



September 26, 2019

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

RE: Elmcroft of State College  
150 Farmstead Lane  
State College, Pennsylvania 16803  
License #: 233740

Dear Mr. Cummings:

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](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 STATE COLLEGE

License Number: 233740

Address: 150 FARMSTEAD LANE, STATE COLLEGE, PA 16803

County: CENTRE

Region: NORTHEAST

## Administrator

Name: Johanna Ruble

Phone: 8142357675

Email: jruble@elmcroft.com

## Legal Entity

Name: EC OPCO SC LLC

Address: 5885 MEADOWS ROAD SUITE 500, LAKE OSWEGO, OR, 97035

## Certificate(s) of Occupancy

Type: I-2

Date: 08/02/2010

Issued By: Centre Region Code Admin

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 70

Waking Staff: 53

## Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal, Incident

## Inspection Dates and Department Representative

06/19/2019 - On-Site: Vanessa Mendez , Cybil Bomberger

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 60

Residents Served: 49

### Secured Dementia Care Unit

In Home: Yes

Area: Chronicles

Capacity: 20

Residents Served: 15

### Hospice

Current Residents: 5

### Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 49

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 21

Have Physical Disability: 0

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 resident privacy coding was attached to the Licensing Inspection Summary dated 02/20/18 and a Resident's Assessment Support Plan was attached to the LIS dated 12/20/18.

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.)

06/19/2019 - privacy coding and assessment support plan from the LIS were removed immediately.

Ongoing: Administrator or designee will monitor upon receipt of any LIS to ensure that all privacy information is not displayed in public area.

Ongoing: Administrator or designee will monitor for compliance.

Legal Entity Representative

*Johanna Ruble*  
Signature

*Johanna Ruble Ops Spec 7.16.19*  
Printed Name and Title Date

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

The above plan of correction is approved as of	8-1-19 (Date)	Plan of correction implementation status as of	8-1-19 (Date)
The above plan of correction was approved by	<i>MM</i> (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	

28a - Refunds

Regulations

2600.

28.a. If, after the home gives notice of discharge or transfer in accordance with § 2600.228(b) (relating to notification of termination), and the resident moves out of the home before the 30 days are over, the home shall give the resident a refund equal to the previously paid charges for rent and personal care services for the remainder of the 30-day time period. The refund shall be issued within 30-days of discharge or transfer. The resident's personal needs allowance shall be refunded within 2 business days of discharge or transfer.

Description of Violation

The refund for resident #2 was not issued in accordance with the Elder Care Payment Restitution Act. Resident #2 passed away on 12/11/18. The refund of previously paid fees for care services was issued for 12 days (12/19/18-12/31/18) and not based on the date of death as required by the Elder Care Payment Restitution Act.

06/19/2019 – Administrator requested a refund check for 7 days that was not paid to the resident.

06/27/2019 – Refund check was issue to the family. Copy of return check attached.

Ongoing: Administrator or designee will monitor for compliance.

\*\*\* Immediately:

In the future, the home will provide refunds to residents in a manner and within the timeframes required by this regulation.

8-1-19  
MM

Legal Entity Representative

*Ophaine Ruble*  
Signature

*Johanna Ruble Ops Spec*  
Printed Name and Title

7.16.19  
Date

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85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

The refrigerator and freezer located in the dining room of the home's Secured Dementia Care Unit was dirty.

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.)

06/19/2019 - Refrigerator and Freezer located in dining room in our secured memory care unit was cleaned at time of inspection.

Ongoing: Staff cleaning at the end of each shift.

Ongoing: Memory Care Programming Coordinator will do random checks to ensure cleaned.

Ongoing: Administrator or designee will monitor for compliance.

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Signature

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102i - Soap Dispenser

Regulations

2600.  
102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was an unlabeled bar of soap on the sink in room 209, which is shared by 2 residents.

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.)

06/19/2019 - Soap dispense were properly labeled for each resident in room 209.

Ongoing: Administrator or designee will do a minimum of weekly checks for monitor to ensure that soap dispenses are labeled Administrator/designee will monitor for compliance.

Ongoing: Administrator will review regulations on dispenser with soap will be labeled in shared rooms at Staff meeting on 07/23/2019

Legal Entity Representative

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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

There was a large blanket blocking the bottom of the emergency exit door in the home's garden room, preventing immediate egress in case of an emergency.

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.)

06/19/2019 – Blanket was removed from the bottom of the emergency exit door.

Ongoing: Administrator and/or Maintenance Director will do daily walks though the community to check all emergency exits.

Ongoing: Administrator/designee will review regulation at Staff meeting on 07/23/2019

Ongoing: Administrator/designee will monitor for compliance.

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142a - Secure Medical Care

Regulations

2600.

142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

Resident #5's DME dated 12/07/18 does not have the medical professionals name and license number.

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.)

06/19/2019 - DME for resident #5 was updated with medical professional's name and license number.

06/24/2019 - Resident Service Director audited all chart to make sure that medical professional's name and license number was on all DMEs.

Ongoing: Administrator /designee will monitor all new DMEs for completion.

Ongoing: Administrator or Designee will monitor for compliance.

Legal Entity Representative

*Johanna Ruble*

Signature

*Johanna Ruble, Ops Spec*

Printed Name and Title

*7.16.19*

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185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 is prescribed two Accu-Checks twice daily per sliding scale. On 06/11/19, resident's glucometer reading was 164 and it was transcribed as 165 on the home's log.

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.)

07/12/2019 -- Staff educated on Proper use of Glucometers and blood sugar documentation. See attachment for training.

Ongoing: Administrator/designee will monitor glucometer weekly for compliance.

Ongoing: Administrator/designee will audit med carts weekly for compliance.

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Signature

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190a - Completion Medication Course

Regulations

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral, topical, eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

The annual practicum for staff person A was incomplete. The form does not indicate if person was recertified or failed to recertify, and does not contain the trainer's signature, date, and provider name.

The annual practicum for staff person B was incomplete. The form does not indicate the date this staff person was recertified.

06/20/2019 – Confirmed that 02/13/2019 & 03/24/2019 were completed on that date.

06/24/2019 – Administrator audited all Med Tech's paperwork to ensure all were completed with trainer's signature, date and providers name.

Ongoing: Administrator/designee educated the Nursing staff that for all Med Tech's must have 2 MAR Review and Observations completed annually by a Certified Train the Trainer and include the Trainer's signature, date and provider names.

Ongoing: Administrator/designee will monitor on all new med tech certification and annual for completions.

Ongoing: Administrator/designee will monitor for compliance.

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191 - Resident Right to Refuse

Regulations

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Residents #3 and #4 were not educated in their right to question or refuse medication if they believed there may be a medication error.

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.)

06/20/2019 -Residents #3 & #4 have signed Addendum E educating them on the right to question or refuse medications.

06/26/2019 -- Administrator audit charts and had all residents sign Addendum E -- and educated in their right to question or refuse medications.

Ongoing: Administrator/designee will monitor for compliance.

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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

The initial Assessment for resident #3 was completed on 03/08/19 which is prior to the resident's admission date of 03/15/19.

06/20/2019 – Resident Service Director and Nursing Staff were retrained on admission process/DME/Prescreening & RASP and time frame that all need completed by. See Attached training.

Ongoing: Administrator/designee will audit within 1 week of all move-ins to ensure that all proper paperwork is completed timely.

Ongoing: Administrator/designee will monitor for compliance.

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227a - Support Plan 30 Days

Regulations

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

The support plan for resident #3 was completed on 03/08/19 which is prior to the resident's admission date of 03/15/19.

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.)

06/20/2019 – Resident Service Director and Nursing Staff were retrained on admission process/DME/Prescreening & RASP and time frame that all need completed by. See Attached training.

Ongoing: Administrator/designee will audit within 1 week of all move-ins to ensure that all proper paperwork is completed timely.

Ongoing: Administrator/designee will monitor for compliance

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