



jruble@elmcroft.com
MAILING DATE: October 24, 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 inspection on August 27, 2019 of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano". The signature is fluid and cursive.

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name : ELMCROFT OF STATE COLLEGE

License Number : 23374

Address : 150 FARMSTEAD LANE,, STATE COLLEGE, PA 16803

County : CENTRE

Region : NORTHEAST

Administrator

Name : Johanna Ruble

Phone : 8142357675

Email : jruble@elmcraft.com

Legal Entity

Name : EC OPCO SC LLC

Address : 5885 MEADOWS ROAD, SUITE 500, ECLIPSE SR LIV ATTN LICENSING, LAKE OSWEGO, OR, 97035

Certificate(s) of Occupancy

Type : 1-2

Date :

Issued By :

Staffing Hours

Resident Support Staff : 0

Total Daily Staff : 74

Waking Staff : 56

Inspection

Type : Partial

BHA Docket # :

Notice : Unannounced

Reason : Complaint

Inspection Dates and Department Representative

08/27/2019 - On-Site: Ryan Yankowy

Resident Demographic Data as of Inspection Dates

General Information

License Capacity : 60

Residents Served : 52

Secured Dementia Care Unit

In Home : Yes

Area : n/a

Capacity : 20

Residents Served : 17

Hospice

Current Residents : 7

Number of Residents Who:

Receive Supplemental Security Income : 0

Are 60 Years of Age or Older : 52

Diagnosed with Mental Illness : 0

Diagnosed with Intellectual Disability : 0

Have Mobility Need : 22

Have Physical Disability : 0

15a- Resident Abuse Report

Regulations

2600.

15. a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

Interviews with employees indicated that Resident #1's family member has been observed yelling at the resident during meal times. The staff also observed the family member grab resident #1's jaw in attempt to open the residents mouth. The alleged abuse was not reported to the the local area agency on aging.

09/18/2019 – Staff meeting with staff to review OAPSA slide presentations. Also staff reeducated on immediate report of suspect of abuse to supervisor immediately.

Ongoing: Administrator or designee will continue to provide training to all new hires and going training annually to all existing staff members.

Ongoing: Administrator/designee will continue to monitor and assure ongoing compliance

Legal Entity Representative

Johanna Rubk
Signature

Johanna Rubk Ops Spec 9.23.19
Printed Name and Title Date

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

The above plan of correction is approved as of 10-2-19 (Date) Plan of correction implementation status as of 10-2-19 (Date)

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

16c - Written Incident Report

Regulations

2600. 16. c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Interviews with employees indicated that Resident #1's family member has been observed yelling at the resident during meal times. The staff also observed the family member grab resident #1's jaw in attempt to open the residents mouth. The alleged abuse was not reported to the Department until 8/22/19.

Resident #2 had an order for Prednisolone 1% eye drops four times daily. The note from the doctor indicated not to take before surgery unless directed otherwise. The medication was administered on 8/9/19 at 9p, 8/7/19 & 8/9/19 at 7a, 11a, 5p & 9p, 8/8/19 at 7a, 5p & 9p. The medication error was not reported to the Department.

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.)

- 08/28/2019 - Management team was re-educated on ON-Time reportable incidents
09/16/2019 -Nursing team was trained to complete reporting of medication errors to DHS, resident, designated person for resident and the physician. Reviewed all 19 reportable events with staff so that reporting in the future will be sure to cover all the required items.
09/16/2019 - Nursing staff Trained on following physicians orders, ensuring that physician order is transcribed on MAR and on packaging so Med Techs can dispense medications as prescribed by physician. Med Tech in serviced to ensure 5 rights are correct prior to dispensing medications and will also review at our All Staff meeting in October 2019.
09/18/2019 - Staff meeting with staff to review OAPSA slide presentations. Also, staff reeducated on immediate report of suspect of abuse to supervisor immediately.
Ongoing: Administrator/designee will monitor for compliance.

Legal Entity Representative

Signature: Johanna Rubsk

Printed Name and Title: Johanna Rubsk Ops Spec

Date: 10-8-19

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The above plan of correction is approved as of 10-22-19 (Date)

The above plan of correction was approved by 10-22-19 (Initials)

08/27/2019

Vertical stamp: RIX

Plan of correction implementation status as of _____
(Date)

Fully Implemented

X Partially Implemented - Adequate Progress *ag*

Progress Partially Implemented -

Inadequate Progress Not Implemented

Page 3A of 11

42c - Treatment of Residents

Regulations

2600.

42. c. A resident shall be treated with dignity and respect.

Description of Violation

Interviews with employees indicated that Resident #1's family member has been observed yelling at the resident during meal times. The staff also observed the family member grab resident #1's jaw in attempt to open the residents mouth. The family member did not treat Resident #1 with dignity and respect.

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.)

09/18/2019 - Staff meeting was held and all staff were reeducated and in serviced on Resident Rights.

Ongoing: All new hirers will be trained on resident rights on first day of hirer. And continued annual training for all existing associates.

Ongoing: Administrator/designee will monitor for compliance.

The Administrator will ensure that all families and visitors are provided with the residents rights either upon admission or during visits. Family members and visitors may also be directed to the posted Resident Rights in the building. In the event of a problem where residents' rights are not being met, staff will initially counsel the person in question. A second offence may result in the visitor/family member only seeing the resident during supervised visits at the home. Further events may result in the visitor/family member being prevented from further visitation. 10-2-19

Legal Entity Representative

Johanna Rable
Signature

Johanna Rable Ops Spec 9.23.19
Printed Name and Title Date

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82c- Locking Poisonous Materials

Regulations

2600.
82. c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Men's speedstick and ultra brite toothpaste were unlocked and accessible in Room #407 of the memory care unit. The toiletries were labeled if swallowed contact a poison control center or doctor immediately.

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.)

08/28/2019 – All items were secured at the time of inspection.

09/18/2019 – All staff were reeducated on securing all poisonous materials in MC at all times.

Ongoing: Administrator/designee will do walk though daily to do random checks to ensure all poisonous items are secured in residents locked cabinet

Ongoing: Administrator/designee will monitor for compliance.

Legal Entity Representative

Johanna Ruble
Signature

Johanna Ruble Ops Spec 9/23/19
Printed Name and Title Date

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141a 1-10 Medical Evaluation Information

Regulations

2600. #1a . 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 #2's DME dated 5/9/19 does not indicate anything for health status and cognitive functioning.

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.)

08/28/2019 – Resident Service Director was reeducated on ensuring completion of DME, prescreening upon receipt.

09/30/2019 A full audit will be completed of all resident charts to ensure that all DME, prescreening are completed for accuracy.

Ongoing: Administrator will monitor all new DME/prescreening for completions.

Ongoing: Administrator will monitor for compliance.

Legal Entity Representative

Johanna Ruble
Signature

Johanna Ruble Ops. Spec 9.23.19
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183b - Meds and Syringes Locked

Regulations

2600. 183. b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

A bottle of systane eye drops were unlocked and unattended in Resident #2's bedroom on 8/8/19. The resident is unable 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.)

08/28/2019 - Nursing staff and med tech reeducated that all medications must be kept in a locked container.

Ongoing: Resident Service Director/designee will do weekly checks to ensure that all medication are secured at random times.

Ongoing: Administrator/designee to monitor for compliance.

Legal Entity Representative

Johanna Ruble
Signature

Johanna Ruble Ops Spec 9.23.19
Printed Name and Title Date

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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 #2 had an order for Prednisolone 1% eye drops four times daily. The note from the doctor indicated not to take before surgery unless directed otherwise. The medication was administered on 8/9/19 at 9p, 8/7/19 & 8/9/19 at 7a, 11a, 5p & 9p, 8/8/19 at 7a, 5p & 9p.

Repeat Violation: 3/7/19

Resident #2 has an order for gatifloxacin eye drops four times daily starting 8/23/19. The medication was not administered 8/23/19 at 9a and 8/24/19 at 5p & 9p.

Resident #2 had an order for 8/26/19 if the blood glucose is less than 150 do not administer any insulin. The blood glucose was 98 on 8/26/19, 12 units of insulin was administered.

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.)

08/28/2019 – Nursing staff was reeducated on medication administration per Elmcroft policies and medications error policy.

09/18/2019 All med tech staff were re-education at Staff meeting.

Ongoing: Resident Service Director/designee will do weekly MAR Audits to ensure that all medications are followed per prescribers orders.

Legal Entity Representative

Johanna Ruble
Signature

Johanna Ruble Ops Specialist 9.23.19
Printed Name and Title Date

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188b - Medication Error Reporting

Regulations

2600.
188. b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #2 had an order for Prednisolone 1% eye drops four times daily. The note from the doctor indicated not to take before surgery unless directed otherwise. The medication was administered on 8/9/19 at 9p, 8/7/19 & 8/9/19 at 7a, 11a, 5p & 9p, 8/8/19 at 7a, 5p & 9p. The medication error was not reported to the prescriber.

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.)

- 08/28/2019 - Management team was re-educated on ON-Time reportable incidents
- 09/16/2019 - Nursing team was trained to complete reports.
- 09/18/2019 - Staff meeting with staff to review OAPSA slide presentations. Also staff reeducated on immediate report of suspect of abuse to supervisor immediately.
- Ongoing: Administrator/designee will monitor for compliance.

Legal Entity Representative

[Signature]
Signature

Johanna Ruble Ops Specialist 9.23.19
Printed Name and Title Date

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231c - Preadmission Screening

Regulations

2600.
231. c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #1's cognitive pre-admission screening dated 6/13/19 doesn't indicate that the resident requires a memory care unit.

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.)

08/28/2019 - Resident Service Director was reeducated on ensuring completion of DME, prescreening upon receipt.

09/30/2019 A full audit will be completed of all resident charts to ensure that all prescreening are completed for accuracy.

Ongoing: Administrator will monitor all new prescreening for completions.

Ongoing: Administrator will monitor for compliance

Legal Entity Representative

Johanna Ruble

Signature

Johanna Ruble Ops Specialist 9/23/19

Printed Name and Title

Date

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234d - Support Plan Revision

Regulations

2600.

234. d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

Interviews with staff members indicated that Resident #1 is a two person assist for all transfers. The resident will also pinch his/her self and pull on the residents fingers. The home will try and keep something in the residents hands to prevent this. One of the residents family members is no longer able to be with the resident during feeding times and will be supervised in a common area while visiting the resident. Resident #1's RASP dated 6/14/19 has not been updated to reflect the residents current care needs.

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.)

08/28/2019 – Resident Service Director updated support plan during inspections.

09/30/2019 – Resident Service Director will complete audit of support plans to ensure that we have the most updated information.

Ongoing: Resident Service Director/designee will update all support plans as change of condition occurs.

Ongoing: Administrator/designee will monitor for compliance.

Legal Entity Representative

Johanna Ruble
Signature

Johanna Ruble Ops Specialist 9.23.19
Printed Name and Title Date

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