## Department of Human Services Bureau of Human Service Licensing

March 18, 2021

VICE PRESIDENT/TREASURER
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

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 03/05/2021 of the above facility, no regulatory citations have been identified as a result of this inspection.

Sincerely, Suzy Quinn

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information** 

Name: ELMCROFT OF ALLISON PARK Licen e #: 44900 Licen e Expiration Date: 01/10/2022

Addre : 2224 WALTERS ROAD, ALLISON PARK, PA 15101
County: ALLEGHENY Region: WESTERN

Administrator

Name: Phone: 4124876925 Email:

**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:

Certificate(s) of Occupancy

**Staffing Hours** 

Re ident Support Staff: 0 Total Daily Staff: 35 Waking Staff: 26

Inspection

Type: Partial Notice: Unannounced BHA Docket #:

Reason: Complaint Exit Conference Date: 03/05/2021

Inspection Dates and Department Representative

03/05/2021 - On-Site:

Resident Demographic Data as of Inspection Dates

**General Information** 

License Capacity: 95 Residents Served: 29

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

**Current Residents: 7** 

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 29

Diagnosed with Mental Illness: 24 Diagnosed with Intellectual Disability: 1

Have Mobility Need: 6 Have Physical Disability: 0

Inspections / Reviews

03/05/2021 Partial

Lead Inspector: Follow-Up Type: Not Required

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## No Deficiencies Identified

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