



November 13, 2019

Mr. Christian N. Cummings  
President  
EC Opco Loyalsock, LLC  
Eclipse Sr Liv Attn Licensing  
5885 Meadows Road, Suite 500  
Lake Oswego, Oregon 97035

RE: Elmcroft of Loyalsock  
2985 Four Mile Drive  
Montoursville, Pennsylvania 17754  
License #: 227190

Dear Mr. Cummings:

As a result of the Department's Bureau of Human Services Licensing annual inspection on June 4, 2019 of the above facility, the violations 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock", written over a faint, illegible background.

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Violation Report

# Violation Report

## Facility Information

Name : ELMCROFT OF LOYALSOCK  
Address : 2985 FOUR MILE DRIVE, MONTOURSVILLE, PA 17754  
County : LYCOMING Region : NORTHEAST

License Number : 22719

## Administrator

Name : Sara Finkbiner Phone : 5703682076 Email : sfinkbiner@elmcroft.com

## Legal Entity

Name : EC OPCO LOYALSOCK LLC  
Address : 5885 MEADOWS ROAD SUITE 500, ECLIPSE SR LIV ATTN LICENSING, LAKE OSWEGO, OR, 97035

## Certificate(s) of Occupancy

Type : C-2 LP Date : 09/22/1999 Issued By : LABOR & INDUSTRY

## Staffing Hours

Resident Support Staff : 0 Total Daily Staff : 44 Waking Staff : 33

## Inspection

Type : Full BHA Docket # : Notice : Unannounced  
Reason : Renewal

## Inspection Dates and Department Representative

06/04/2019 - On-Site: Gerald Dumas, Ryan Yankowy

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity : 90 Residents Served : 41

### Secured Dementia Care Unit

In Home : No Area : Capacity : Residents Served :

### Hospice

Current Residents : 0

### Number of Residents Who:

Receive Supplemental Security Income : 0 Are 60 Years of Age or Older : 41  
Diagnosed with Mental Illness : 1 Diagnosed with Intellectual Disability : 1  
Have Mobility Need : 3 Have Physical Disability : 1

17 - Record Confidentiality

Regulations

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation


The licensing inspection summaries dated 10/27/17, 6/7/17, and 2/15/17 posted in the homes entrance way contained the resident privacy coding documents. The privacy coding documents expose the resident's confidential information.

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.)

Privacy coding documents immediately removed from all licensing inspection surveys, by Executive Director, upon discovery on June 4, 2019. Executive Director will continue to ensure compliance by reviewing all licensing inspection surveys prior to documents being placed for public to view.

Legal Entity Representative

Signature 

Printed Name and Title Sarah A. Klinger  
Executive Director

Date 10/11/19

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

The above plan of correction is approved as of 10-16-19  
(Date)

Plan of correction implementation status as of 10-16-19  
(Date)

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

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

141b1 - Annual Medical Evaluation

Regulations

2600.

141. b. 1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident # 1's most recent DME was completed on 1/31/18.

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.)

Upon discovery that Resident # 1 DME was out-of-date, it was updated on June 11, 2019. Executive Director re-educated Resident Services Director/nursing staff on 6/5/19 re: DME process and protocol, and need for timely completion. Resident Services Director created a tracking system and is better able to track when DME are due. Resident Services Director, or nursing staff, schedules physician appointments as necessary to have updated DME completed annually and with any change in condition. Executive Director, or designee, will continue to oversee process to ensure compliance with state regulation 2600.141(b)(1).

Legal Entity Representative

Signature *SJED*

Printed Name and Title *Sarah Finkbeiner, Executive Director*

Date *10/11/19*

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162c - Menus Posted

**Regulations**

2600.

162c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**Description of Violation**

The menu's posted were dated 5/26/19-6/2/19 and 6/2/19-6/8/19, the following weeks menu was not posted as required.


**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 June 4, 2019, Dining Services Director immediately corrected posted menus. On June 5, 2019, Dining Services Director and Executive Director conducted an in-service with Dining Services staff re: 2600.162(c) and proper posting of menus in the community. All Dining Services staff was in-serviced and signed-off in agreement/understanding. The process implemented includes the cook assigned to Sunday morning shift will update the posted menus, Dining Services Director will ensure menu compliance each Monday morning upon arriving at work. Executive Director, or designee, will oversee entire process to ensure compliance and adherence to 2600.162(c).

In-service signature page is attached. Attachment #1

**Legal Entity Representative**

Signature 

Printed Name and Title SARA FINN PINEY  
Executive Director Date 10/11/19

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182b - Prescription Medication

Regulations

2600.

Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- 1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.

Description of Violation

Medication Technician "A" did not receive annual training in Medication Administration Training due 4/1/19. Med Techs "A's" last training was 4/1/18. Med tech had administered medications on the 1st shift on 6/1/19 and 6/2/19.


Plan of Correction (POC)

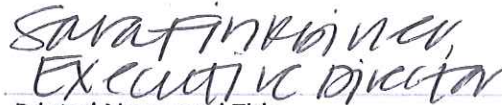
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Medication Technician A did not receive annual training by 4/1/19, as she was out on maternity leave from February 18, 2019 through May 31, 2019. Medication Technician A returned to work on June 1, 2019. Medication Technician A was trained/re-certified on June 7, 2019, Executive Director did note on bottom of Annual Practicum form that Med Tech had been on maternity leave. Executive Director, Train-the-Trainer, or designee, will oversee annual training of all Medication Technicians to ensure all are trained in accordance with state regulation.

Annual Practicum form attached to show that Medication Technician A was trained/re-certified on June 7, 2019. Attachment #2

Legal Entity Representative


Signature 

  
Printed Name and Title  
Date 10/11/19

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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

Resident # 2 has an order for blood glucose readings four times daily as per a sliding scale. On 5/27/19 at 4pm the blood glucose reading was 238. The home administered 8 units of insulin and it should have been 10 units as per the sliding scale.

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 June 5, 2019 all Medication Technicians were re-trained on properly obtaining fingersticks and administering insulin, and documentation of both. This training was conducted by the Resident Services Director, Training & Development Coordinator and Executive Director. All Medication Technicians were re-trained. Weekly audits of glucometers/fingerstick readings are conducted to ensure accuracy and appropriate administration of insulin. Audits are reviewed at monthly QA meeting. Executive Director, or designee, will oversee this process to ensure continued compliance.

In-service signature page is attached.

Attachment #3

Legal Entity Representative

Signature 

  
Printed Name and Title Executive Director Date 10/11/19

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225a - Assessment 15 Days

Regulations

2600.

225. a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation


Resident # 3 was admitted to the home on 4/5/19, the assessment portion of the RASP was not completed until 5/31/19. The Support Plan portion of the RASP was also not completed until the same date. The home has 15 days to complete the assessment and 30 days to complete the support plan.

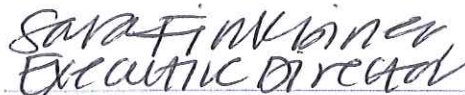
Plan of Correction (POC)

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On June 5, 2019, Resident Services Director/nursing staff was re-trained on the RASP process. Upon admission to community Resident Services Director adds all residents to her calendar to ensure completion of 14-day LOC and Resident Service Plan. Executive Director audits all new admission charts to ensure accuracy. Audits are reviewed at monthly QA meeting. Executive Director, or designee, will oversee this process to ensure compliance with state regulation 2600.225(a).

Legal Entity Representative

Signature 

  
Printed Name and Title 10/11/19  
Date

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