

Department of Human Services  
Bureau of Human Service Licensing

January 6, 2022

[REDACTED], VICE PRESIDENT & TREASURER  
[REDACTED]  
[REDACTED]  
[REDACTED]

RE: ELMCROFT OF REEDSVILLE  
55 CARRIAGE HOUSE LANE  
REEDSVILLE, PA, 17084  
LICENSE/COC#: 33378

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/20/2021 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 - PUBLIC**

**Facility Information**

Name: *ELMCROFT OF REEDSVILLE* License #: *33378* License Expiration: *08/01/2021*  
Address: *55 CARRIAGE HOUSE LANE, REEDSVILLE, PA 17084*  
County: *MIFFLIN* Region: *CENTRAL*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *10/18/1998* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *45* Waking Staff: *34*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *05/20/2021*

**Inspection Dates and Department Representative**

05/20/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *72* Residents Served: *39*

**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: *38*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *6* Have Physical Disability: *0*

**Inspections / Reviews**

**05/20/2021 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/11/2021*

**01/05/2022 - POC Submission**

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *02/02/2022*

Inspection Dates and Department Representative (*continued*)

01/06/2022 - Document Submission

Reviewer:



Follow-Up Type: *Not Required*

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Person A, with a date of hire of [REDACTED] has no record of a criminal background check in the home's record. Further, Staff Person A, who has not held permanent residency in Pennsylvania for the previous two years has been retained for longer than 90 days without the results of an FBI check.

Staff Person B, with a date of hire of [REDACTED] did not have a criminal history background check until [REDACTED]

Plan of Correction

Accept

Action: 6-3-2021 Staff member was terminated due to the lack of criminal background check in the homes' record. Audit of all staff members' employee charts to verify each staff had a criminal background will be completed by 07/31/2021

Employee A last day worked was 5-9-21 and terminated on 6-3-2021

Training: Administrator will educate all leadership will review the regulation 2600.51 by 7-31-2021.

Ongoing: All New hires will have a completed Pre-employment Checklist by Business Office Coordinator or designee prior to first day orientation. (need to provide a copy of the checklist that will be utilized) Administrator/designee will review all new hires paperwork for compliance.

Document Submission

Implemented

All Steps Completed

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct Care Staff Person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept

Action: 06-3-2021 Staff member was terminated due to the lack of high school diploma, GED or active registry status of Pennsylvania nurse aide registry.

Audit of all current staff members Employee charts to verify all have high school diploma, GED or active registry of nurse aid registry on file will be completed by 7-31-2021

Employee A last day worked was 5-9-21 and terminated on 6-3-2021

Training: Administrator will educate all leadership will review the regulations 2600.54a by 7-31-2021

All New hires will have a completed Pre-employment Checklist by Business Office Coordinator /designee prior to first day orientation.

Ongoing: Administrator/designee will review all new hires paperwork for compliance.

54a - Direct Care Staff (continued)

Document Submission

Implemented

All Steps Completed

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On the following dates & times, residents were present in the home. During these times, there were no staff persons present in the home who were certified in First Aid / CPR:

5/15/2021 - from 6 AM - 2 PM

5/13/2021 - from 2 PM - 10 PM

5/12/2021 - from 4:30 PM to 10 PM

5/11/2021 - from 4:30 PM to 6 PM

5/10/2021 - from 2 PM to 10 PM & also from 6 AM to 8:30 AM

5/9/2021 - from 2 PM to 3:30 AM (overnight into 5/10/2021)

5/8/2021 - from 6 PM to 8 AM (overnight into 5/9/2021)

5/7/2021 from 10 PM to 2 AM (overnight into 5/8/2021)

5/5/2021 from 5 PM to 10 PM & also from 6 AM to 8 AM

5/4/2021 from 2 PM to 10 PM

5/3/2021 from 2 PM to 6 AM (overnight into 5/4/2021)

5/2/2021 from 6 AM to 2 PM

Plan of Correction

Accept

Action: 6-21-2021 and 6-30-2021 First aid and CPR training were completed with staff. (send a copy of the sign in sheet for CPR training)

Training: Administrator will educate staff that at least 1 staff will be First aid/CPR trained for every 50 residents by 7-31-21.

Ongoing: Administrator/designee will monitor staffing to verify at least 1 staff person trained in CPR /First in community for every 50 residents. Staff CPR certifications will be reviewed on monthly basis at QA meeting.

Document Submission

Implemented

All Steps Completed

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.

65a - FS Orientation 1st Day (continued)

- 5. The location and use of fire extinguishers.
- 6. Smoke detectors and fire alarms.
- 7. Telephone use and notification of emergency services.

**Description of Violation**

Staff Person A, whose first day of work was [REDACTED] did not receive orientation on the following topics until 3/5/2021:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

**Plan of Correction**

**Accept**

Action: 6-3-2021 Staff member was terminated due to the lack of first day orientation. Audit of all staff members' employee charts to verify each staff had first-day orientation will be completed 7-31-21  
 Employee A last day worked was 5-9-21 and terminated on 6-3-2021  
 Training: Administrator will educate all leadership will review the regulations 2600.65a by 7-31-2021  
 All New hires will have a completed Pre-employment Checklist by Business Office Coordinator /designee prior to first day orientation.  
 Ongoing: Administrator/designee will review all new hires paperwork for compliance monthly.

**Document Submission**

**Implemented**

All Steps Completed

85d - Trash Receptacles

**1. Requirements**

- 2600.
- 85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

**Description of Violation**

On 5/20/2021, the trash receptacles in the shared bathrooms of Rooms #149 and #151 were not covered.

**Plan of Correction**

**Accept**

Action: 5-20-21 Staff covered all trash cans upon finding uncovered receptacles.  
 Training: Administrator will educate all staff by 7-31-21 on need for all trash cans in bathrooms and common areas to have lids.  
 Ongoing: A member of leadership or designee will walk community daily to verify compliance with covered receptacles in bathrooms.

**Document Submission**

**Implemented**

Steps are in Daily Process

187c - Refusal of Medication

1. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #3 refused the prescribed medication [redacted] from [redacted] and from [redacted]. The prescriber was not notified of the refusals.

Plan of Correction

Accepted

Action/Training: All Med Techs will be educated by Nurse that prescribers must be notified if a resident refuses a medication by 7-31-2021

Ongoing: Nurse and/or designee will monitor medication refusal for proper notification to MD. And will be reviewed at QA for 2 months, July and August.

Document Submission

Implemented

All Steps Completed

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed [redacted]. However, the medication, prescribed for daily administration, was not administered to Resident #2 on [redacted] as it was not available in the home.

Plan of Correction

Accepted

Training: By 7-31-21, all Med Techs will be educated by Nurse that if medication is missing, they must notify nursing staff so that the nursing staff can obtain/reorder medications timely.

Ongoing: Nurse and or designee will complete weekly MAR and medication cart audits and be reviewed monthly at QA meeting for compliance.

Document Submission

Implemented

All Steps Completed

190b - Insulin Injections

1. Requirements

2600.

**190b - Insulin Injections (continued)**

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

**Description of Violation**

On 4/23/2021 at 5:00 PM, Staff Person B, who has not successfully completed a Department-approved diabetes education program, administered insulin to Resident #2 .

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

Action: 6-2-2021 Staff person B completed the Department approved diabetes education program. (send a copy of diabetic training for associate B)

Training: Administrator will educate nursing staff on need for diabetic training for medication technicians for new hires and annually for all med techs by 7-31-2021

Ongoing: A member of leadership or designee will audit Diabetic Training for all Med Techs to verify compliance for new hires as well as annual training and will review during the monthly QA meetings.

**Document Submission****Implemented**

All Steps Completed

**191 - Resident Right to Refuse****1. Requirements**

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**Description of Violation**

Resident #2, admitted [REDACTED] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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

Action: 5-20-2021 Resident #2 was educated on resident's right to refuse medication and subsequently signed Addendum E – Resident Right to Refuse Medication.

6-18-2021 Administrator completed audit of all current residents' residency agreements to verify that all residents have signed Addendum E - Resident Right to Refuse Medication.

Training: Administrator will educate all staff on regulation 2600.191 Right to Refuse Medication by 7-31-2021

Ongoing: Administrator will audit all new Residency Agreements for completion of Resident Rights to Refuse Medications to verify compliance.

**Document Submission****Implemented**

All Steps Completed