



pennsylvania
DEPARTMENT OF HUMAN SERVICES

heather.hetrick@elmcroft.com
MAILING DATE: May 12, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 11, 2020 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, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *ELMCROFT OF READING*

License Number: 22716

Address: 9 COLIN COURT., READING, PA 19606

County: BERKS

Region: NORTHEAST

Administrator

Name: ~~Cassie Cain~~ *Heather Hetrick* Phone: 6103702211

Email: ~~cassie.cain@elmcroft.com~~ *heather.hetrick@elmcroft.com*

Legal Entity

Name: EC OPCO READING 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:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 50

Waking Staff: 38

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint*

Inspection Dates and Department Representative

03/11/2020 - On-Site: *Amy Deluca*

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 70

Residents Served: 44

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 40

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 6

Have Physical Disability: 0

227c - Support Plan Revision

Regulations

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #1 began receiving hospice services for a diagnosis of senile degeneration of the brain on 12/17/2019. The home did not develop a new support plan to describe the amended needs of the resident and develop a plan to meet those 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.)

3/11/20- Resident #1 was no longer living in the community, and therefore, a new assessment and support plan were not able to be developed at the time of inspection.

3/18/20- Support Nurse was educated by Administrator on regulation, reason for regulation, and how to comply with regulation (see attached sign-in sheet).

3/30/20 & On-going- Support plans for all residents on hospice were audited to ensure support plans are updated to reflect current hospice services. All support plans are in compliance.

3/30/20- Care plan updates are discussed at morning meeting Monday-Friday and Resident Services Director or designee updates support plan as needed upon notification of changes.

4/16/20- All community managers were educated on the regulation, including the intention of the regulation. Managers (and all staff) are encouraged to communicate with nursing department when they notice changes or updates that should be communicated to all staff with expectation that support plans be updated (see attached sign-in sheet).

4/22/20- Associates will be educated at monthly meeting on regulation, importance of regulation, and communicating changes in residents to nursing, or designee, for updates to support plan to be completed.

5/31/20- The Resident Services Director will audit all residents' support plans for updates and accuracy.

On-going monthly- Executive Director, Resident Services Director, or designee will complete random audits on RASP's to ensure they accurately reflect residents' needs. Results of the audits will be reviewed during Quality Assurance meetings.

Legal Entity Representative

Heather Hetrick
Signature

Heather Hetrick, Executive Director
Printed Name and Title

5/6/2020
Date

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The above plan of correction is approved as of 5-6-2020
(Date)

Plan of correction implementation status as of 5-6-2020
(Date)

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

Implemented
 Not Implemented