

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 April 19, 2011 until April 19, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 426020

Robert E. Robinson

ISSUING OFFICER

R. C. King

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

APR 25 2011

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

Mr. Tom 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 March 23, 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,

Ronald Melusky

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

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

No. 2105 P. 2

NAME AND ADDRESS OF PERSONAL CARE HOME SILVER CREEK TERRACE, 791 JOHNSONBURG ROAD ST MARYS, PA 15857		CURRENT LICENSE NUMBER 426020	Western Region
INSPECTION DATES (Include all dates of the inspection) 03/23/2011	REGIONAL REPRESENTATIVE Dennis Ropon, Debbie McConnell		APR 11 2011
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only. If multiple representatives produce the plan) TOM DAVIDO, ADMINISTRATOR			Region 10, Residential Licensing
SIGNATURE OF LEGAL ENTITY <i>Tom Davido, NHA</i>	DATE 4/6/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan B. [Signature]</i>	DATE 4/11/11

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
65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these	Direct care staff person A, date of hire, 9/26/05, did not receive training in fire safety, falls prevention, and resident rights during training year 2010.	4-4-11	The Direct Care Staff person hired on 9-26-05 has been in-serviced in fire safety, Resident Rights and fall prevention (See enclosed training sheets). To avoid omitting an employee's year of mandatory training, all staff training will be monitored at the beginning of the training year and recorded on the enclosed staff record sheet. This will be done by the Manager. This will be reviewed at the December 24 meeting as this is the beginning of our training year.	4-11-11

Apr. 11. 2011 8:38AM

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

No. 2105 P. 3

NAME AND ADDRESS OF PERSONAL CARE HOME SILVER CREEK TERRACE, 791 JOHNSONBURG ROAD ST MARYS, PA 15857		CURRENT LICENSE NUMBER 426020	WESTERN PA
INSPECTION DATES (Include all dates of the inspection) 03/23/2011	REGIONAL REPRESENTATIVE Dennis Rapon, Debbie McConnell		APR 11 2011
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Tom Davido, ADMINISTRATOR</i>			Adult Residential Licensing
SIGNATURE OF LEGAL ENTITY <i>Tom Davido, NHA</i>	DATE <i>4/11/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>4-11-11</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
regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.				

Apr. 11. 2011 8:39AM

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

No. 2105 P. 4

NAME AND ADDRESS OF PERSONAL CARE HOME SILVER CREEK TERRACE, 791 JOHNSONBURG ROAD ST MARYS, PA 15857		CURRENT LICENSE NUMBER 426020	Western Region
INSPECTION DATES (Include all dates of the inspection) 03/23/2011		REGIONAL REPRESENTATIVE Dennis Rapon, Debbie McConnell	APR 11 2011
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>TOM DAVIDO, ADMINISTRATOR</i>		Adult Residential Licensing	
SIGNATURE OF LEGAL ENTITY <i>Tom Davido, NHA</i>	DATE 4/11/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 4-11-11

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
81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	Resident #1 has half-length bed rails on both sides of the bed. There is no Physician's order for the half-length bedrails for resident safety. The use of the half-length bed rails and the safety measures to protect the resident is not indicated in the resident's assessment or the resident's support plan, and the resident is not being checked every 15 minutes while the bed rails are in use.	3-23-11	Side rails were removed at the time of survey. It is the policy of Silver Creek Terrace to prohibit the use of bedrails (of any type), and smaller rails (see Policy enclosed). Beds will be checked weekly by housekeeping, and check list reviewed at Monthly Quality Assurance Meeting.	Steps have been taken to correct violation; full compliance is not verifiable 4-11-11 Date Initials DPW

Apr. 11. 2011 8:39AM