Department of Human Services
Bureau of Human Service Licensing

September 13, 2021

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

RE: ELMCROFT OF READING
9 COLIN COURT
READING, PA, 19606
LICENSE/COC#: 22716

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/22/2021, 06/23/2021 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 READING* **License #:** *22716* **License Expiration Date:** *07/11/2022*
Address: *9 COLIN COURT, READING, PA 19606*
County: *BERKS* **Region:** *NORTHEAST*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [redacted]

Legal Entity

[redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *12/15/2017* **Issued By:** *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *42* **Waking Staff:** *32*

Inspection

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**
Reason: *Renewal,Complaint* **Exit Conference Date:** *06/23/2021*

Inspection Dates and Department Representative

06/22/2021 - On-Site: [redacted]
06/23/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *70* **Residents Served:** *31*

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:** *31*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability:** *0*
Have Mobility Need: *11* **Have Physical Disability:** *1*

Inspections / Reviews

06/22/2021 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *08/19/2021*

9/3/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *09/10/2021*

9/13/2021 - Document Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #1 became a permanent resident of the home and a new resident contract was completed on [redacted]. It was indicated on the contract that Resident #1 refused to sign, however was not deemed incapacitated and therefore was required to sign the contract.

Plan of Correction **Accept**

The community does not agree with this violation, as it relates to the Regulatory Clarification dated March 2015. As per discussion with BHSL Director, [redacted] on 8/11/2021, resident was given the opportunity to sign [redacted] admission agreement/contract, but refused, per [redacted] right to refuse. POA signed contract instead.
Resident was agai[illegible] ed to sign on 8/12/21 and 8/23/21 and continue to refuse to sign at those times.

WITHDRAWN

Completion Date: *11/02/2020*

Update - 09/03/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, Adm will send in a copy of the POA as well.

Documentation should be sent in the Portal. Upon review violation may be withdrawn.

AG, 9-3-21

AG, 9-13-21

Document Submission **Implemented**

see Attachment 1

Update - 09/13/2021

document reviewed, AG, 9-13-21

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 was a dryer sheet located behind the dryer near the home's kitchen, posing a possible fire hazard.

125a - Combustible Storage *(continued)*

Plan of Correction **Accept**

Action: 6/23/2021 Dining Service Director removed dryer sheet the date of inspection.
Training: Administrator will educate all staff on keeping all flammable material away from all heat sources by 8/22/2021.
Ongoing: Maintenance Director and/or designees will round community to ensure compliance that all heat sources are clear of flammable material.

Completion Date: *08/22/2021*

Update - 09/03/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, copies of staff straining and a copy of a recent Community Round walkthrough review with findings and any action taken, if warranted, will be submitted.

Documentation should be sent in the Portal.

AG, 9-3-21

Document Submission **Implemented**

See Attachment 2 & Attachment 3

Update - 09/13/2021

document reviewed, AG, 9-13-21

130f - Testing Smoke Detectors

1. **Requirements**

2600.
130.f. Smoke detectors and fire alarms shall be tested for operability at least once per month. A written record of the monthly testing shall be kept.

Description of Violation

Per staff interviews, it was determined that the home is not testing their smoke detectors and/or fire alarms monthly for operability.

Plan of Correction **Accept**

Action: Fire alarm was tested on 07/07/2021 by Maintenance Manager and was operational.
Training: Administrator re-educated leadership team on regulation 2600.130f.
Ongoing: Administrator will monitor monthly compliance to confirm monthly testing is completed.

Completion Date: *08/11/2021*

130f - Testing Smoke Detectors *(continued)*

Update - 09/03/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Home will submit a copy of the Home's Fire Drill Log showing compliance.

Documentation should be sent in the Portal.

AG, 9-3-21

Document Submission **Implemented**

See Attachment 4

Update - 09/13/2021

document reviewed, AG, 9-13-21

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's DME, dated [redacted], was not completed to indicated (8) Body Positioning as required by this regulation.

Plan of Correction **Accept**

Action: New DME for resident 1 was obtained [redacted]. Audit of all current residents DME's to ensure they are completely filled out- was completed on 8/5/2021.

Training: Administrator/designee re-educated leadership team on regulation 2600.141a2 must be completed with all information.

Ongoing: Administrator/designee will review new DME's for completion prior to filing in residents' chart for compliance.

Completion Date: *08/05/2021*

141a 1-10 Medical Evaluation Information *(continued)*

Update - 09/03/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will submit a copy of the new DME for Res # 1, a copy of the audit of DMEs showing the outcomes of the work and the signature sheet from the training provided to staff on the regulation.

Documentation should be sent in the Portal.

AG, 9-3-21

Document Submission **Implemented**

See Attachment 5, Attachment 6, & Attachment 7

Update - 09/13/2021

document reviewed, [redacted], 9-13-21

185a - Implement Storage Procedures

1. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #3's [redacted] glucometer was not calibrated with the correct day and time.

Plan of Correction **Accept**

Action: On 6/23/21, Resident #3's glucometer was calibrated for correct day and time.
Training: Nurse Manager re-educated all nurses and medication technicians on importance of calibrating glucometer and the use of the glucometer verification form to ensure glucometer and MAR match and that glucometers are Calibrated to date and time.
Ongoing: Nurse and/or designee will monitor glucometer readings and MAR for proper documentation through glucometer verification process, as part of weekly medication cart audits. These findings will be reviewed monthly at QA meeting.

Completion Date: *08/11/2021*

Update - 09/03/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will submit a copy of the training outline and the signature sheet. Also to be submitted is a recent copy of a completed Med Cart Audit with findings and actions taken, if warranted. If a Monthly QA meeting has taken place yet, please send in a copy of the notes from that meeting as well.

Documentation should be sent in the Portal.

[redacted], 9-3-21

185a - Implement Storage Procedures *(continued)*

Document Submission **Implemented**

See Attachment 8 & Attachment 9. QA not completed yet.

Update - 09/13/2021

document reviewed, [redacted] 9-13-21

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:

Description of Violation

Per staff interviews, it was determined that Staff Person A incorrectly transcribed Resident #2's daily weights on the MAR on multiple occasions.

Plan of Correction **Accept**

Action/Training: All Med Techs have been re-educated by Nurse on regulation 2600.187a and the importance of accurate documentation. In addition, a new scale was purchased and received on 8/9/2021.
Ongoing: Nurse and/or designee will do weekly Medication record review to ensure proper documentation of weights. Results will be reviewed monthly at QA meetings.

Completion Date: *08/11/2021*

Update - 09/03/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will send in the signature sheet for the 187a training, submit a copy of the receipt for the Home's new scale, and send in a recent Weekly Review of documentation of weights to verify compliance.

Documentation should be sent in the Portal.

[redacted], 9-3-21

Document Submission **Implemented**

See Attachment 10, Attachment 11, & Attachment 12.

Update - 09/13/2021

document reviewed, [redacted] 9-13-21

187d - Follow Prescriber's Orders

1. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

187d - Follow Prescriber's Orders *(continued)*

Description of Violation

Resident #2 had an order for daily weights to be taken, and to contact [redacted] doctor if they gained 3 or more pounds in 24 hours or 5 or more pounds in 1 week. On the following occasions, the resident met these parameters but [redacted] doctor was not contacted:

- 4/2/21 weight of 200; 4/3/21 weight of 219 for a weight gain of 9 lbs in 24 hours
- 4/4/21 weight of 210; 4/5/21 weight of 220 for a weight gain of 10 lbs in 24 hours
- 5/8/21 weight of 215; 5/9/21 weight of 221 for a weight gain of 6 lbs in 24 hours

Plan of Correction **Accept**

Action/Training: All Med Techs have been re-educated by Nurse on regulation 2600.187d that prescribers must be notified if a resident's weigh increases or decrease according to prescriber's orders.
Ongoing: Nurse and/or designee will monitor Medication record weekly to ensure following the prescriber orders.

Completion Date: *08/11/2021*

Update - 09/03/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will send in the signature sheet for the 187d training.

The Adm will also address how other types of orders will be addressed such as varying parameters like insulin, blood pressure Rx and PRN behavioral med as examples of how staff would be instructed t follow orders that may vary from resident to resident or medication to medication or situation. Also to be addressed would be a need to evaluate a comparison of orders that are on hand vs, what medications are delivered to the home and a comparison of the two to ensure that the home is correctly adhering to the most current order on hand, especially following a return to the home from a hospital or rehabilitation stay.

Documentation should be sent in the Portal.

[redacted], 9-3-21

Document Submission **Implemented**

See Attachment 10 & Attachment 12. Route cause of issue was Med Tech not following order via proper medication administration procedures, which is what staff were trained on. Staff are expected to follow all instructions of physician, to include parameters. However, we do not currently have blood pressure parameters or PRN behavioral medications.

Update - 09/13/2021

document reviewed, [redacted], 9-13-21

224a - Preadmission Screen Form

1. **Requirements**
2600.

224a - Preadmission Screen Form *(continued)*

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1's Preadmission Screening, dated [redacted], was not completed to indicate whether or not the home could meet the needs of the resident based on the screening, as required under "Part III: Determination."

Plan of Correction **Accept**

Action: An audit of all current prescreens was completed on 8/5/2021 to ensure all are completed in their entirety.
Training: Administrator/designee re-educated nursing staff that prescreening must be completed in its entirety prior to move in date. Nurse and or designee will educate any newly hired nursing staff during orientation.
Ongoing: Administrator/designee will audit all new prescreens upon move in for completion and compliance.

Completion Date: *08/05/2021*

Update - 09/03/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Home will submit a copy of the completed Audit, showing findings, and actions taken, if warranted. A copy of the signature sheet from the training will also be submitted.
If there have been any new admissions since the renewal inspection, please submit a copy of the Pre-Admission Screening as evidence of compliance.

Documentation should be sent in the Portal.

AG, 9-3-21

Document Submission **Implemented**

See Attachment 6, Attachment 12, & Attachment 13.

Update - 09/13/2021

document reviewed, [redacted] 9-13-21

227g -Support Plan Signatures

1. **Requirements**

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1's RASP, dated [redacted], was not signed by the resident, and there was no indication that the resident was unable to or refused to sign the RASP.

227g -Support Plan Signatures *(continued)*

Plan of Correction **Accept**

Action: Upon inspection (on both 6/22/21 and 6/23/21), Operations Specialist again reviewed RASP with resident. Resident still refused to sign. Notation made on resident's RASP that she refused to sign.
An Audit of all current residents' support plans was conducted to verify residents support plan/service plans have been signed.
Training: Administrator re-educated nursing staff on completion of support plan/service that all that participate in developing must sign and date or documentation must occur if resident refuses.
Nurse and or designee will educate any newly hired nursing staff during orientation, and all nursing staff annually.
Ongoing: Administrator and/or designee will monitor all support plans to verify they are signed by all that participate in developing the plan and the resident. Support plans will be reviewed at the weekly Quality Care meeting.

Completion Date: *08/11/2021*

Update - 09/03/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will submit a copy of Res # 1 RASP for review. A copy of the Audit performed by the home will also be submitted, showing the outcomes, including actions taken, if warranted.
A copy of the signature sheet from the Training will also be submitted. A copy of notes or the record from a recent Weekly Quality Care Meeting shall also be included as evidence of compliance.

Documentation should be sent in the Portal.

AG, 9-3-21

Document Submission **Implemented**

See Attachment 6, Attachment 7, & Attachment 15.

Update - 09/13/2021

document reviewed, [redacted], 9-13-21