pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **EC OPCO ALLISON PARK LLC**
LEGAL ENTITY

To operate **ELMCROFT OF ALLISON PARK**
NAME OF FACILITY OR AGENCY

Located at **2224 WALTERS ROAD, ALLISON PARK, PA 15101**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE — ADDRESS OF SATELLITE SITE

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To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **95**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions:

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **January 10, 2020** until **January 10, 2021**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **449000**

Robert E. Robinson
ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 7/19

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: January 13, 2020

Ms. Johanna Ruble
Executive Director
EC OPCO Allison Park, LLC
500 N Hurstbourne Parkway, Ste. 200
Louisville, Kentucky 40222

RE: Elmcroft of Allison Park
2224 Walters Road
Allison Park, Pennsylvania 15101
License/COC #: 449000

Dear Ms. Ruble:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on October 28, 2019 and December 27, 2019, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

RECEIVED
12/11/19
Western Region Field Office
Bureau of Human Services Licensing

Violation Report

Facility Information

Name: *ELMCROFT OF ALLISON PARK* License Number: *44900*
Address: *2224 WALTERS ROAD,, ALLISON PARK, PA 15101*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: *SHONTE ALLEN* Phone: *4124876925* Email: *Shonte.allen@elmcroft.com*

Legal Entity

Name: *EC OPCO ALLISON PARK LLC*
Address: *5885 MEADOWS ROAD, SUITE 500, ECLIPSE SR LIV ATTN LICENSING, LAKE OSWEGO, OR, 97035*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/07/1997* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *74* Waking Staff: *56*

Inspection

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

Inspection Dates and Department Representative

10/28/2019 - On-Site: Joe Eveges, Laurie Garrigan, Vicki Siegert

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *95* Residents Served: *55*

Secured Dementia Care Unit

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

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0*
Are 60 Years of Age or Older: *55*
Diagnosed with Mental Illness: *3*
Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *19*
Have Physical Disability: *0*

54a - Direct Care Staff

Regulations

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, hired 1/4/18, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction (POC)

11-15-19 Removed staff person A from direct care when state inspector J.Eveges informed community the F-1 was not acceptable form of documentation of high school diploma due to "statement unenrolled in semester"

By 12-06-19 an audit of all employee files will be completed to ensure all director care staff has Diploma or transcripts on file. Documentation will be kept.
11-15-19 Leadership team trained on regulation 2600-54a by Executive Director/Administrator

Executive Director and or designee will monitor compliance with all new hire director care staff. SE 12/13/19

Documentation shall be kept.

Legal Entity Representative

Signature

Shonta Allan ED 11-27-19

Printed Name and Title Date

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

The above plan of correction is approved as of 12/13/19 (Date)

The above plan of correction was approved by SE (In

Plan of correction implementation status as of 1/9/20 (Date)

☒ Implemented

☐ Not Implemented

65a - FS Orientation 1st Day

Regulations

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Direct care staff B, hired 1/15/19, did not receive training in any training topics specified in 2600.65a.

Plan of Correction (POC)

10-29-19 Staff person B was retrained on fire safety and emergency preparedness Reg 65a

By 12-06-19 An audit of all employee training files will be conducted to ensure all of first day training completed and documentation on file.

11-22-19 Leadership team was trained by Executive Director on Regulation 65a.

Executive Director or designee will monitor compliance for 65a with all new hires. Documentation will be kept.

Legal Entity Representative

Signature

Shonta Allen ED 11-27-19

Printed Name and Title Date

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65b - R se 40 Hours

Regulations

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Direct care staff B, hired 1/15/19, did not receive training in any training topics specified in 2600.65b.

Plan of Correction (POC)

10-29-19 Staff person B was retrained on Resident rights, Emergency Medical Plan, Abuse reporting and incident reports Reg 65b

By 12-06-19 an audit of all employee training files will be conducted to ensure have documentation of training on Reg 65b

11-22-19 Leadership team will be trained by Executive Direct on Regulation 65b

Executive Director or designee will monitor compliance for 65b with all new hires. Documentation will be kept.

Legal Entity Representative

Signature

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81b - Resident Personal Equipment

Regulations

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The bed enabler attached to resident #1's bed was unsecured. The enabler moved approximately 2" toward the head of the bed and ½" toward the foot of the bed, posing a potential entrapment/fall hazard.

Plan of Correction (POC)

11-21-19 Area Director of Maintenance secured halo properly.
11-14-19 All staff Trained on proper placement and securing of Halo by Maintenances Director and Administrator
By 12-6-19 all staff will be re-educated on fall prevention by an outside agency (therapy company). Training will include use of bed alarms, enablers, assisted bar, assistive devices, fall mats, techniques for repositioning and transferring.
Staff will monitor each Halo/enabler device to ensure device is secured to bed properly daily and on each shift as part of their regular duties.
Executive Director, Maintenance Director and or designee will monitor Halo devices daily to ensure device is properly secured. Documentation will be kept.
in accordance with the manufacturer's directions SE 12/13/19

Legal Entity Representative

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82a - Poisonous Materials

Regulations

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

There was no product label on the clear plastic spray bottle in the cabinet under the sink in the activities room. The bottle contained a light blue liquid and was marked "Glass Force Glass Cleaner".

Plan of Correction (POC)

10-28-19 clear plastic bottle disposed of immediately by staff

11-14-19 All staff educated/trained on regulation 82a all chemicals must be in original containers

Executive Director and or designee will walk building at a minimum of daily to ensure all poisonous materials are stored in original labeled containers. Documentation will be kept.

Legal Entity Representative

Signature

Shonte Allen ED 11-27-19

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82b - Po Material Storage

Regulations

2600.

82.b. Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

Description of Violation

The following items were stored together in the cabinet under the sink in the activities room:

* 1 box of 50 Swiss Miss hot chocolate packets, approximately ¾ full

* 1 18 ounce bottle of Dawn dish washing liquid, approximately ½ full

* A clear plastic spray bottle containing a light blue liquid marked "Glass Force Glass cleaner" without the original label

Plan of Correction (POC)

10-28-19 box of hot chocolate and unlabeled Spray bottle was immediately disposed of by staff

11-14-19 All staff educated/trained on regulation 82a. All poisonous material must be stored separately from food by Executive Director.

Executive Director and or designee will walk building at a minimum of daily to ensure all poisonous materials are not stored with food items. Documentation will be kept

Legal Entity Representative

Signature

Shonta Allen ED 11-27-19

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85a - Sanitary Conditions

Regulations

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

A white bath towel was on the floor between the toilet and the wall in the shared bathroom between bedroom #309 and bedroom #311.

An an accumulation of dirt and dust was on the exhaust fan in the shared bathroom between bedroom #309 and #311.

Plan of Correction (POC)

10-18-19 white towel immediately removed from bathroom floor by staff, and exhaust fan was cleaned in room 311&309 by staff.

11-14-19 All staff educated/trained on regulation 85a by Executive director

Executive Director and or designee will do daily walks of building/resident's rooms and bathrooms to ensure sanitary conditions are maintained. Documentation will be kept.

Legal Entity Representative

Signature | Shonta Allan ED 11-27-19 Printed Name and Title / Date

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88a - Surfaces

Regulations

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

A section of ceiling, approximately 12" X 8", was water damaged and brown in the bathroom of resident #4's bedroom.

Plan of Correction (POC)

11-22-19 Resident 4 ceiling was repaired (see picture)

11-22-19 Leadership trained on regulation 88a all walls and ceiling will be in good repair by Executive Director

Executive Director and or designee will do daily inspection of resident rooms and bathrooms. Documentation will be kept.

Legal Entity Representative

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91 - Telephone Numbers

Regulations

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There were no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone on the desk in the activities room.

Plan of Correction (POC)

10-28-19 Emergency phone Number were posted on activity room phone. (see Picture)
11-20 19-Staff conducted a walkthrough of community to ensure emergency numbers were posted on all phones.

11-14-19 all staff trained on regulation Emergency Telephone numbers posted on phones

Housekeeping, Executive Director and or designee will monitor weekly all phones to ensure they have emergency numbers posted on or by telephones with an outside line. Documentation will be kept.

Legal Entity Representative

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101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

No operable lamp or other source of lighting which can be turned on/off at bedside was present in resident #1's bedroom.

Plan of Correction (POC)

10-28-19 resident #1 touch light was removed from drawer and placed in reach on top of night stand

By 12-06-19 all staff and residents will be educated on regulation 101j, operating light source at bedside by Executive Director

Executive Director and/or designee will check residents' rooms at a minimum daily to ensure operational light source at bed side. Documentation will be kept.

Legal Entity Representative

Signature | Shonta Allen ED | 11-27-19

Printed Name and Title | Date

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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

A used, unlabeled bar of soap was on the sink in the shared bathroom by bedroom #306 and bedroom #308.

Plan of Correction (POC)

10-28-19 soap was disposed of immediately by staff.

11-1-19 labeled Soap dishes provided to all residents

11-14-19 Staff was in serviced on 102i by Executive Director

Executive Director and or designee will monitor daily shared rooms, common bathroom/shower areas for proper soap storage and labeling. Documentation will be kept.

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103f - Refrigerator/Freezer Temps

Regulations

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the kitchen milk cooler.

Plan of Correction (POC)

10-28-19 Kitchen staff immediately replaced thermometer. (see Picture)

11-1-19 Kitchen staff was in serviced on proper placement of thermometers in all refrigerators and freezers by executive director.
Thermometer placement will be verified daily with temperature checks on daily temperature log.

Executive Director, Dining Services Director and/ or designee will monitor daily for compliance.

Legal Entity Representative

Signature

Shonta Allen ED 11-27-19
Printed Name and Title Date

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☐ Not Implemented

103i - Outdated Food

Regulations

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

The following items were unlabeled and undated in the upright stainless-steel double door freezer located in the home's kitchen:

* 1 clear plastic bag containing approximately 20 sausage links

* 2 angel food cakes

Plan of Correction (POC)

10-28-19 dining staff immediately disposed of bag with angel food cake, and sausage.

11-1-19 training conducted with all dining staff on regulation 103i proper labeling of food by Executive Director

Dining Service Director, Executive Director and or designee will monitor compliance daily. Documentation will be kept.

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

The bottom right side of the threshold on the dining room's emergency exit door was stuck and could not be opened by inspectors or the administrator.

Repeat Violation: 12/13/18 et al

Plan of Correction (POC)

10-28-19 Maintenance Director immediately corrected dining room emergency door.

11-22-19 All leadership trained on regulation 121a Egress must be unobstructed by Executive Director

Executive Director or designee will do rounds at a minimum daily on community exit doors to ensure proper functioning. Documentation will be kept.

Legal Entity Representative

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☐ Not Implemented

125a - Combustible Storage

Regulations

2600.
125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

There were multiple boxes stacked near the furnace in the furnace room off dining room, to include the following:

* 1 box approximately 1" away

* 6 boxes approximately 7" away

* 3 boxes approximately 13" away

Repeat Violation: 12/13/18 et al

Plan of Correction (POC)

10-28-19 Boxes were removed at the time of inspection by Maintenance Director

11-22-19 Leadership team educated on regulation 125a by Executive Director

Executive director, Maintenance Director and or designee will do daily checks of utility rooms/closets to ensure there are no combustibles near any heat source or hot water heaters. Documentation will be kept

Legal Entity Representative

Signature

Shonte Allen ED 11-27-19
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☒ Implemented

☐ Not Implemented

141b1 - Annual Medical Evaluation

Regulations

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on 6/19/19; however, his previous medical evaluation was completed on 5/7/18.

Resident #2's most recent medical evaluation was completed on 4/24/19; however, her previous medical evaluation was completed on 3/24/18.

Resident #1's most recent medical evaluation, dated 6/19/19, does not include special health or dietary needs. This section of the form is blank.

Resident #3's most recent medical evaluation, dated 2/22/19, does not include special health or dietary needs and body positioning/movement assessment. These sections of the form are blank.

Plan of Correction (POC)

By 12-06-19 An audit of all current resident Medical Evaluation will be conducted.

11-22-19 Executive Director educate/trained nursing staff on regulation 141b residents shall have a medical evaluation annually and completed in its entirety.

Executive Director or designee with monitor all new residents Medical evaluation(DME) for timeliness and completeness with use of tickler system

Resident #1 and #3's DME's were udated 10/29/19.

SE 12/13/19

Legal Entity Representative

Signature | Shonta Allen ED 11-27-19 Printed Name and Title Date

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