

Department of Human Services
Bureau of Human Service Licensing

May 12, 2021

[REDACTED], ADMINISTRATOR
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 03/03/2021, 03/05/2021, 03/08/2021, 03/12/2021, 03/15/2021 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: [REDACTED] 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: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *68* Waking Staff: *51*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *03/15/2021*

Inspection Dates and Department Representative

03/03/2021 - On-Site: [REDACTED]
03/05/2021 - Off-Site: [REDACTED]
03/08/2021 - Off-Site: [REDACTED]
03/12/2021 - Off-Site: [REDACTED]
03/15/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* Residents Served: *44*

Secured Dementia Care Unit

In Home: *Yes* Area: *N/A* Capacity: *20* Residents Served: *14*

Hospice

Current Residents: *4*

Resident Demographic Data as of Inspection Dates *(continued)*

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 42

Diagnosed with Mental Illness: 1

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 24

Have Physical Disability: 0

Inspections / Reviews

03/03/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 04/11/2021

4/25/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 04/30/2021

5/12/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 2/4/2021, there was an altercation between Resident 1 and Resident 2. Resident 1 was observed on the ground being hit by Resident 2. Resident 1 sustained a dislocated shoulder as a result of the altercation.

Plan of Correction**Accept**

All staff will complete a Behavior Expressions training by ED or designee

All Memory Care residents service plan/support plan will be reviewed by nurse to ensure intervention in place for behavior management

Any resident that exhibits behaviors will be reviewed at weekly clinical quality meeting.

Completion Date: 04/30/2021

Update - 04/25/2021

Please send/Attach proof of staff training.

Document Submission**Implemented**

Behavioral Expressions training with staff

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Staff member A stated that ■■■ witnessed Staff member B slap the fingertips of Resident 3. Staff member B admitted that ■■■ threatened to slap ■■■ fingertips in order to deter ■■■ from setting off the door alarms.

Plan of Correction**Accept**

Staff B was immediately suspended and has been terminated on 03.04.21

Any resident that exhibits behaviors will be reviewed at weekly clinical quality meeting.

All staff will complete a Behavior Expressions training by ED or designee

Administrator will interview 3 resident a month and results of interview will be reviewed at monthly quality assurance meeting x 3 months

Completion Date: 04/30/2021

Update - 04/25/2021

Please send/Attach proof of staff training.

Document Submission**Implemented**

Behavioral Expressions training with staff