



pennsylvania
DEPARTMENT OF HUMAN SERVICES

August 27, 2019

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

RE: Elmcroft of Berwick
2050 West Front Street
Berwick, Pennsylvania 18603
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.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: ELMCROFT OF BERWICK
Address: 2050 WEST FRONT STREET, BERWICK, PA 18603
County: COLUMBIA Region: NORTHEAST

License Number: 227170

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 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 39 Waking Staff: 29

Inspection

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

Inspection Dates and Department Representative

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 Are 60 Years of Age or Older: 34
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 5 Have Physical Disability: 0

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

R Benjamin 7-19-19
Signature

Rachel Benjamin ED 7-19-19
Printed Name and Title Date

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The above plan of correction is approved as of 7-31-19
(Date)

Plan of correction implementation status as of 7-31-19
(Date)

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

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

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

R. Bringham 7-19-19
Signature

Rachel Bringham ED 7-19-19
Printed Name and Title Date

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(Date) (Date)

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(Initials)

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 Partially Implemented - Inadequate Progress
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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.

7-31-19

MM

Legal Entity Representative

Q. Bingeman 7-19-19
Signature

Rachel Bingeman ED 7-19-19
Printed Name and Title Date

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(Initials) Partially Implemented - Inadequate Progress
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 Not Implemented

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

Signature: RBingaman 7-19-19 Printed Name and Title: Rachel Bingaman ED Date: 7-19-19

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[] Not Implemented

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

Legal Entity Representative

		
Signature	Printed Name and Title	Date

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The above plan of correction was approved by	<u>MM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

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 10pm to 6am, or from 2am to 6am. 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.

Legal Entity Representative

R. Bingeman 7-19-19
Signature

Rachel Bingeman ED 7-19-19
Printed Name and Title Date

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