

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ELK HAVEN NURSING HOME ASSOCIATION, INC.

LEGAL ENTITY

To operate SILVER CREEK TERRACE

NAME OF FACILITY OR AGENCY

Located at 791 JOHNSONBURG ROAD, ST. MARYS, PA 15857

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 80  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P. L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 2, 2010 until July 2, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 426020

*Robert E. Robinson*

ISSUING OFFICER

*Kim T. Casey*

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

JUL 12 2010

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Mr. Thomas R. Davido, Administrator  
Elk Haven Nursing Home Association, Inc.  
785 Johnsonburg Road  
St. Marys, Pennsylvania 15857

RE: Silver Creek Terrace  
791 Johnsonburg Road  
St. Marys, Pennsylvania 15857

Dear Mr. Davido:

As a result of the Department of Public Welfare's licensing inspection on May 26, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

# Western Region

## VIOLATION REPORT PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

JUN 25 2010

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Silver Creek Terrace 791 Johnsonburg Road St. Mary's, PA 15857		<b>CURRENT LICENSE NUMBER</b> Adult Residential Licensing 426020
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) 5/26/2010	<b>REGIONAL REPRESENTATIVE</b> T. Newman, M. Orme	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION</b> (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;"><i>Tom Davido</i></p>		
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Tom Davido</i>	<b>DATE</b> 6/24/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Joe J. Perzino (JJP)</i>
		<b>DATE</b> 6-28-10


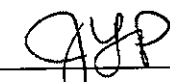
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
22a3 The following admission document shall be completed for each resident - Personal care home assessment completed within 15 days after admission on a form specified by the Department.  225a A resident shall have a written initial assessment	Resident #1's medical evaluation dated 3-16-10 lists hypertension, anxiety and thyroid dysfunction. The resident's assessment dated 3-16-10 lists dementia, arthritis and muscular degeneration under the medical diagnosis.  Resident #2's assessment dated 12-28-09 is not signed by the person who completed the assessment.	5-28-10 #1          5-28-10 #2	The diagnoses from the Medical Evaluation were recorded on the assessment for Resident #1 Wellness Coordinator will be asked to review assessments at the monthly QA meeting to avoid any discrepancies. See enclosed assessment.  Assessment dated 12-28-09 was signed by the person who completed it. Wellness Coordinator will review assessment at Monthly QA	6-28-10 JJP

7/30/10 The Wellness Coordinator or designated staff person will review all current residents' assessments to ensure they are completed accurately and in their entirety including signatures. 6/28/10 JJP

meeting to assure all required forms have been signed to avoid any discrepancies.

VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600


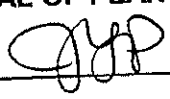
CM 23

NAME AND ADDRESS OF PERSONAL CARE HOME Silver Creek Terrace 791 Johnsonburg Road St. Mary's, PA 15857		CURRENT LICENSE NUMBER Adult Residential Licensing 428020	
INSPECTION DATE(S) (Include all dates of the inspection) 5/26/2010	REGIONAL REPRESENTATIVE T. Newman, M. Orme		
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that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.				

VIOLATION REPORT  
 PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600


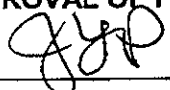
FORM 28

NAME AND ADDRESS OF PERSONAL CARE HOME Silver Creek Terrace 791 Johnsonburg Road St. Mary's, PA 15857		Adult Residential Licensing 428020	CURRENT LICENSE NUMBER
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25b 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.	Resident # 3 (DOA 3-16-10) and resident #4's (DOA 4-19-10) contracts were not signed by the residents.	5-27-10 #1  6-22-10 #2  7-30-10	<p>Manager noted on contract for residents 3 and 4 that contracts were signed by the residents POA, per residents request.</p> <p>An addendum to resident agreement has been developed, that in the event a resident request signature of POA it must be noted on the Personal Care Home Agreement and permission authorized without the residents signature. See enclosed addendum.</p> <p>The administrator or designated staff person will review all current residents contracts to ensure they contain all required signatures. 6-28-10 JJP</p>	6/28/10 JJP

# Western Region

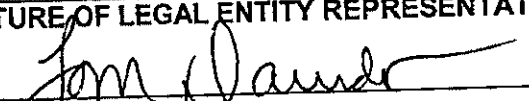

## VIOLATION REPORT PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600


<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Silver Creek Terrace 791 Johnsonburg Road St. Mary's, PA 15857		Adult Residential Licensing	<b>CURRENT LICENSE NUMBER</b> 426020
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 5/26/2010		<b>REGIONAL REPRESENTATIVE</b> T. Newman, M. Orme	
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65a 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.	Staff Person A (DOH 5-14-10) did not complete the required evacuation procedure training.	6-8-10	The training was completed. The trainer and staff person have signed the staff training document. See enclosed. In the future all new hire training forms will be reviewed at the monthly QA meetings to assure all required training has been completed and signed.	Steps have been taken to correct violation. Full compliance is not verifiable. 6/28/10 Date: Initials (DPW)

# Western Region

## VIOLATION REPORT PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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107c The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.	The water supply letter dated May 4, 2009 from Culligan Water Corporation did not specify when they could supply the water to the home.	6-18-10	The Culligan Water Co. was contacted and has agreed to supply Silver Creek Terrace with water within 4 hours after a water emergency has been declared. They will supply each resident and staff member with 1 gallon of water per day for 3 days. See attached agreement.	6-28-10 

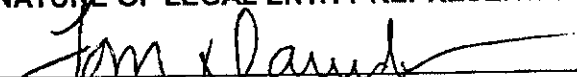

**VIOLATION REPORT** Western Region  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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132f Alternate exit routes shall be used during fire drills.	The homes fire drill log does not indicate which exits the home is using during their fire drills.  Repeat Violation 6/11/09	6-21-10   7-30-10  7-30-10  7-30-10	A color coded map has been developed identifying exits blocked off, and exit routes used during fire drills. The map will be used after every fire drill is conducted to indicate which exits the home is using during fire drills.  An unannounced fire drill will be completed Monday using alternate exit routes. The Monday fire drill log will indicate that alternative exit routes are being used.  The administrator will educate staff & residents on the importance of using alternate exits for fire drills.  The administrator will review fire drills log Monday to ensure alternate exit routes are being used. 6/28/10 JJP	Steps have been taken to correct violation; full compliance is not verifiable. 6/28/10 JJP Date Initials (DPW)



# Western Region


## VIOLATION REPORT PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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141a-2 The medical evaluation shall include the following:  (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	Resident #1's medical evaluation dated 3-16-10, Resident #3's medical evaluation dated 3-16-10, Resident #6's medical evaluation dated 1-1-10 and Resident #7's medical evaluation dated 2-16-10 all have an attached medication list that is not signed or dated by the physician.	6-20-10  6-30-10	The attached Medication List have been signed by the appropriate physicians. A letter will be sent to Physicians reminding them any attachments regarding a residents medication must be signed by the Physician. See attached. Manager will review all medication lists to assure they are signed and dated.	Steps have been taken to correct violation; full compliance is not verifiable <del>6/28/10</del> <del>TSO</del> Date Initials (DPW)

**VIOLATION REPORT** Western Region  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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143a The home shall have a written emergency medical plan that includes the following:  (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible. (2) Emergency transportation to be used. (3) An emergency-staffing plan.	The home did not have a written emergency medical plan.	6-17-10	A Policy and Procedure has been developed for Medical Emergencies. The staff has been in-serviced on the Emergency Medical Plan and signed off. The Policy has been placed in Silver Creek Terrace Policy and Procedure Manuel. See attached plan.	6/28/10 


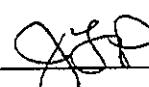
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**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Silver Creek Terrace 791 Johnsonburg Road St. Mary's, PA 15857		<b>CURRENT LICENSE NUMBER</b> Adult Residential Licensing 26020	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) 5/26/2010		<b>REGIONAL REPRESENTATIVE</b> T. Newman, M. Orme	
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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Tom Davids</i>		<b>DATE</b> 6/24/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>
			<b>DATE</b> 6/28/10

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183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	Resident #8's room contained a small sharp box ¼ full of used syringes beside the resident's bed. The top of the box was open and the opening was approximately 4 inches by 4 inches. There was no lock in order to prevent anyone from having access to the contents.  Resident room #1024 has a container of medicated chest rub in the bathroom. The door to the resident's room was unlocked.  <b>Repeat Violation 8/1/09</b>		#1 Portable Sharps Containers will be removed from Diabetic Residents rooms and replaced with wall mounted locked Sharps containers when they arrive from Vendor ordered 6-21-10. In the future all new residents requiring Sharps containers in their rooms will be supplied with wall mounted locked Sharps Containers. See confirmation of order for locked Sharps Containers. See attached.  #2 Medicated chest rub was removed from resident Room 1024. A resident meeting was	Steps have been taken to correct violation; full compliance is not verifiable <del>6/28/10</del> Date <i>[Signature]</i> Initials (DPW)

#2 continued. held on 6-23-10 to review the regulation for storing and handling of medications in a Personal Care Home. Residents signed off after attending meeting. See attached. Staff will be in-serviced on regulations for proper storing and handling of medication in Personal Care Home, also to notify Manager, Wellness Coordinator, or Supervisor in the event they find meds. in a Resident's room.

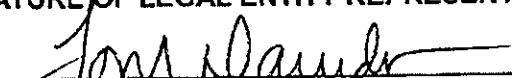
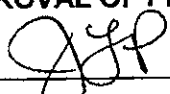
VIOLATION REPORT  
 PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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224c The preadmission screening shall be completed by the administrator or designee.	Resident #2's preadmission screening dated 12-17-09 is not signed, dated or titled by the person who completed the screening.	06-20-10	The preadmission screening dated 12-17-09 has been signed and dated by resident and Manager. (See enclosed) To assure all required admission forms are signed and dated, the manager will have Wellness Coordinator review all preadmission screenings.	6/28/10 JJP


VIOLATION REPORT

PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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226a The resident shall be assessed for mobility needs as part of the resident's assessment.	Resident #10's medical evaluation dated 3-11-10 indicates the resident has difficulty understanding and following directions. His/her assessment dated 3-12-10 indicates under mobility he/she walks without any assistance.	06-01-10	Resident #10's medical evaluation form was corrected by Physician to show [redacted] is independantly mobile and capable of vacating the building independantly in the event of an emergency.	6/28/10 JJP

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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226a The resident shall be assessed for mobility needs as part of the resident's assessment.	Resident #10's medical evaluation dated 3-11-10 indicates the resident has difficulty understanding and following directions. His/her assessment dated 3-12-10 indicates under mobility he/she walks without any assistance.	7/30/2010  7/30/2010  7/30/2010	All staff persons completing assessments will be educated regarding the completion and accuracy of the document including the documentation of mobility needs.  The administrator or designated staff person will review all current resident assessments to ensure completion and accuracy including mobility needs. The administrator or designated staff person will review all newly completed resident assessments to ensure completion and accuracy including mobility needs	