

Department of Human Services
Bureau of Human Service Licensing

June 28, 2021

██████████ 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 ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/13/2021 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 County Region*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *37* Waking Staff: *28*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint,Incident* Exit Conference Date: *04/13/2021*

Inspection Dates and Department Representative

04/13/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* Residents Served: *16*

Secured Dementia Care Unit

In Home: *Yes* Area: *Connections* Capacity: *20* Residents Served: *15*

Hospice

Current Resident : *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *31*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *21* Have Physical Disability: *0*

Inspections / Reviews

04/13/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *05/17/2021*

5/24/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/30/2021*

6/28/2021 - 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 Repeat Violation

Resident 1 hit Resident 2 in [redacted] lip. This caused Resident 2 to get a swollen lip and what staff described as a small cut on the inside of [redacted] lip. Resident 1 has previous history of physical altercations with residents.

Plan of Correction

Accept

All staff will complete the electronic course in Relias called The Dementia Made Me Do It by 6.12.21
All direct care staff will be re-trained on behavior expressions by 6-30-21 by company VP of memory care.
Any resident that exhibits behaviors will be reviewed at weekly clinical quality meeting.

Completion Date: 06/30/2021

Update - 05/24/2021

Please send/Attach proof of staff training. 5-24-2021 -MM

Document Submission

Implemented

POC was 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 is prescribed daily 1 50mg tab of Trazodone at 8pm and 1/2 tab of trazadone at 4pm. The medications were unavailable on 3/29/2021 and unable to be administered per the prescriber's order.

Plan of Correction

Accept

Executive director will re-train nurse and med tech on regulation 187d by 5-21-21
Nurse or designee will conduct weekly audits of med carts and ensure all medication are available and obtain any new/reorder medication scripts prior to medication running out. Audit will be reviewed at monthly QA meeting.

Completion Date: 05/21/2021

Update - 05/24/2021

Please send/Attach proof of staff training. 5-24-2021 - MM

Document Submission

Implemented

POC was completed