

Department of Human Services
Bureau of Human Service Licensing

June 26, 2021

██████████ VICE PRESIDENT & TREASURER
EC OPCO LEBANON PA LLC
5885 MEADOWS ROAD, SUITE 500
ECLIPSE SR LIV ATTN LICENSING
LAKE OSWEGO, OR 97035

RE: ELMCROFT OF LEBANON
860 NORMAN DRIVE
LEBANON, PA, 17042
LICENSE/COC#: 33376

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/08/2021, 04/09/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Gloria Emick

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 LEBANON* License #: *33376* License Expiration Date: *08/01/2021*
Address: *860 NORMAN DRIVE, LEBANON, PA 17042*
County: *LEBANON* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: *7172280909* Email: [REDACTED]

Legal Entity

Name: *EC OPCO LEBANON PA LLC*
Address: *5885 MEADOWS ROAD, SUITE 500, ECLIPSE SR LIV ATTN LICENSING, LAKE OSWEGO, OR, 97035*
Phone: *7172280909* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/10/1999* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *34* Waking Staff: *26*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *04/09/2021*

Inspection Dates and Department Representative

04/08/2021 - On-Site: [REDACTED]
04/09/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *65* Residents Served: *32*

Secured Dementia Care Unit

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

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *32*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

04/08/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/23/2021*

6/26/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/15/2021*

6/26/2021 - Document Submission

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

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

The hot water temperature at the bathroom sink of Room [redacted] measured 123 degrees Fahrenheit.

Plan of Correction

Accept

I. (2600.89.b) Hot water temperature in areas accessible to the resident may not exceed 120F Violation Description:

The hot water temperature at the bathroom sink of room [redacted] measured 123 degrees Fahrenheit.

A. Immediate Action: (04/09/2021)) Hot water tank Temperature was decreased by Maintenance Director. New monitoring thermometer obtained.

B. Training: Executive director will educate Leadership on or by 05/30/2021 on regulation .89b

C. Ongoing: Maintenance Director and or designee will do weekly water temperatures.

Completion Date: 05/23/2021

Document Submission

Implemented

All steps have been completed and training attached

107d - Procedure Emergency Management Agency Submission

1. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been reviewed or updated since 1/14/2020.

107d - Procedure Emergency Management Agency Submission (*continued*)**Plan of Correction****Accept**

(2600.107.d) *The written emergency procedures shall be reviewed or updated and submitted annually to the local emergency management agency.*

A. Immediate Action: Emergency procedure manual reviewed, and information finalized and sent to the local emergency management agency. Procedure manual sent 04/14/2021.

B. Training: Executive Director will educate Maintenance Director on Reg 107b and information regarding the emergency procedure guidelines by 05/30/2021.

C. Ongoing: Executive Director, Maintenance Director or designees will ensure Emergency plan is reviewed annually. Documentation of submission to the local emergency management agency shall be kept.

Completion Date: 05/23/2021

Document Submission**Implemented**

All Steps completed and training attached

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

The fields for blood pressure, height, weight, pulse rate, temperature, the medical professional name and license number are not completed on the medical evaluation for Resident #1 with an examination date of 2/1/21.

141a 1-10 Medical Evaluation Information *(continued)***Plan of Correction****Accept**

II. (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:

A. Immediate Action: 4/09/2021) Medical Evaluation corrected by physician office and filed. . (Please see attached corrected Medical Evaluation) Audit of all current DME will be conducted to all completed in their entirety by 6-15-21

B. Training: Resident Service Director and Business Office Coordinator educated on regulation 141a by administrator by 5/30/2021

C. Ongoing: Administrator and or designee will review each medical evaluation to ensure completed in its entirety.

Completion Date: 05/23/2021

Document Submission**Implemented**

All Steps completed and training attached.

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

The recorded blood sugar readings in resident medication administration records (MAR's) were not the same as the readings on the glucometers for the following residents:

<i>Resident #</i>	<i>Date & time</i>	<i>Reading on MAR</i>	<i>Glucometer Reading.</i>
2	4/5/21 7 AM	244	215
2	4/3/21 4 PM	271	244
3	4/7/21 4 PM	227	223
1	4/3/21 8 AM	286	No reading

185a - Implement Storage Procedures (*continued*)**Plan of Correction****Accept**

III. (2600.185.a) The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medication and medical equipment by trained staff persons.

A. Immediate Action: 04/10/2021 Daily glucometer log implementation at shift change.

B. Training: Administrator will educate nurses and medication Technicians on or by 05/30/2021 on regulation 185a.

C. Ongoing: Nurse and or designee will Audit Glucometer logs and Glucometer machines weekly for accuracy.

Completion Date: 05/23/2021

Document Submission**Implemented**

All Steps completed and training attached

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:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

The medication administration record (MAR) for Resident #4 does not have a diagnosis or purpose listed for the prescribed medication, Sotalol HCL which is administered 2 times per day.

Plan of Correction**Accept**

IV. (2600.187.a) A medication record shall be kept including the following for each resident for whom medications are administered. 12. Diagnosis or purpose for the medication, including pro re nata (PRN).

A. Violation Description: The medication administration record (MAR) for resident #4 does not have a diagnosis

B. Immediate Action: 04/09/2021 Diagnosis added to Resident 4 medication Sotalol (Copy of POS attached). A Complete audit of all resident medication records will be completed by 5-31-21 to ensure all have diagnosis.

C. Training: Executive Director to educate Nurses and Medication Technician on regulation 187a by 5-31-21

D. Ongoing: Nurse or designee will do weekly MAR/Cart audits to ensure all medications have diagnosis and results reviewed at month QA meetings.

Completion Date: 05/23/2021

187a - Medication Record *(continued)*

Document Submission

Implemented

All Steps completed and training attached