



October 28, 2019

Mr. Christian N. Cummings  
President  
EC OPCO Reedsville LLC  
Eclipse Senior Living  
**ATTN: LICENSING**  
5885 Meadows Road, Suite 500  
Lake Oswego, Oregon 97035

RE: Elmcroft of Reedsville  
55 Carriage House Lane  
Reedsville, Pennsylvania 17084  
Certificate #: 333780

Dear Mr. Cummings:

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](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". The signature is fluid and cursive.

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Violation Report

# Violation Report

## Facility Information

Name: *ELMCROFT OF REEDSVILLE*  
Address: *55 CARRIAGE HOUSE LANE, REEDSVILLE, PA 17084*  
County: *MIFFLIN* Region: *CENTRAL*

License Number: *333780*

## Administrator

Name: *Faith Soles* Phone: *7176679380* Email: *faith.the.soles@elmcroft.com*

## Legal Entity

Name: *EC OPCO REEDSVILLE LLC*  
Address: *5885 MEADOWS ROAD SUITE 500, LAKE OSWEGO, OR, 97035*

## Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/13/1998* Issued By: *Labor and Industry*

## Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *55* Waking Staff: *41*

## Inspection

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

## Inspection Dates and Department Representative

*06/20/2019 - On-Site: Kellie Cargile, Cybil Bomberger*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *72* Residents Served: *48*

### Secured Dementia Care Unit

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

### Hospice

Current Residents: *2*

### Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *48*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *7* Have Physical Disability: *0*

Rec'd  
8/14/19  
GE

Key for Job Titles

BOC = Business Office Coordinator

DSD = Dining Services Director

RSD = Resident Services Director


HLD = Healthy Lifestyles Director

MM/MD = Maintenance Director

SN = Support Nurse

TDC = Training and Development Coordinator

ED = Executive Director

A handwritten signature in black ink, consisting of a stylized, cursive 'S' followed by a horizontal line and a loop.

8/14/2019

3c - Post Current License

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home did not have a copy of the Chapter 2600 regulations posted in a conspicuous and public place in the home.

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.)

Action: On 6/20/2019, Executive Director posted Chapter 2600 regulations in a conspicuous and public place. See Addendum 2.

Training: Leadership retrained on Regulation 3c - the need for regulations to be posted in a conspicuous and public place on 8/12/2019. See Addendum 3.

Ongoing: Executive Director or designee will monitor for compliance

Legal Entity Representative

Signature

Fern Sales, Executive Director 8/14/2019  
Printed Name and Title Date

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The above plan of correction is approved as of 9/23/19 (Date) Plan of correction implementation status as of 9/23/19 (Date)

The above plan of correction was approved by GE (Initials)  Fully Implemented  Partially Implemented - Adequate Progress  Partially Implemented - Inadequate Progress  Not Implemented

28e - Death of a Resident

Regulations

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #1 passed away on [redacted]. The home did not issue a refund in accordance with the Eldercare Restitution Act for the care portion of previously paid charges. The refund issued was for the period of 1/26/19 to 1/29/19.

Plan of Correction (POC)

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Action: Resident #1 customer statement from the January 2019 See Addendum 4. Rate shown is "room and board" rate. She passed away on [redacted] and, as noted on the statement, was issued a refund for her "room and board" for the dates 1/26/2019-1/31/2019. Resident was not receiving any care charges at the time of her passing to be refunded. See Addendum 5.

Training: Leadership retrained on Regulation 28e on 8/12/2019. See Addendum 6.

Ongoing: Executive Director, Business Office Manager or designee will monitor for compliance

The administrator will ensure that all discharged residents receive the required account and/or refund within 30 days of discharge. - GE, 9/23/19

Legal Entity Representative

Signature

Farne Sores, Executive Director 9/14/2019

Printed Name and Title

Date

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28f - Resident's Funds and 30-day Refund

Regulations

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #2's belongings were removed from the home on 3/13/19. The home did not issue a refund until 4/15/19.

Plan of Correction (POC)

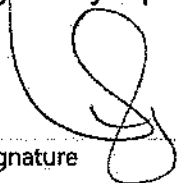
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Action: Resident was discharged from the community on 3/13/2019. Refund was issued on 3/28/2019. See Addendums 7 and 8. Auto pay was not stopped before next bill was produced. Check #2 indicates that refund. See Addendum 9.

Training: Leadership/Business Office Coordinator retrained on Regulation 28f on 8/12/2019. See Addendum 10.

Ongoing: Executive Director, Business Office Coordinator or designee will monitor all discharges for timely refunds in 30 days of discharges

Legal Entity Representative



Signature

Forne Sides, Executive Director 8/14/2019

Printed Name and Title

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65d - Initial Direct Care Training

Regulations

2600.

65.d.2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct Care Staff Person A, hired on 10/18/18, began providing unsupervised ADL services on 11/5/18. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test until 2/12/19.

Plan of Correction (POC)

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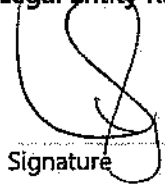
Action: Audit completed on 8/9/2019 of all current DCS to ensure that all have current competency test. Training and Development Coordinator will ensure all direct care staff has taken competence test in 48 hours of hire.

Training: Leadership staff re-educated on Regulation 65d on 8/12/2019. See Addendum 11.

Ongoing: Executive Director or designee will monitor for compliance

Staff training needs will be included in the home's periodic quality management reviews. - GE, 9/23/19

Legal Entity Representative



Signature

Fatma Soles, Executive Director 8/14/2019

Printed Name and Title

Date

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89b - Hot Water Temperature

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 6/20/19 at 2:53 pm, the hot water temperature at the sink in the women's shower room measured 122.1 degrees Fahrenheit.

Plan of Correction (POC)

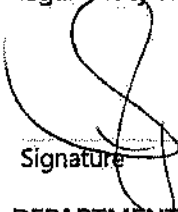
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Action: Maintenance Director performs weekly check on water temperatures. Water Temperature in Woman Shower room ran at 120 or less. See Addendum 12a-12g.

Training: Maintenance Director was educated was educated on all water temperatures not to exceed 120 degrees F.

Ongoing: Maintenance Director or designee will monitor water temperatures weekly.

Legal Entity Representative



Signature

Erine Seles, Executive Director

Printed Name and Title

8/14/2019

Date

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132c - Fire Drill Records

Regulations

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home had three different records with varying evacuation times for the fire drill conducted on 7/31/18 at 5:15 am. The evacuation times were 2 minutes and 43 seconds, 10 minutes and 42 seconds, and 12 minutes.

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.)

Action: Starting with July fire drill, documentation of fire drill will be done on DHS Personal Care home fire drill form. See Addendum 13.

Training: Leadership Team educated on Regulation 132 on 8/12/2019. See Addendum 14.

Ongoing: Executive Director or designee will monitor for fire log compliance and will be reviewed at monthly QA meeting

Legal Entity Representative

Signature

Forne Selles, Executive Director 8/14/2019

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132f - Alternate Exit Routes

Regulations

2600.

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

Description of Violation

During the fire drills held from 8/16/18 to 5/30/19, all of the exit routes (A, B, C, D, E, and F) were listed as being used for the specified drills on the home's fire drill log, instead of using alternating exits.

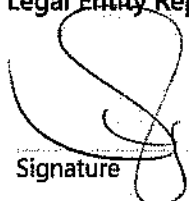
Plan of Correction (POC)

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Training: Leadership educated on Regulation 132f - alternating exit routes when conducting fire drills on 8/12/2019. See Addendum 15. See Addendum 13.

Ongoing: Executive Director or designee will monitor for compliance. Fire drill records will be reviewed monthly at QA meeting.

Legal Entity Representative



Signature

Forre Sales, Executive Director

Printed Name and Title

8/14/2019

Date

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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 has not held a fire drill on second shift after 3:08 pm since 3/30/18. The drills designated as second shift drills were held at 2:28 pm, 2:45 pm and 3:08 pm when additional ancillary and changeover staffing were present in the home. The direct care staff schedule indicates that 2 to 3 staff are working between 1:30-10:30 pm. The fire drill log shows that 6 to 12 staff participated in the drills.

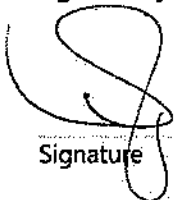
Plan of Correction (POC)

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Training: Leadership educated on 8/12/2019 on Regulation 132g - holding fire drills on different days of the week and various times during the day. See Addendum 16. See Addendum 13.

Ongoing: Executive Director or designee will monitor for compliance. Fire Drill records will be reviewed monthly to ensure varying days of the week and times. , and not routinely held when additional staff persons are present. - GE, 9/23/19

Legal Entity Representative



Signature

Stone Soles, Executive Director

Printed Name and Title

8/14/2019

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141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #3's medical evaluation, dated 1/16/19, did not include the resident's temperature or the ability to self-administer medications.

Plan of Correction (POC)

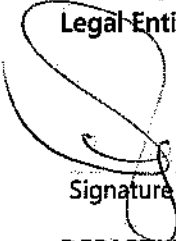
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Action: On 8/9/2019, new DME for Resident #3 completed and signed by MD. See Addendum 17. An audit of all current residents' DMEs was performed on 8/9/2019 for completeness.

Training: Nursing staff re-educated on 8/12/2019 on Regulation 141a - all DMEs are to be completed in their entirety. See Addendum 18.

Ongoing: Executive Director or designee to review all new DME for completeness.

Legal Entity Representative

  
Signature

For the Sole Executive Director 9/14/2019  
Printed Name and Title Date

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141b1 - Annual Medical Evaluation

Regulations

2600.

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

Description of Violation

Resident #4's most recent medical evaluation was completed on 7/10/18. The resident's previous medical evaluation was completed on 5/2/17.

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.)

Training: Nursing staff re-educated on 8/12/2019 on Regulation 141b1 - DME must be completed annually. See Addendum 19.

Ongoing: Executive Director or designee to monitor for compliance and reviewed at monthly QA

Legal Entity Representative

Signature

Forne Sales, Executive Director

Printed Name and Title

8/14/2019

Date

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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, #5, and #6 have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction (POC)

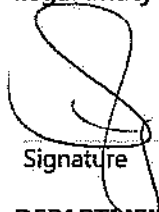
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Action: Revised Contract (Addendum E, Section C). See Addendum 20, which includes right to refuse, used in contract signings, effective June 28, 2019. All current residents will initial and date the new Addendum E, Section C by August 31, 2019. Resident right to refuse medications to be discussed at Resident's Council in September 2019.

Training: Leadership educated on Regulation 191 - Residents right to refuse medication on 8/12/2019. See Addendum 21.

Ongoing: Executive Director or designee to monitor for compliance.

Legal Entity Representative

  
Signature

Katherine Soles, Executive Director  
Printed Name and Title

8/14/2019  
Date

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