Mr. Jason S. Simmers<br>Vice President<br>EC OPCO Berwick, LLC<br>Eclipse Sr Liv Attn Licensing<br>5885 Meadows Road, Suite 500<br>Lake Oswego, Oregon 97035

RE: Elmcroft of Berwick<br>2050 West Front Street<br>Berwick, Pennsylvania 18603<br>License \#: 227170

Dear Mr. Simmers:
As a result of the Department's Bureau of Human Services Licensing annual inspection on June 19, 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.

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.


Enclosure
Violation Report

Facility Information

## Name: ELMCROFT OF BERWICK <br> Address: 2050 WEST FRONT ṠTREET, BERWICK, PA 18603 <br> County: COLUMBIA Region:NORTHEAST

## Administrator

Name: Rachel Bingaman
Phone: 5707593155
Email: DBAKER@VENTASREIT COM

## Legal Entity

Name: EC OPCO BERWICK LLC
Address: 5885 MEADOWS ROAD SUITE 500, LAKE OSWEGO, OR, 97035
Certificate(s) of Occupancy

Type: C-2 LP
Date: 02/25/1998
Staffing Hours
Resident Support Staff: 0
Total Daily Staff: 39

Issued By: L\&I

Inspection
Type: Full
BHA Docket \#:
Reason: Renewal

06/19/2019 - On-Site: Kristin DeVries, Gerald Dumas
Resident Demographic Data as of Inspection Dates
General Information
License Capacity: 76
Residents Served: 34
Secured Dementia Care Unit
In Home: No
Area:
Capacity:
Residents Served:

Hospice
Current Residents: 0
Number of Residents Who:
Receive Supplemental Security Income: 0
Diagnosed with Mental Illness: 0
Have Mobility Need: 5

Are 60 Years of Age or Older: 34
Diagnosed with Intellectual Disability: 0
Have Physical Disability: 0

## 65a - FS Orientation 1st Day

## Regulations

2600. 

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

## Description of Violation

Staff person A, hired 3/12/2019, did not have first-day training in the following topics:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

## Plan of Correction (POC)

Action: Designated staff personnel was immediately educated on new hire policies on their first day of orientation on 6/28/2019. All other designated staff were educated on the policy and procedures on the first day orientation.
Training: Executive director and/or designee will audit personnel files periodically to ensure that all trainings are correct. Staff person A was also given orientation on the evacuation procedures, staff duties, responsibilities, designated meeting place, the homes smoking policy, location of designated areas smoke detectors, fire alarms and the telephone use with emergency numbers.

Ongoing Monitoring: Executive Director and/or designee will provide all policies/procedures to new staff with day 1 orientation.
Please see attachment F for policy and procedure given to new hires.

## Legal Entity Representative



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The above plan of correction is approved as of

7-31-19 (Date)

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| (Initials) | $\square$ Partially Implemented - Inadequate Progress |
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Plan of correction implementation status as of

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## 65b - Rights/Abuse 40 Hours

## Regulations

2600. 

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

## Description of Violation

Staff person A, hired 3/12/2019, did not receive initial training in: (2) Emergency medical plan; or (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101-10225.5102)
Action-Leadership staff was educated on new hire training policies on there first day of orientation 6/28/2019. Staff A ,who was hired on 3-12-2019 was oriented on emergency medical plans and mandatory reporting of abuse and neglect according to the older adult protective services act on 7/08/2019.
Training: Executive director and or designees will conduct a chart audit for all new hire files to ensure that all necessary trainings are being done within the first days of hiring.
Ongoing Monitoring: New hire chart audits will be completed monthly to ensure that all staff have all necessary documents using and signing a check off list.
Please see attachment A for staff member A's emergency medical plan and mandatory reporting of abuse and neglect according to the older adult protective services act.

Legal Entity Representative


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## 65f-Training Topics

## Regulations

2600. 

65.f. Training topics for the annual training for direct care staff persons shall include the following:

## Description of Violation

Direct care Staff person B did not receive annual training in the topic Medication Self-Administration in training year 2018.

Plan of Correction (POC)
Action: Self medication training was provided to Staff person B on 7-17-2019.
Training: Medication self administration training is also scheduled for October 2019 as part of the medication technicians yearly training.

Ongoing Monitoring: Resident services Director and/or designee will ensure that all staff will have the correct self medication administration trainings annually.

Please see attachment $C$ for the self medication administration training that was given to staff person $B$.

Legal Entity Representative
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## 65g - Annual Training Content

## Regulations

2600. 

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

## Description of Violation

Staff person A and Staff person B did not receive annual training in Fire Safety conducted by a fire safety expert in training year 2018.

Action: The maintenance director was educated on the policies and procedures of the annual training for the fire safety expert on $6 / 28 / 2019$. Fire safety expert will train all staff at the staff meeting. The maintenance Director and Executive Director will schedule the fire safety expert yearly to ensure that all staff have the required training.
Training: Fire safety expert will train all staff on fire safety annually at the staff meeting. Ongoing Monitoring: Maintenance Director and/or designee will ensure trainings are scheduled and up to date annually.

Legal Entity Representative


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## 96a - First Aid Kit

## Regulations

2600. 

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

## Description of Violation

The first aid kit in the home's front lobby did not contain eye coverings.
Plan of Correction (POC)

Action: Goggles were immediately placed in the first aid kit on 6/27/2019.
Training: All staff were educated on the correct content of the first aid kit 06/28/2019.
Ongoing Monitoring: First aid kit will be checked monthly by executive director and/or designated staff.

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## 121a - Unobstructed Egress

## Regulations

2600. 

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

## Description of Violation

The emergency exit door leading out of the home's dining room did not open easily at time of inspection. This poses a potential hazard for residents if needed for use in the event of an emergency.

Action: Maintenance Director was educated on inspection of all emergency exit doors 06/28/2019. Estimate submitted for a new door 7/18/2019 for dining room emergency exit.
Training: Maintenance Director and/or designee will check the function of all emergency exit doors daily. Ongoing Monitoring: Maintenance director and/or designee to report if the door is not opening properly. Please see attachment B for estimate of dining room emergency door.
*** Immediately \& Ongoing:
The identified area will be unobstructed, as will all stairways, hallways, doorways, passageways and egress routes from rooms and from the building.

Legal Entity Representative


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## 132b - Safety Inspection/Fire Drill

## Regulations

2600. 

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

## Description of Violation

The last safety inspection/fire drill observed by a fire safety expert was conducted on 10/19/2018. The safety inspection/fire drill observed by a fire safety expert conducted before this was $9 / 5 / 2017$; this exceeds the annual timeframe outlined by this regulation.

## Plan of Correction (POC)

Action: Maintenance director was educated on the importance of the safety inspection/fire drills being performed annually. Maintenance Director will call the Fire Chief this month to schedule a fire drill to be done before the one year safety inspection is due.
Trainings: Annual fire safety trainings will be conducted within 1 year and 15 days of dates.
Ongoing Monitoring: Maintenance Director an/or designee will monitor training dates and schedule trainings as necessary to remain in compliance.

Legal Entity Representative


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## 132f - Alternate Exit Routes

## Regulations

2600. 

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation
For all 16 fire drills conducted from $1 / 28 / 18$ through $5 / 17 / 19$, the home used the Exit Routes "Zone 1 , Zone 2, Zone 3." The home is not alternating exit routes used during fire drills.

## Plan of Correction (POC)

Action: Maintenance Director was educated on the importance of conducting fire drills on all shifts and alternating exits with each fire drill conducted.

Training: Maintenance director has prescheduled with the executive Director 1 year of fire drills, this plan consists of alternate exits and zones and a log will be kept of the drills on a state issued form.

Ongoing Monitoring: Maintenance director will keep a copy of the monthly state fire drill log in the executive directors office. All staff will be educated each quarter on fire safety.

Please attachment D for the form that will be implemented for all fire drills

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## 132g - Fire Drills Days/Times

## Regulations

2600. 

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

## Description of Violation

The home routinely staffs 2 people on their overnight shifts, either for the entire shift from 10 pm to 6 am , or from 2 am to 6 am. During the past 12 months, the home has not conducted a fire drill with only 2 staff participating and are therefore running drills when additional staff persons are present.

Plan of Correction (POC)
Action: Maintenance director was educated on conducting fire drills on the night shift with 2 staff persons being on the shift on $06 / 28 / 2019$.
Training: Fire drills for the overnight shift have been pre planned by the maintenance director and executive director. The fire drills will be conducted when there are two staff members on the shift and at different times throughout the shift.
Ongoing Monitoring: The state fire drill record will be used for all fire drills.
Please see Attachment D for the state fire drill record.

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