

Department of Human Services  
Bureau of Human Service Licensing

March 19, 2021

██████████ VICE PRESIDENT & TREASURER  
EC OPCO REEDSVILLE LLC  
5885 MEADOWS ROAD, SUITE 500  
ECLIPSE SR LIV ATTN LICENSING  
LAKE OSWEGO, OR 97035

RE: ELMCROFT OF REEDSVILLE  
55 CARRIAGE HOUSE LANE  
REEDSVILLE, PA, 17084  
LICENSE/COC#: 33378

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/26/2021, 01/27/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Gloria Emick

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

**Name:** *ELMCROFT OF REEDSVILLE*      **Licen e #:** *33378*      **Licen e Expiration Date:** *08/01/2021*  
**Addr e :** *55 CARRIAGE HOUSE LANE, REEDSVILLE, PA 17084*  
**County:** *MIFFLIN*      **Region:** *CENTRAL*

**Administrator**

**Name:** [REDACTED]      **Phone:** *7176679380*      **Email:** [REDACTED]

**Legal Entity**

**Name:** *EC OPCO REEDSVILLE LLC*  
**Address:** *5885 MEADOWS ROAD, SUITE 500, ECLIPSE SR LIV ATTN LICENSING, LAKE OSWEGO, OR, 97035*  
**Phone:** *7176679380*      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** *C-2 LP*      **Date:** *10/13/1998*      **Issued By:** *Labor and Industry*

**Staffing Hours**

**Re ident Support Staff:** *0*      **Total Daily Staff:** *37*      **Waking Staff:** *28*

**Inspection**

**Type:** *Partial*      **Notice:** *Unannounced*      **BHA Docket #:**  
**Reason:** *Incident*      **Exit Conference Date:** *01/27/2020*

**Inspection Dates and Department Representative**

*01/26/2021 - Off-Site:* [REDACTED]  
*01/27/2021 - Off-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** *72*      **Residents Served:** *31*

**Secured Dementia Care Unit**

**In Home:** *No*      **Area:**      **Capacity:**      **Residents Served:**

**Hospice**

**Current Re ident :** *0*

**Number of Residents Who:**

**Receive Supplemental Security Income:** *0*      **Are 60 Years of Age or Older:** *31*  
**Diagnosed with Mental Illness:** *1*      **Diagnosed with Intellectual Disability:** *0*  
**Have Mobility Need:** *6*      **Have Physical Disability:** *3*

## Inspections / Reviews

01/26/2021 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *03/04/2021*

3/9/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/12/2021*

3/19/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

**187a - Medication Record****1. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

10. Duration of therapy, if applicable.

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

**Description of Violation**

*The medication administration record for Resident 1 does not include the duration for Cefdinir 300 mg capsule or a diagnosis or purpose for the medication.*

**Plan of Correction****Accept**

*All MAR's audited on 01/28/2021 on all current residents to verify duration of therapy is specified and has a diagnosis/purpose for medication.*

*All nursing staff and medication technicians will be re-trained on Regulation 2600.187.a. and the importance of verifying duration of therapy and diagnosis/purpose for medication by March 12, 2021 and will be part of the medication technician training for new hires. Administrator and/or designee will review MAR weekly with medication audits and results will be reviewed at monthly QA meeting.*

**Completion Date:** 03/12/2021

**Document Submission****Implemented**

*I have attached our Medication Technician training attendance sheet in which violation was discussed. All steps have been completed.*

**187d - Follow Prescriber's Orders****1. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

*Resident 1 was prescribed Cefdinir 300 mg capsule, 1 capsule twice daily. This medication was not given on 1/13/2021 at 7am but was given at 7pm with another, newly prescribed medication.*

**Plan of Correction****Accept**

*All nursing staff and medication technicians will be re-trained on regulation 2600.187.d to ensure staff understand the importance of following the directions of the provider will be completed by March 12, 2021. Administrator and/or designee will monitor for compliance with weekly medication audits and reviewed and monthly QA meeting.*

**Completion Date:** 03/12/2021

**Document Submission****Implemented**

*I have attached our Medication Technician training attendance sheet in which violation was discussed. All steps have been completed.*