



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: cassie.cain@elmcroft.com
MAILING DATE: May 27, 2020

Mr. Christian N. Cummings
President of EC Opco Loyalsock, LLC
Eclipse SR LIV ATTN LICENSING
5885 Meadows Road, Suite 500
Lake Oswego, Oregon 97035

RE: Elmcroft of Loyalsock
2985 Four Mile Drive
Montoursville, Pennsylvania 17754
License #: 227190

Dear Mr. Cummings:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 25, 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 that reads "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *ELMCROFT OF LOYALSOCK*

License Number: *22719*

Address: *2985 FOUR MILE DRIVE, MONTOURSVILLE, PA 17754*

County: *LYCOMING*

Region: *NORTHEAST*

Administrator

Name: *Cassie Cain*

Phone: *5703682076*

Email: *cassie.cain@elmcroft.com*

Legal Entity

Name: *EC OPCO LOYALSOCK 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: *44*

Waking Staff: *33*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint,Incident*

Inspection Dates and Department Representative

03/25/2020 - Off-Site: Amy Deluca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *90*

Residents Served: *38*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *38*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *6*

Have Physical Disability: *0*

182c - Medication Administration

Regulations

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

On 1/29/2020, staff person A mistakenly administered another resident's medications to 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.)

On 4.29.2020 and 4.30.2020 MedTechs and nurses were retrained on the 5 rights of medication administration as well as regulation 182c by the Executive Director and Resident Service Director. See attached. We will ensure that there are quarterly observations by a licensed nurse or certified train the trainer.

The ED or designee will ensure MedTechs and Nurses get trained on the 5 rights of medication administration annually or as needed.

Legal Entity Representative

Cassie Cain Ops Spec
Signature

Cassie Cain Ops Spec
Printed Name and Title

5.5.2020
Date

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The above plan of correction is approved as of 5-26-20
(Date)

Plan of correction implementation status as of 5-26-20
(Date)

- Implemented
- Not Implemented

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

