am, 2pm, and 8 pm. The home did not follow the directions of the prescriber. A 2 pm tramadol was administered at 11am. This medication error was self reported to DHS, the daughter and the physician at time of error. Med Tech was counselled that no matter what the situation we must follow the physicians orders as written. Resident Service Director to monitor.

Legal Entity Representative

Signature

Doreen S. Hoos, Executive Director — Printed Name and Title

7/2/19 — Date

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- ☐ Not Implemented

227c - Support Plan Revision

Regulations

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.

Description of Violation

Resident #1 was admitted to the hospital from 12/21-12/23. Resident returned to the home with a fractured rib. The home did not indicate how the needs of the resident would be met on the Resident's Assessment Support Plan.

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.)

Up dating a support plan ensures that each resident's needs are met as those needs changer, and that accountability for meeting those needs is firmly established. This resident was admitted to the hospital from 12/21-12/23. He returned to the home with a fractured rib. The home did not indicate how the needs of the resident would be met on the Resident's Assessment Support Plan.
The policy of Elmcroft has changed since this inspection, we are now doing our assessments on a quarterly basis or significant changes, at which time the support plans are also updated. Our Resident Service Director has also changed since this inspection, and our new RSD is more familiar with assessments, support plans, and the state regulations, which will help to eliminate these issues in the future. Executive Director to review and monitor assessments and support plans so that these things do not fall thru the cracks in the future.

Legal Entity Representative

Doreen S. Hoos

Signature

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7/2/19 — Date

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