



pennsylvania
DEPARTMENT OF HUMAN SERVICES

casey.murphy@elmcroft.com
MAILING DATE: February 19, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 6, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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: *Casey Murphy*

Phone: *8142357675*

Email: *casey.murphy@elmcroft.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: *I-2*

Date:

Issued By:

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *71*

Waking Staff: *53*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint & Incident*

Inspection Dates and Department Representative

12/06/2019 - On-Site: Gerald Dumas

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60*

Residents Served: *49*

Secured Dementia Care Unit

In Home: *Yes*

Area: *NA*

Capacity: *20*

Residents Served: *16*

Hospice

Current Residents: *6*

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: *22*

Have Physical Disability: *1*

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

The home did not report an incident to the local Aging Protective Services Office which occurred on 11/19/19 at 7:45 a.m. Staff person A was observed uncovering the resident's bed covers roughly by tearing the covers off resident # 1, ripping depends off the resident and forcing the resident to one side. A shirt was also pulled off resident # 1.

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.)

An audit of all current staff personnel records will be completed by 2.29.2020 to ensure all current staff have initial and annual training on abuse and timely reporting.

Training: On 1.14.2020 (2pm) & 1.16.2020 (7am & 2pm) all staff trained on "Mandated Reporter/Abuse" by representatives from OAPSA – Brandy Lose and Quentin Burchfield. [See sign-in sheets/training documents addendum]

Administrator contacted OAPSA (Brandy Lose) on 2.5.2020 to schedule additional in-service on abuse and reporting by end of March 2020.

Ongoing: Administrator/Designee will continue to educate/conduct abuse reporting in-service for all new staff and continue to monitor and educate all staff for compliance.

Legal Entity Representative

Casey Murphy
Signature

Casey Murphy, Executive Director
Printed Name and Title

2.10.2020
Date

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

The above plan of correction is approved as of 2-10-2020
(Date)

Plan of correction implementation status as of 2-10-2020
(Date)

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

Implemented
 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

The home did not submit an incident report to this Department regarding an incident that occurred at the home on 11/19/19. Staff person "A" was observed by Staff Person "B" tearing the bed covers off resident # 1, ripping the residents depends off the resident and forcing the resident to one side. A shirt was also pulled off resident # 1.

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.)

An audit of all current staff personnel records will be completed by 2.29.2020 to ensure all current staff have initial and annual training on abuse and timely reporting.

Training: On 1.14.2020 (2pm) & 1.16.2020 (7am & 2pm) all staff trained on "Mandated Reporter/Abuse" by representatives from OAPSA – Brandy Lose and Quentin Burchfield. [See sign-in sheets/training documents addendum]

Administrator contacted OAPSA (Brandy Lose) on 2.S.2020 to schedule additional in-service on abuse and reporting by end of March 2020.

Ongoing: Administrator/Designee will continue to monitor for compliance that all allegations of abuse are reported timely.

Legal Entity Representative

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Signature

Casey Murphy, Executive Director
Printed Name and Title

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42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 11/20/19 at 4:45 a.m. direct care staff "B" and "C" witnessed staff person "A" being physically rough with resident # 1 shoving the resident, slapping and punching resident # 1. A shove was made to the center mass of the resident's body, slapping made to the resident's arm and punching made to the resident's shoulder.

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 11.21.2019 Staff person "A" immediately put on administrative leave and ultimately resigned from position same day of abuse allegation. Beginning week of 2.10.2020, Administrator will interview 3 residents a week for 3-week period to verify residents have no concerns with quality of care.

An audit of all current staff personnel records will be completed by 2.29.2020 to ensure all current staff have initial and annual training on abuse and timely reporting.

All current staff trained on 1.14.2020 (2pm) & 1.16.2020 (7am & 2pm): "Mandated Reporter/Abuse" by representatives from OAPSA - Brandy Lose and Quentin Burchfield. [See sign-in sheets/training documents addendum].

Administrator contacted OAPSA (Brandy Lose) on 2.5.2020 to schedule additional in-service on abuse and reporting by end of March 2020.

Ongoing: Administrator and or designee will conduct interviews of 3 residents each month and results of interviews will be reviewed monthly at QA meeting.

Ongoing: Administrator/Designee will continue to monitor compliance.

Legal Entity Representative

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Signature

Casey Murphy, Executive Director
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42c - Treatment of Residents

Regulations

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 11/19/19 at 7:45 a.m. Resident # 1 became combative. Staff Person "A" was observed by Staff Person "D" as uncovering the resident roughly by tearing the covers off the resident. Staff person "A" then proceeded to rip the residents depends off the resident forcing the resident to one side. Staff person "A" also pulled the residents shirt off the resident roughly. The resident was not treated with dignity or respect.

Plan of Correction (POC)

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Action: On 11.21.2019 Staff person "A" immediately put on administrative leave and ultimately resigned from position same day of abuse allegation. Beginning week of 2.10.2020, Administrator will interview 3 residents a week for 3-week period to verify residents have no concerns with quality of care.
An audit of all current staff personnel records will be completed by 2.29.2020 to ensure all current staff have initial and annual training on abuse and timely reporting.

All current staff trained on 1.14.2020 (2pm) & 1.16.2020 (7am & 2pm): "Mandated Reporter/Abuse" by representatives from OAPSA – Brandy Lose and Quentin Burchfield. [See sign-in sheets/training documents addendum]
Administrator contacted OAPSA (Brandy Lose) on 2.5.2020 to schedule additional in-service on abuse and reporting by end of March 2020.

Ongoing: Administrator and or designee will conduct interviews of 3 residents each month and results of interviews will be reviewed monthly at QA meeting.

Ongoing: Administrator/Designee will continue to monitor compliance.

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162b - Missed Meals

Regulations

2600. 162.b. When a resident misses a meal, food adequate to meet daily nutritional requirements shall be available and offered to the resident.

Description of Violation

On the evening of 12/5/19, direct care staff did not re-approached resident # 2 who had earlier declined her meal because the resident was not feeling well. Resident # 2 was not provided an evening meal.

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.)

12.5.2019: Care Staff was made aware by family member that same evening that Resident #2 did not eat. Care Staff offered to provide meal, ~~family member declined~~.

Training: (12.18.2019 @ 2pm; 1.15.2020 @ 7am & 2pm) Administrator reeducated all staff on regulation 162b and proper documentation/follow-up of daily meal attendance, including meal refusal/tray delivery (including sick trays). [See sign-in sheets/training documents addendum]

Ongoing: Administrator/designee will monitor for compliance with the use of electronic documentation system that all residents have adequate and available nutrition.

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