



August 27, 2019

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

RE: Elmcroft of Reading
9 Colin Court
Reading, Pennsylvania 19606
License #: 227160

Dear Mr. Simmers:

As a result of the Department's Bureau of Human Services Licensing annual inspection on June 20, 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", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

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: *DBAKER@VENTASREIT.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: *12/15/1997* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *60* Waking Staff: *45*

Inspection

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

Inspection Dates and Department Representative

06/20/2019 - On-Site: Amy Deluca, Kristin Devries

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *70* Residents Served: *58*

Secured Dementia Care Unit

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

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *57*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *2* 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 License Inspection Summary (LIS) dated 3/19/19 was posted in the home with the resident privacy coding sheet attached, exposing confidential resident 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.)

2600.17 Protects residents privacy and ensures that homes comply with other applicable laws.

At time of inspection the LIS was posted in the home with the resident privacy coding sheet

The sheet was removed at time of inspection. The Executive Director is responsible to post the LIS and to remove the privacy coding sheet. The Executive Director or designee will ensure that in the future this page is removed before posting for public review.

Legal Entity Representative

[Handwritten Signature]
Signature

DOREEN S. HOOS, ED 7/17/19
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 MM
(Initials)

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

63a - First Aid/CPR Training

Regulations

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

The home's current census is 58. On 6/15/2019 from 9pm to 11pm the home had only 1 staff person who was certified in First Aid and CPR on site.

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.)

2600.63.a Ensures that staff are appropriately trained to respond to an emergency, and that there are sufficient numbers of qualified staff to repond to simultaneous emergency situations.

On 6/15/2019 from 9pm to 11pm the home had only 1 staff person who was certified in First Aid and CPR on site.

CPR and first aid training was scheduled for June 20, 2019 and June 25, 2019. The home now has at least 2 staff certified on each shift if not more, with the goal of every staff person to be certified. See attached sign in sheets or cards. The Training and Developement Coordinator will ensure that every staff person is certified and stays current with this training. Executive Director or designee to monitor.

Legal Entity Representative

[Handwritten Signature]

Signature

DOREEN S. HOOS 7/17/19

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ELMCROFT OF READING

227160

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

The Halo safety rings attached to beds in rooms 218 and 412 did not have covers over them to prevent entrapment.

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.)

2600.95 this regulations benefit is to ensure furniture and equipment that is clean, free of hazards, and in good repair helps to maintain sanitary conditions in the home and minimize the risk that residents will suffer an injury while using the furniture or equipment.

The Halo Safety rings attached to beds in rooms 218 and 412 did not have cover over them to prevent entrapment.

Pillow Cases have now been place over all of our Halo Bars in order to meet the requirements of this regulation. (see attached photo). Housekeeping Manager, Executive Director or designee to monitor.

Legal Entity Representative

[Handwritten Signature]
Signature

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Printed Name and Title

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103i - Outdated Food

Regulations

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

A jar of Sysco peanut butter with a Best By date of 2/19/19 was found in the home's food storage area.

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.)

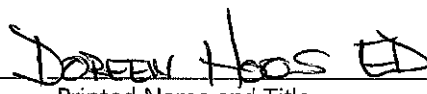
103i ensures that food is safe for use.

A jar of peanut butter with a Best By date of 2/19/19 was found in the home's food storage area. This is a "best by" date not an expiration date, so the contents was not spoiled, however, the jar was disposed of at time of inspection.

Dining Service Director or designee will monitor dates of food and dispose as regulation requires.

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183e - Storing Medications

Regulations

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #1's Tresiba Flexpen was not labeled with the date the pen was opened for use.
Resident #2's Advair diskus was not labeled with the date the disk was opened for use.

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.)

2600.183.e Ensure that medications will be stored in a manner that prevents damage or loss.

At time of inspection a Flexpen and an Advair diskus were not labeled with the date that they were opened.

A med tech meeting is held every month and we review policies on medication storage and use. Dating medications when they are opened is a policy we review monthly, all med techs are aware of this policy and have been counselled to slow down and follow policy and regulations. Resident Services Director or designee to monitor.

Legal Entity Representative



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DOREEN HOOPS ED 7/17/19

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184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #3 has an order for Levothyroxine .112mg to be taken Monday through Saturday only. The pharmacy label on the medication bottle indicates the dosage to be Monday through Saturday with 1/2 tablet taken on Sundays. The pharmacy label did not match the current order.

Plan of Correction (POC)

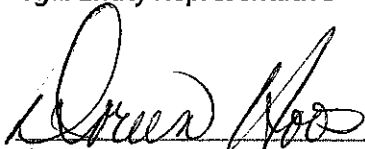
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

2600.184.a Reduces the possibility that a medication will be administered to the wrong resident or improperly administered.

Levothyroxine .112mg to be taken Monday through Saturday only. The pharmacy label on the bottle indicates the dosage to be Monday through Saturday with 1/2 tablet taken on Sundays. The pharmacy label did not match the current order.

Med tech meetings are held monthly and policy procedures and regulations are reviewed. Med techs are instructed to read the orders against the labels to prevent this type of medication error. Resident Service Director or designee to due random cart audit in order to prevent these types of issues from occurring.

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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 #4 has an order for Isosorbide 20mg tablet to be taken twice per day, hold for SBP<110. The resident's Medication Administration Record (MAR) indicates the medication was incorrectly held on the following dates and times:

6/8/2019 at 5:00pm—SBP=139; 6/12/2019 at 09:00am—SBP=145.

Resident #4 also has an order for Hydralazine 25mg to be taken twice daily as needed for SBP>170.

The MAR indicates the medication was not administered on the following dates and times:

6/1/19 at 9:00am—SBP=188; 6/3/19 at 5:00pm—SBP=186; 6/4/19 at 9:00am—SBP=179; 6/5/19 at 9:00am—SBP=177; 6/7/19 at 9:00am—SBP=171.

Plan of Correction (POC)

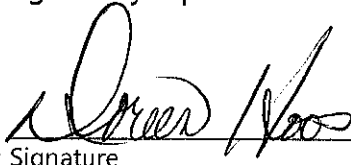
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

2600.187.d Ensure residents receive medications and treatments as ordered by a physician. Med techs were not following the physicians directions for parameters for medications.

Med tech meeting are held monthly and policies and regulations are reviewed. Med techs are trained to read the physicians orders throughly and to take their time while administering medications.

Resident Service Director or Designee to monitor electronic MARs to ensure that parameters are being followed and documented.

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227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #5's Resident Assessment and Support Plan (RASP) dated 4/10/19 was not updated to reflect the date the resident began receiving hospice services, and what type of services hospice would be providing.

Resident #6's RASP dated 5/15/19 was not updated to reflect the physical therapy services the resident is currently receiving.

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.)

2600.227.d Ensures that each resident's needs are met as those needs change, and that accountability for meeting those needs is firmly established.

At time of inspection two rasps were found without up dates, one that did not relet the services of physical therapy and one the did not reflect resident receiving hospice services.

These RASPs were updated at time of inspection. Resident Service Director is responsible to update RASPs on a quarterly basis or with any significant change. Executive Director or designee to monitor to ensure updates are made.

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227g -Support Plan Signatures

Regulations

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The following RASPs were not signed by the resident:
Resident #5's RASP dated 4/10/19; also not signed by a staff person.
Resident #7's RASP dated 5/24/19
Resident #6's RASP dated 5/15/19
Resident #8's RASP dated 3/27/19

Plan of Correction (POC)

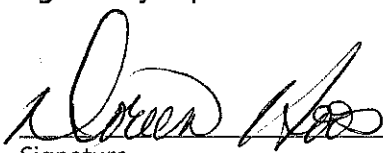
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

227.g Having individuals who participate in the development of the support plan sign and date the support plan provides a record of who participated in the development of the support plan for future reference purposes.

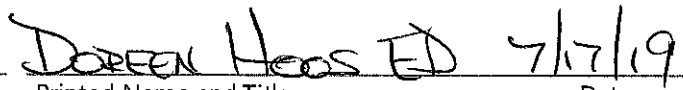
At time of inspection four residents RASP's were missing signatures. The RASP's were completed and were sign by some of the required signers but nursing was still trying to get signatures by others.

In the future, all signatures will be required at the time of the care conference meeting. Resident Service Director or designee to monitor RASP's for signatures required.

Legal Entity Representative



Signature



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