

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ELAN GARDENS, INC.

LEGAL ENTITY

To operate ELAN GARDENS

NAME OF FACILITY OR AGENCY

Located at 465 VENARD ROAD, CLARKS SUMMIT, PA 18411

(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 75  
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 March 28, 2011 until March 28, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 243750

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

MAR 17 2011

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

Ms. Ilise Rubinow, Corporate Recording Secretary  
Elan Gardens, Inc.  
Elan Gardens  
465 Venard Road  
Clarks Summit, Pennsylvania 18411

Dear Ms. Rubinow:

As a result of the Department of Public Welfare's licensing inspection on January 27, 2011 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.


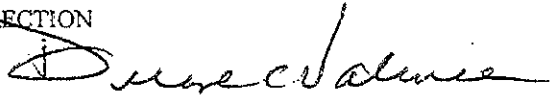
Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky  
Acting Director

Enclosures  
License  
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME ELAN GARDENS, 465 VENARD ROAD CLARKS SUMMIT, PA 18411		CURRENT LICENSE NUMBER 243750	
INSPECTION DATES (include all dates of the inspection) 01/27/2011		REGIONAL REPRESENTATIVE Florence Babiarz, Betty Bloch, MaryAnn Domanski	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Ilise Rubino, Administrator</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>2/16/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>2-22-11</i>

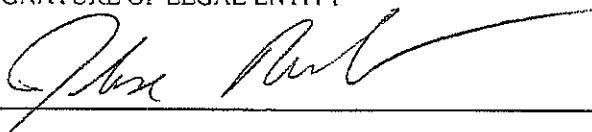

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
<p>54a</p> <p>Direct care staff persons shall have the following qualifications:</p> <p>(1) Be 18 years of age or older, except as permitted in subsection (b).</p> <p>(2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.</p> <p>(3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care</p>	<p>The home did not have a waiver that the non-U.S. educational program completed by the direct care staff person, "A", d.o.h. 11-22-10, is similar to or exceeds U.S. educational requirements.</p>	<p><i>4/1/2011</i></p>	<p><i>An application for a waiver was completed and mailed on 1/31/11. See Attachment #1.</i></p> <p><i>Attachment #2 is the notarized affidavit that was done at the time of hire. At that time we believed this was adequate based on the highlighted statement from the LMI. See Attachment #3</i></p>	<p><i>Dec 2-22-11</i></p>

RECEIVED

FEB 18 2011

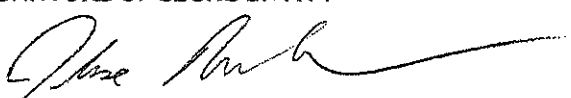

SCRANTON FIELD OFFICE  
Adult Residential Licensing

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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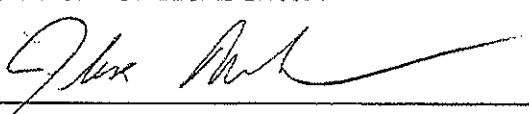

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services with reasonable skill and safety.				DCU 2-22-11

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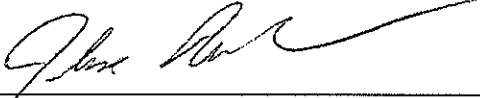
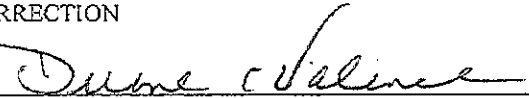
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95 Furniture and equipment shall be in good repair, clean and free of hazards.	Located in the first floor laundry room, the mesh lint trap in the "Whirlpool" brand clothes dryer was torn alongside the top portion of the frame.	2/1/11	<p>The mesh lint trap was replaced and shown at the time of inspection.</p> <p>All staff involved with laundry have been instructed to report a torn lint trap immediately.</p> <p>Daily checks of the lint traps are being done by the house keeping/laundry coordinator.</p>	DCU 2-22-11


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125a Combustible and flammable materials may not be located near heat sources or hot water heaters.	Located on the outside of the home and adjacent to the exit door closest to room # 211, a thin layer of lint was found on the ground underneath the external lint vent. It measured approximately 3' x 3' wide.	3/1/11 (weather permitting)	The lint will be removed as soon as the ground is sufficiently thawed in order to do so.  In the meantime, and thereafter the Housekeeping / Laundry coordinator will do daily checks along with lint removal from the ground underneath the external lint vent.  When weather allows, the maintenance coordinator will lay a cement board (see attachment #4) for easy lint cleanup.	DcV 2-22-11

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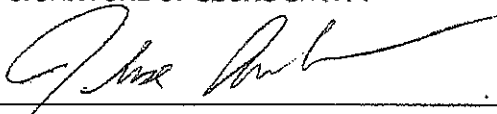
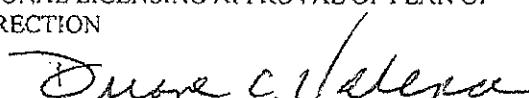
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132g Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.	The two most current "sleeping hours" fire drills were completed at the change of shifts when additional staff was present in the home. They were conducted on 1/28/10 at 11 pm and on 7/2/10 at 6:40am when there were 4 and 6 staff, respectively, present in the home to assist in the evacuation. Staff person "B", who is the administrator, stated two staff persons are routinely scheduled on the night shift.	1/28/10	This was corrected immediately based on the guidance provided by the regional representatives.  A "sleeping hours" drill was held the next morning as documented on Attachment # 5	Steps have been taken to correct violation; full compliance is not verifiable Date: 2-22-11 Initials (DPW): 
		2-22-11 end on-going	Per tele call w/ administrator this date. The administrator will monitor sleeping hours fire drills to ensure that all unscheduled sleeping hour fire drills	

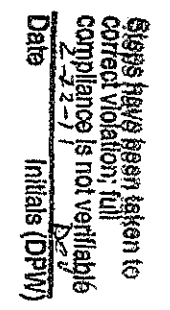
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182c Medication administration includes the following activities, based on the needs of the resident: (1) Identify the correct resident. (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly. (3) Remove the medication from the original container. (4) Crush or split the medication as ordered by the prescriber. (5) Place the medication in a	According to a note in the MAR, on at least one occasion, resident #1, took their medications out of the dining room and did not take their medications immediately. The staff poured the medication into a medication cup and left the cup on the dining room table for the resident to take. did not ensure immediate administration as per 182c(5).	2/1/11	As per regulation, all residents will be closely supervised when medications are administered.  All licensed nurses have been advised of the same and specifically told to stay with residents until medications are taken completely.  Only licensed nurses administer medications in our facility	

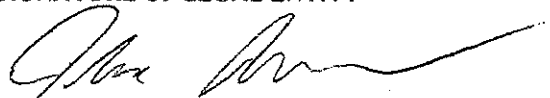

*See page 8 of 10*

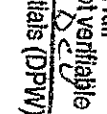
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medication cup or other appropriate container, or in the resident's hand (for immediate administration). (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in 182b4. (7) Complete documentation in accordance with 187.		2-22-11 And on-going	Per tele call w/ administrator this date [REDACTED] The administrator will monitor licensed nurses weekly to make sure that residents are daily supervised at the time of medication administration and medications are administered immediately when given to residents by the licensed nursing staff.	See previous page 7 of 10


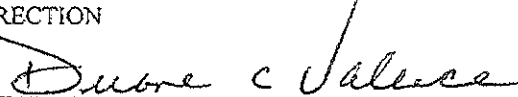
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183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	At the time of inspection, the home had discontinued medication in a cardboard box in the home's medication room. The home had one container of Ditropan XL Tabs and one container of Aldactone Tabs 25 mg for resident # 2. These medications were discontinued on 12-21-10.	1/28/11	All discontinued medications shall be removed from the facility by proper measures immediately upon Physician's order to discontinue.  This will be the responsibility of the RN Wellness Coordinator.	<div style="text-align: center;"> <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 2-22-11</p> <p>Initials (DPW): </p> </div>
		2-22-11 and ongoing	Administrator will monitor the RN Wellness Coordinator weekly to ensure staff follow medication directions and no expired or discontinued medication is present in the home.	

*medication is present in the home.*  
DLV2-22-11

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187c 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.	Resident #3 refused the medication Vesicare 10 mg Tablet on 1-22-11 at 6:00 p.m. and on 1-23-11 at 6:00 p.m. The home did not report the refusal to the prescriber within 24 hours.	1/28/11	Within 24 hours of a resident refusing a medication, the prescriber will be contacted by FAX or phone. This reporting will be the responsibility of the RN Wellness Coordinator or his designee.  The policy and procedure and the FAX form are Attachment #6	DCU 2-22-11

RECEIVED

FEB 18 2011

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