

Department of Human Services
Bureau of Human Service Licensing

October 26, 2020

CHRISTIAN CUMMINGS, PRESIDENT
EC OPCO ALLISON PARK LLC
5885 MEADOWS ROAD, SUITE 500
ECLIPSE SR LIV ATTN LICENSING
LAKE OSWEGO, OR 97035

RE: ELMCROFT OF ALLISON PARK
2224 WALTERS ROAD
ALLISON PARK, PA, 15101
LICENSE/COC#: 44900

Dear Mr. Cummings,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 10/23/2020 of the above facility, no regulatory citations have been identified as a result of this inspection.

Sincerely,
Jody Garvey

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: *ELMCROFT OF ALLISON PARK* License #: *44900* License Expiration Date: *01/10/2021*
 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*
 Phone: *4124876925* Email: *LICENSING@ECLIPSESENIORLIVING.COM*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/07/1997* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *43* Waking Staff: *32*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *10/23/2020*

Inspection Dates and Department Representative

10/23/2020 - On-Site: Laurie Garrigan

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *95* Residents Served: *39*

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: *39*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *4* Have Physical Disability: *3*

Inspections / Reviews

10/23/2020 - Partial

Lead Inspector: *Laurie Garrigan* Follow-Up Type: *Not Required*

No Deficiencies Identified