



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email: bkelly@elmcroft.com
MAILING DATE: May 22, 2020

Mr. Christian N. Cummings
President
EC Opco Mid Valley, LLC
Eclipse SR Liv ATTN Licensing
5885 Meadows Road, Suite 500
Lake Oswego, Oregon 97035

RE: Elmcroft of Mid Valley
89 Sturges Road, P.O Box 116
Peckville, Pennsylvania 18452
License #: 227180

Dear Mr. Cummings:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 20, 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 MID VALLEY*

License Number: 22718

Address: *89 STURGES ROAD, PO BOX 116, PECKVILLE, PA 18452*

County: *LACKAWANNA*

Region: *NORTHEAST*

Administrator

Name: *Barbara Kelly*

Phone: *5703839090*

Email: *BKelly@elmcroft.com*

Legal Entity

Name: *EC OPCO MID VALLEY 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: *41*

Total Daily Staff: *82*

Waking Staff: *62*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

Inspection Dates and Department Representative

03/20/2020 - Off-Site: Corey Pica

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *0*

Residents Served: *0*

Secured Dementia Care Unit

In Home: *Yes*

Area: *Memory Care*

Capacity: *50*

Residents Served: *41*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *41*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *41*

Have Physical Disability: *0*

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 3/17/2020, Resident 1 was bit on his left hand by Resident 2 causing an injury to his left hand. Resident 1 was seen by a doctor and treated with antibiotics, tetanus shot, and a band-aide for his injury.

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.)

Resident has not exhibited any aggressive behaviors since incident. Resident #1 does suffer from advanced dementia and has limited understanding of what occurred. Staff trained on dementia and re-directing, watching for signs that could lead to aggressive behaviors. Resident Services Director and Executive Director / Designee will continue to monitor all resident behaviors. Staff again will be re-educated by 5/30/2020 on signs that could lead to aggressive behaviors.

Legal Entity Representative

Barbara Kelly
Signature

Barbara Kelly Executive Director 4/30/20
Printed Name and Title Date

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The above plan of correction is approved as of 5-21-20
(Date)

Plan of correction implementation status as of 5-21-20
(Date)

- Implemented
- Not Implemented

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