

Department of Human Services
Bureau of Human Service Licensing

October 21, 2021

[REDACTED]
EC OPCO SC LLC
[REDACTED]
[REDACTED]

RE: ELMCROFT OF STATE COLLEGE
150 FARMSTEAD LANE
STATE COLLEGE, PA, 16803
LICENSE/COCC#: 23374

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/05/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

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: *07/03/2022*
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 Code Admin*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *43* Waking Staff: *32*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *08/05/2021*

Inspection Dates and Department Representative

08/05/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* Residents Served: *29*

Secured Dementia Care Unit

In Home: *Yes* Area: *na* Capacity: *20* Residents Served: *10*

Hospice

Current Residents: *3*

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: *14* Have Physical Disability: *0*

Inspections / Reviews

08/05/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/20/2021*

9/21/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/07/2021*

10/21/2021 - 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 Violation

On [redacted] at approximately 7:30pm, resident #1 pushed resident #2 into the wall causing resident #2 to fall on the floor fracturing [redacted] left hip.

Plan of Correction

Accept

On [redacted] Resident #2 admitted via ER to hospital with FX hip. [redacted] Resident 1 community put 1:1 in place till was admitted 6-30-21 for evaluation to hospital. On [redacted] Resident 2 DC from community.

All staff will be trained with in person training by nurse/administrator and Relias computer training on Alzheimer's Disease, Disorders: Communication and People with Dementia, and Challenging Behaviors and Direct Care Staff by 10-15-21 and Memory care leader/designee will do training with new hires regarding handling challenging behaviors related to dementia.

Administrator/designee will monitor for compliance and all residents with challenging behaviors will be reviewed as weekly quality care meeting for 3 months.

Completion Date: 10/15/2021

Update - 09/21/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will submit the signature sheets for the training once it is completed. The Adm will also send an outline or synopsis of the training outline.

Please also include a copy of the DC notice to Resident # 2. Was this a higher level of Care?

Documentation should be sent in the Portal.

[redacted], 9-21-21

Document Submission

Implemented

Attached is a training information and document for discharge of Resident#2

201 - Positive Interventions

1. Requirements

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Resident #1 had several incidents of resident to resident abuse since being admitted to the home. The home has not implemented positive interventions to modify or eliminate the resident's behavior.

201 - Positive Interventions (continued)

Plan of Correction

Accept

Starting 9-22-21 Community nurse and memory care leader will hold behavioral huddle with National Leader of Memory Care to review resident Behaviors and interventions of residents residing in memory care 2 x a month till November 30, 2021.

All staff will be trained with in person training by nurse/administrator and Relias computer training on Alzheimer's Disease, Disorders: Communication and People with Dementia, and Challenging Behaviors and Direct Care Staff by 10-15-21 and Memory care leader/designee will do training with new hires regarding handling challenging behaviors related to dementia

Administrator/designee will monitor for compliance and all residents with challenging behaviors will be reviewed as weekly quality care meeting for 3 months.

Completion Date: 10/15/2021

Update - 09/21/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, The Adm will include a copy of the outcome of the Notes or outcome of the "Behavioral Huddle" with the National Leader of Memory Care since 9-22-21 regarding the reviews of resident behaviors in order to address the events that led to this violation, or similar behaviors of concern. In addition, the Adm will submit the signature sheets for related training of staff for this POC.

Documentation should be sent in the Portal.

█, 9-21-21

Document Submission

Implemented

Attached is training and notes from the behavioral huddle meetings

224a - Preadmission Screen Form

1. Requirements

2600.

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 was admitted to the home on █ however, the resident's preadmission screening form was not dated when the form was completed.

224a - Preadmission Screen Form (continued)

Plan of Correction

Accept

Audit of all current residents prescreen will be completed and reviewed that all are dated and completed in their entirety. 9.30.21

Administrator will educate all leadership members of community on regulation 224a with emphasis on date by. 09.30.21

Administrator/designee will review all new preadmission screening prior to filing in chart for completion

Completion Date: 09/30/2021

Update - 09/21/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will submit the outcome of the Audit performed, including the findings, with actions taken, if warranted. The Adm will also include the signature sheets of the staff training. If there have been any new admissions since this investigation, please send in a copy of the Pre-Admission Screening as evidence of compliance as well.

Documentation should be sent in the Portal.

█, 9-21-21

Document Submission

Implemented

Attached is the training sheet, audit form, and pre-admission for the new admission that we had

231b - Medical Evaluation

1. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on █ however, the resident's medical evaluation was completed on █

Plan of Correction

Accept

Audit of all current residents DME timely and completeness 9.30.21

Administrator will educate all leadership team on regulation 231b with emphasis on time frame of 60 days prior to admission by 09.30.21

Administrator/designee will review all new residents DME for Completeness and timeliness before filling in chart.

Completion Date: 09/30/2021

231b - Medical Evaluation (continued)

Update - 09/21/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the adm will submit the outcome of the audit along with findings, and actins taken, if warranted. Adm will also submit a copy of the signature sheet from the training on this regulation.

If there has been a new admission to the Unit since the investigation, please submit a copy of the admitting DME as evidence of compliance.

Documentation should be sent in the Portal.

█, 9-21-21

Document Submission

Implemented

Attached is the training sheet, audit form and DME of the new admission

234d - Support Plan Revision

1. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

A support plan for resident #1 was completed on █; however, the support plan was not updated to include the resident's seven incidents of physical harm towards another residents.

Plan of Correction

Accept

Administrator will educate all leadership team that the support plan must revised when resident's condition changes. 09.30.21

Residents condition changes will be discussed and their support plans reviewed to ensure current during weekly quality care meeting.

Administrator/designee will monitor for support plans for compliance.

Completion Date: 09/30/2021

Update - 09/21/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will submit a copy of the signature sheet from the staff training o this regulation. The Adm will also submit a copy of a recent weekly Quality Care Meeting evidencing support plan reviews. Please send in an example of a recently updated Support Plan as well as evidence of compliance.

Documentation should be sent in the Portal.

█ 9-21-21

Document Submission

Implemented

Attached is training support plan, and quality care meeting