

Department of Human Services  
Bureau of Human Service Licensing

March 23, 2021

[REDACTED] PRESIDENT  
EC OPCO LOYALSOCK LLC  
5885 MEADOWS ROAD, SUITE 500  
ECLIPSE SR LIV ATTN LICENSING  
LAKE OSWEGO, OR 97035

RE: ELMCROFT OF LOYALSOCK  
2985 FOUR MILE DRIVE  
MONTOURSVILLE, PA, 17754  
LICENSE/COC#: 22719

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/21/2020, 12/23/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Michele Moskalczyk  
Human Services Licensing Supervisor

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 LOYALSOCK      **Licen e #:** 22719      **Licen e Expiration Date:** 07/03/2021  
**Addr e :** 2985 FOUR MILE DRIVE, MONTOURSVILLE, PA 17754  
**County:** LYCOMING      **Region:** NORTHEAST

**Administrator**

**Name:** [REDACTED]      **Phone:** 5703682076      **Email:**  
[REDACTED]

**Legal Entity**

**Name:** EC OPCO LOYALSOCK LLC  
**Address:** 5885 MEADOWS ROAD, SUITE 500, ECLIPSE SR LIV ATTN LICENSING, LAKE OSWEGO, OR, 97035  
**Phone:** 5703682076      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 09/22/1999      **Issued By:** L&I

**Staffing Hours**

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

**Inspection**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Rea on:** Incident      **Exit Conference Date:** 12/21/2020

**Inspection Dates and Department Representative**

12/21/2020 - On-Site: [REDACTED]  
12/23/2020 Off Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 90      **Residents Served:** 37

**Secured Dementia Care Unit**

**In Home:** No      **Area:**      **Capacity:**      **Re ident Served:**

**Hospice**

**Current Residents:** 2

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 37  
**Diagnosed with Mental Illness:** 1      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 6      **Have Physical Disability:** 1

## Inspections / Reviews

12/21/2020 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *02/22/2021*

3/7/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/10/2021*

3/23/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
  - 1 A general physical examination by a physician, physician’s assistant or nurse practitioner.
  - 2 Medical diagnosis including physical or mental disabilities of the resident, if any.
  - 3 Medical information pertinent to diagnosis and treatment in case of an emergency.
  - 4 Special health or dietary needs of the resident.
  - 5 Allergies.
  - 6 Immunization history.
  - 7 Medication regimen, contraindicated medications, medication side effects and the ability to self administer medications.
  - 8 Body positioning and movement stimulation for residents, if appropriate.
  - 9 Health status.
  - 10 Mobility assessment, updated annually or at the Department’s request.

Description of Violation

The medical evaluation form dated 1/21/20 for resident #1 was missing the following information: height, temperature, body positioning, and mobility needs.

Plan of Correction

Accept

2-4-21 A new DME for Resident #1 obtained (Copy attached)  
 2-2-21 and 2-3-21 Administrator audited all current residents DME's for completeness.  
 12-21-2020 Administrator/ Executive Director retrained/educated Resident Services Director/nurse on regulation 141a with emphasis on each section of DME is addressed and completed (Training sign-in sheet attached)  
 Administrator and or designee will review all new DME's for completeness and timeliness moving forward.  
 Completion Date: 02/04/2021

Document Submission

Implemented

Administrator audited all DME's for completeness. Three DME's were found to have missing information. New DME's requested and will be audited upon receipt of same for completeness.

227d - Support Plan Medical/Dental

1. Requirements

2600.

- 227.d. Each home shall document in the resident’s support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The support plan dated 11/28/20 was not updated to reflect that the resident requires a female staff person to provide showering assistance. It was also not updated to reflect the cognitive needs of the resident regarding an incident in which the resident reported being threatened by a male staff person during showering.

227d - Support Plan Medical/Dental (continued)

**Plan of Correction**

**Accept**

*1-9-21 Resident #1's Support Plan was updated. (Copy attached)*

*An Audit of all current residents' support plan will be conducted to ensure all support plan/profile/plan of care are up to date and accurate by 3-15-21.*

*12-21-20 Administrator/ Executive Director retrained/educated Resident Services Director/nurse on regulation 227d keeping support plan current accurate and timely. (Training sign-in sheet attached)*

*Executive Director/administrator , or designee, will review support plan for accuracy at a minimum of monthly.*

**Completion Date:** 03/15/2021

**Document Submission**

**Implemented**

*Administrator audited all Support Plans to ensure accuracy of same and that all information is up to date. Support Plans updated in real time with any changes of condition, new information, etc.*