

Department of Human Services
Bureau of Human Service Licensing

March 19, 2021

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

RE: ELMCROFT OF STATE COLLEGE
150 FARMSTEAD LANE
STATE COLLEGE, PA, 16803
LICENSE/COC#: 23374

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/28/2021 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 STATE COLLEGE* License #: *23374* License Expiration Date: *07/03/2021*
Address : *150 FARMSTEAD LANE, STATE COLLEGE, PA 16803*
County: *CENTRE* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *8142357675* Email: [REDACTED]

Legal Entity

Name: *EC OPCO SC LLC*
Address: *5885 MEADOWS ROAD, SUITE 500, ECLIPSE SR LIV ATTN LICENSING, LAKE OSWEGO, OR, 97035*
Phone: *8142357675* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *08/02/2010* Issued By: *Centre Count Code Admin*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *52* Waking Staff: *39*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint,Incident* Exit Conference Date: *01/28/2021*

Inspection Dates and Department Representative

01/28/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* Residents Served: *30*

Secured Dementia Care Unit

In Home: *Yes* Area: *0* Capacity: *20* Residents Served: *14*

Hospice

Current Resident : *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *30*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *22* Have Physical Disability: *0*

Inspections / Reviews

01/28/2021 - 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: *03/12/2021*

3/19/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

- 15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701 10225.707) and 6 Pa. Code § 15.21 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 12/27/20, Staff person C reported an allegation of sexual assault to Staff person B, involving Resident #1. However, this allegation of abuse was not reported as required by Older Adult Protective Services Act.

Plan of Correction

Accept

All allegation of abuse will be reported as required. Completed 01.28.21

Re training for all staff including leadership regarding requirements for reporting abuse.

Completion Date: 03/12/2021

Update - 03/07/2021

Please send/Attach proof of staff training regarding ongoing compliance with this regulation.

Document Submission

Implemented

Training completed with leadership

15b - Supervisor Plan

1. Requirements

2600.

- 15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 12/27/20, home became aware of an allegation of abuse involving staff person A. The home did not take appropriate actions with Staff person A to reduce the immediate risk to Resident #1.

Plan of Correction

Accept

A plan will be developed and implemented immediately for supervision or suspension of the staff person involved in the alleged incident. Completed 01.28.21

Re training for all leadership regarding developing and implementing immediately for supervision or suspension of the staff person involved in the alleged incident.

Completion Date: 02/28/2021

Update - 03/07/2021

Please send/Attach proof of staff training regarding ongoing compliance with this regulation.

Document Submission

Implemented

Training completed with leadership

15c - Supervision

1. Requirements

2600.

- 15.c. The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

15c - Supervision (*continued*)**Description of Violation**

On 12/27/20, Staff person C reported an allegation of abuse by Staff person A to Staff person B. The home did not submit a plan of supervision to the Department as required.

Plan of Correction**Accept**

A plan will be immediately submitted to the Department's personal care home regional office for supervision or notice of suspension of the affected staff person. Completed by 01.28.21

Re training for all leadership regarding immediately submitting a plan to the Department's personal care home regional office for supervision or notice of suspension of the affected staff person.

Completion Date: 02/28/2021

Update - 03/07/2021

Please send/Attach proof of staff training regarding ongoing compliance with this regulation.

Document Submission**Implemented**

leadership training completed

15d - Resident Abuse-Notification

1. Requirements

2600.

- 15.d. The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

Description of Violation

On 12/27/20, the home received a report of suspected abuse involving resident #1. The home did not notify resident #1 POA.

Plan of Correction**Accept**

Resident and the resident's designated person will be immediately notified of a report of suspected abuse or neglect. Completed 01.28.21

Re training for all leadership regarding immediately notified of a report of suspected abuse or neglect. By 2.28.21

Completion Date: 02/28/2021

Update - 03/07/2021

Please send/Attach proof of staff training regarding ongoing compliance with this regulation.

Document Submission**Implemented**

Training completed

16c - Written Incident Report

1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

16c - Written Incident Report (continued)

Description of Violation

On 12/27/20, the home was made aware of an allegation of abuse of resident #1 by staff person A. The home did not submit a report to the department as required.

Plan of Correction

Accept

All allegation of abuse will be reported to Department's personal care home regional office or the personal care home complaint hotline within 24 hours. Completed 01.28.21

Re training for all leadership regarding All allegation of abuse will be reported to Department's personal care home regional office or the personal care home complaint hotline within 24 hours. By 2.28.21

Completion Date: 02/28/2021

Update - 03/07/2021

Please send/Attach proof of staff training regarding ongoing compliance with this regulation.

Document Submission

Implemented

Training completed

234d - Support Plan Revision

1. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

A support plan for resident #1 was completed on 10/27/20; however, on 12/25/20, resident #1 fell out of bed, hitting head on the floor. The home did not update the support plan with details how the home was going to ensure residents safety.

Plan of Correction

Accept

Training: Nurses will be re-educated on importance of keeping Service plan/support plan current and accurate by 02.28.21

ED and or designee will Review 10% of residents support plan monthly to ensure all resident's needs are captured and updated for the next 3 month and will review at monthly QA.

Completion Date: 02/28/2021

Update - 03/07/2021

Please send/Attach proof of staff training regarding ongoing compliance with this regulation.

Document Submission

Implemented

training completed