

Department of Human Services  
Bureau of Human Service Licensing

August 3, 2021

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

RE: ELMCROFT OF BERWICK  
2050 WEST FRONT STREET  
BERWICK, PA, 18603  
LICENSE/COC#: 22717

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/11/2021, 05/12/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

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 BERWICK* License #: *22717* License Expiration Date: *07/09/2021*  
Address: *2050 WEST FRONT STREET, BERWICK, PA 18603*  
County: *COLUMBIA* Region: *NORTHEAST*

**Administrator**

Name: [REDACTED] Phone: *5707593155* Email: [REDACTED]

**Legal Entity**

Name: *EC OPCO BERWICK LLC*  
Address: *5885 MEADOWS ROAD, SUITE 500, ECLIPSE SR LIV ATTN LICENSING, LAKE OSWEGO, OR, 97035*  
Phone: *5707593155* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *02/25/1998* Issued By: *Labor & Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *54* Waking Staff: *41*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *05/12/2021*

**Inspection Dates and Department Representative**

05/11/2021 - On-Site: [REDACTED]  
05/12/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *76* Residents Served: *46*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *46*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *8* Have Physical Disability: *4*

## Inspections / Reviews

05/11/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/21/2021*

6/29/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/06/2021*

8/3/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

**87 - Lighting****1. Requirements**

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

**Description of Violation**

*Emergency exterior lighting is not provided on the rear wooden fire escape closest to "the shed." Lighting is necessary along the fire escape egress route to prevent a serious fall or injury by residents and or staff during an emergency evacuation from the home.*

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

*Action: Light applied to the shed area to light egress pathway.*

*Training: Administrator will educate all members of leadership on regulation 87.*

*Ongoing: Administrator, Maintenance Director or designee will walk community and the outside ground daily to ensure all lighting is in proper working order.*

**Completion Date:** 06/17/2021

**Update - 06/28/2021**

*Reviewed in Portal on 6-29-21*

*Upon Resubmission of POC, simply "Agree to ongoing Compliance"*

*AG, 6-29-21*

**Document Submission****Implemented**

*Lighting implemented to the egress pathway near the "shed". Leadership team educated on regulation 87 06/01/2021*

**141b1 - Annual Medical Evaluation****1. Requirements**

2600.

- 141.b.1. A resident shall have a medical evaluation: At least annually.

**Description of Violation**

*An annual medical evaluation ( DME) signed by resident # 1's physician on [REDACTED], did not include the following: Date resident was evaluated, Date form completed, Height, Weight, Pulse Rate, or Temperature.*

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

*Action: Date new DME obtained for resident. Audit of all current residents DME will be conducted to ensure completed in their entirety by 06/30/2021.*

*Training: Administrator will educate all leadership team on regulation 141b by 06/30/2021.*

*Ongoing: Administrator or designee will review all new DME for compliance/completeness.*

**Completion Date:** 05/28/2021

141b1 - Annual Medical Evaluation (continued)

**Update - 06/28/2021**

*Reviewed documentation in Portal on 6-29-21*

*Upon Resubmission of POC in Portal, simply "Agree to ongoing compliance"*

*AG, 6-29-21*

**Document Submission**

**Implemented**

*New DME obtained signed and dated by physician 05/28/2021. Leadership educated on regulation 141b 06/01/2021*

183e - Storing Medications

**1. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**Description of Violation**

*An Anoro Inhaler, belonging to resident # 1 , was not dated as to when the inhaler was first used. The manufacturer requires the inhaler to be dated as evidenced by a date sticker requiring the inhaler to be dated when first placed in use.*

**Plan of Correction**

**Accept**

*Action: [redacted] inhaler for resident 1 was replaced and date open applied to new inhaler. Audit of all multi dose medication will be conducted by 06/30/2021 to ensure to have date opened.*

*Training: Administrator/Nurse will educate all medication technicians and nurses on regulation 183e with emphasis on proper dating of multi dose packaging.*

*Ongoing: Nurse or designee will do weekly medication audits and results reviewed at monthly quality assurance meeting.*

**Completion Date:** 05/31/2021

**Update - 06/28/2021**

*Reviewed documentation in Portal on 6-29-21*

*Upon Resubmission of POC in Portal, simply "Agree to ongoing compliance"*

*AG, 6-29-21*

**Document Submission**

**Implemented**

*Inhaler for resident #1 was replaced [redacted] and date opened on new inhaler. Education provided to all med techs on regulation 183e.*

**RENEWAL APPLICATION FOR EXISTING CERTIFICATE OF COMPLIANCE**  
**APPLICATION IS MADE HEREWITH TO RENEW THE CERTIFICATE OF COMPLIANCE TO OPERATE**  
**THE FACILITY/AGENCY TO PROVIDE THE SERVICE SPECIFIED**

**TYPE OR USE PEN, SIGN AND RETURN**

<b>IDENTIFICATION</b>				<i>2191040137</i>	
1. NAME OF AGENCY/FACILITY <b>ELMCROFT OF BERWICK</b>			TELEPHONE NUMBER <b>(570) 759-3155</b>		
FACILITY ADDRESS <b>2050 WEST FRONT STREET, BERWICK 18603</b>		E-MAIL FOR FACILITY (NOT the WEB site URL) [REDACTED]		3. COUNTY <b>COLUMBIA</b>	
2. NAME OF LEGAL ENTITY <b>EC OPCO BERWICK LLC</b>			TELEPHONE NUMBER		
MAILING ADDRESS (CORRESPONDENCE TO BE DELIVERED TO) <b>ECLIPSE SR LIV ATTN LICENSING 5885 MEADOWS ROAD, SUITE 500 LAKE OSWEGO OR 97035</b>		E-MAIL FOR LEGAL ENTITY (NOT the WEB site URL) [REDACTED]		4. DATE CERTIFICATE EXPIRES <b>07/09/2020</b>	
				5. CERTIFICATE NUMBER <b>227170</b>	
6. NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE [REDACTED]					
7. TYPE OF SERVICE PROVIDED <b>PERSONAL CARE HOMES</b>				FEIN OR SSN <b>30-1010455</b>	
8. REQUESTED/LICENSED CAPACITY (PERSONAL CARE HOMES AND ASSISTED LIVING FACILITIES) <b>76</b> <i>OH # 106073 \$ 30.00</i>					
9. TYPE OF OPERATION <input checked="" type="checkbox"/> PROFIT <input type="checkbox"/> NON-PROFIT		10. TYPE OF OWNERSHIP/CONTROL <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FOREIGN PART <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> SCHOOL DISTRICT <input type="checkbox"/> CORPORATION <input type="checkbox"/> FOREIGN CORP <input checked="" type="checkbox"/> LLC <input type="checkbox"/> OTHER			
11. PRIOR LICENSE STATUS Has the agency/facility (Item 1) or Legal Entity (Item 2), or the Person Responsible (Operator) (Item 5), or the person signing the application ever been denied a Certificate or License, had a Certificate of Compliance or License revoked, or had a Certificate of Compliance or License non-renewed in Pennsylvania or any other state? <input type="checkbox"/> YES (IF YES, EXPLAIN ON SEPARATE SHEET) <input checked="" type="checkbox"/> NO					
12. PLEASE ANSWER THE FOLLOWING (IF YES, EXPLAIN ON SEPARATE SHEET) HAS THE LEGAL ENTITY, OWNER, OR OPERATOR EVER: A BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B BEEN CONVICTED OF A CRIME INVOLVING CHILD ABUSE, CHILD NEGLECT, MORAL TURPITUDE, OR PHYSICAL VIOLENCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO C BEEN NAMED A PERPETRATOR IN AN INDICATED OR FOUNDED REPORT OF CHILD ABUSE IN ACCORDANCE WITH THE CHILD PROTECTIVE SERVICE LAW (11 P.S. 2201-2225) OR THE CARE-DEPENDENT SERVICES ACT (18 PA.C.S. 2713)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
13. CURRENT STATUS OF LEGAL ENTITY, OWNER OR OPERATOR IS THE LEGAL ENTITY, OWNER, OR OPERATOR CURRENTLY CHARGED WITH A FELONY OR MISDEMEANOR? <input type="checkbox"/> YES (IF YES, EXPLAIN ON SEPARATE SHEET) <input checked="" type="checkbox"/> NO					

**RECEIVED**  
 ADD 14 2020

**DECLARATION**

**Human Services Licensing**

Any false information or statement knowingly given in this application is punishable under section 4904 of the PA Crimes Code.

I understand that the Certificate of Compliance will be issued to me on the condition that I will operate the above named facility or agency in accordance with the laws of the Commonwealth of Pennsylvania and with the rules and regulations of the Department of Human Services; Title VI of the Civil Rights Act of 1964; the Age Discrimination Act of 1975; the Rehabilitation Act of 1973; and the PA Human Relations Act of 1955; and I hereby declare that the information given in this application is true to the best of my knowledge.

**Brian K. Wood**

NAME (Type of Print)

Vice President & Treasurer

TITLE

SIGNATURE OF THE LEGAL ENTITY REPRESENTATIVE  
 (Where the legal entity is a corporation, the signature must be of a corporate officer.)

DATE