

Department of Human Services
Bureau of Human Service Licensing

August 10, 2021

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]
[REDACTED]

RE: ELMCROFT OF MID VALLEY
89 STURGES ROAD, PO BOX 116
PECKVILLE, PA, 18452
LICENSE/COC#: 22718

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/26/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
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 MID VALLEY* License #: *22718* License Expiration Date: *07/11/2021*
Address: *89 STURGES ROAD, PO BOX 116, PECKVILLE, PA 18452*
County: *LACKAWANNA* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *5703839090* Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *12/27/2010* Issued By: *Blakely Borough*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *59* Waking Staff: *44*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal,Incident* Exit Conference Date: *05/26/2021*

Inspection Dates and Department Representative

05/26/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *50* Residents Served: *29*

Secured Dementia Care Unit

In Home: *Yes* Area: *Entire Home* Capacity: *50* Residents Served: *29*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *29*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *30* Have Physical Disability: *0*

Inspections / Reviews

05/26/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/09/2021*

7/26/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/02/2021*

8/10/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

The LIS dated 3/20/2020 was posted with the privacy page still attached.

Plan of Correction

Accept

- 1. Action 5-26-21 Executive Director removed resident information immediately day of inspection.
- 2. Training Administrator will review regulation 17 confidentiality with all staff by July 31 ,2021.
- 3. Ongoing: Administrator and or Designee will monitor compliance in daily rounds to ensure resident information is confidential.

Completion Date: 07/31/2021

Update - 07/26/2021

Please send/Attach proof of staff training. 7-26-2021 [redacted]

Document Submission

Implemented

See attached document.

125a - Combustible Storage

1. Requirements

2600.

- 125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

There were several socks found in the laundry room behind the dryer on the exhaust vent.

Plan of Correction

Accept

- 1. Action: 5-26-21 Maintenance Manager removed sock the date of inspection.
- 2. Training Administrator will educate and re-educated all staff on keeping all flammable material away from all heat sources by July 31, 2021.
- 3. Ongoing: Maintenance Director and or designees will round community daily to ensure compliance that all heat sources are clear of flammable material.

Completion Date: 07/31/2021

Update - 07/26/2021

Please send/Attach proof of staff training. 7-26-2021 [redacted]

Document Submission

Implemented

See attached document.

187a - Medication Record

1. Requirements

2600.

- 187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

187a - Medication Record (continued)

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident 1 is prescribed [redacted] with a hold order if [redacted] pulse is less then 80. The MAR is documented showing that the medication was administered on 5/3, 5/4, 5/5, 5/7, 5/10, 5/12, 5/14, & 5/18/2021 when the resident's pulse was less then 80. Various staff interviews determined that staff is not administering the medication but holding based upon the order and initialing the MAR incorrectly based upon the documenting of the pulse.

Plan of Correction

Accept

Action: New process initiated 5/26/2021 that any medication that has a hold order is to be administered by itself and before any other medication for that person.

Training: 6/4- 6/15 All staff that dispense medications have been in-serviced and educated on regulation 187a buy the Nurse.

Ongoing: Resident Service director and or designees will monitor weekly to ensure compliance

Completion Date: 06/15/2021

Update - 07/26/2021

Please send/Attach proof of staff training. 7-26-2021 MM

Document Submission

Implemented

See attached document.

233c - Key-Locking Devices

1. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The locked exit door in the C-wing hallway did not have the exit code posted conspicuously by the exit door.

233c - Key-Locking Devices (continued)

Plan of Correction**Accept**

- *Action: We are all memory care community. Residents will remove things from the walls. 5-26-21 Picture frame with code was rehung in C-wing*
- *Community followed the suggestion of the last inspector that was in the community which was to post the code not only on the wall but on door Jam which we did.*
- *Training: Staff will be educated by Administrator on regulation 233c by July 31,2021*
- *Administrator and or designee will monitor for compliance of code posted at all doors.*

Completion Date: 07/31/2021**Update - 07/26/2021***Please send/Attach proof of staff training. 7-26-2021* ██████████**Document Submission****Implemented***See attached document.*