

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, 2012 until March 28, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 243750

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

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

MAR 26 2012

Ms. Ilise Rubinow, Administrator
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 February 2, 2012 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.

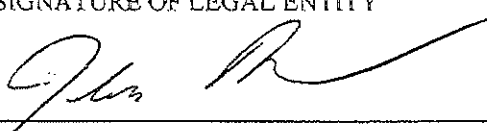
Sincerely,

A handwritten signature in black ink, appearing to be 'R' followed by a long horizontal line.

Ronald Melusky
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) 02/02/2012		REGIONAL REPRESENTATIVE Ann O'Haire, Leslie Patton	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Elise Robinson, Administrator</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>2/28/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mognalozzi</i>	DATE <i>3/9/12</i>

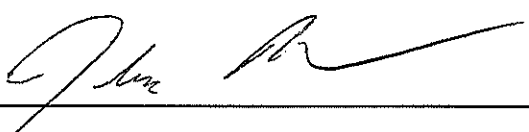
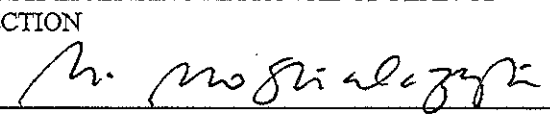
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
125a Combustible and flammable materials may not be located near heat sources or hot water heaters.	A white cotton sock was observed to be lying across the electrical connection behind the second whirlpool dryer located in the second floor laundry room. Repeated Violations: 01/25/2011	<i>2/2/12</i>	The sock was removed immediately and the areas around <u>all</u> dryers were inspected at that time	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: <i>3/9/12</i> Initials (DPW): <i>MM</i></p>
		<i>2/3/12</i>	All of the housekeepers were instructed as to the safety risks involved with dryers. All housekeepers will check the areas surrounding all dryers at the start and at the end of their shift. The Housekeeping/Laundry Coordinator will have full responsibility	

RECEIVED

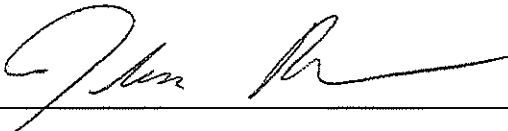
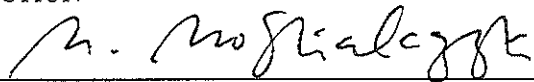
MAR 01 2012

SCRANTON FIELD OFFICE

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) 02/02/2012		REGIONAL REPRESENTATIVE Ann O'Haire, Leslie Patton	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 2/25/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/9/12

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
125b Combustible materials shall be inaccessible to residents.	One large white candle was observed to be lit and unattended and was located in the "Tea Room" on the first floor. The home reported that a family was holding Shiva Visitation for seven days on site and this was part of their religious ceremony. No open flames are allowed in the interior of the facility due to fire hazards.	2/2/12	Candle was extinguished immediately. All religious candles were removed from storage. Involved staff members were informed.	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small;">Steps have been taken to correct violation; full compliance is not verifiable.</div> <div style="display: flex; gap: 5px;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: x-small;">Date</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: x-small;">Initials (DPW)</div> </div> </div>
		2/3/12	Electric and battery operated candles were purchased to replace all religious candles.	
		2/13/12	Open flame policy was distributed.	

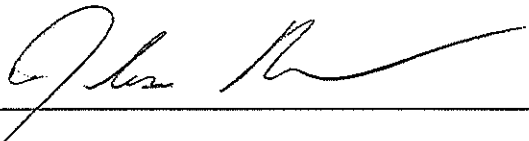
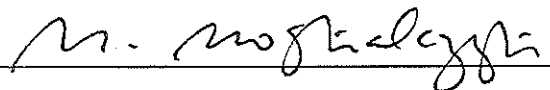
NAME AND ADDRESS OF PERSONAL CARE HOME ELAN GARDENS, 465 VENARD ROAD CLARKS SUMMIT, PA 18411		CURRENT LICENSE NUMBER 243750	
INSPECTION DATES (Include all dates of the inspection) 02/02/2012		REGIONAL REPRESENTATIVE Ann O'Haire, Leslie Patton	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 2/28/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/9/12

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
141a 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.	<p>The medical evaluation in the record of resident #1 (dated 11/22/11) and resident #2 (dated 11/21/11) did not indicate medical information pertinent to diagnosis and treatment in case of an emergency.</p> <p>The medical evaluation in the record of resident# 3 (dated 6/28/11) did not indicate medical information pertinent to diagnosis and treatment in case of an emergency. In addition, the resident's medical diagnoses were not indicated on the medical evaluation or the attached list of medications dated 7/13/11.</p> <p>The medical evaluation in the record of resident #4 (dated 10/18/11) did not indicate prescribed medications.</p> <p>The medical evaluation in the record of resident #5 (dated 10/26/11) stated "see attached list" regarding prescribed medications. A list of medications was not attached to the medical evaluation.</p>	3/2/12	<p>In the event that information is missing on the medical evaluation, the physicians will be contacted by the RN Wellness Coordinator. They will be given the option of doing a new form or giving the RN Wellness Coordinator the changes and/or the authority to make changes as a telephone or fax order. This will be the approach for anything that is missing including but not limited to the information and assessments as noted in the violation description on the left.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p>Date: 3/9/12 Initials (DPW): [Signature]</p>

RECEIVED


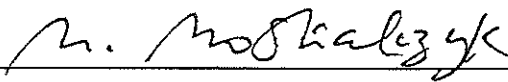
MAR 01 2012

SCRANTON FIELD OFFICE
 Adult Residential Licensing

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) 02/02/2012		REGIONAL REPRESENTATIVE Ann O'Haire, Leslie Patton	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 2/28/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-9-12


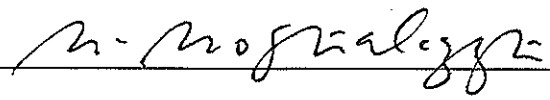
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
183a1 Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.	Individually packaged Restasis eye drops prescribed to resident # 6 were stored in a small pharmacy bottle in the home's medication cart. The pharmacy bottle did not contain a pharmacy label indicating the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration, and the name and title of the prescriber.	2/2/12	<p>This was resolved on the day of inspection.</p> <p>All medications will be packaged with a pharmacy label indicating resident's name, medication name, date the prescription was issued, prescribed dosage, instructions for administration, name and title of the prescriber.</p> <p>This will be the responsibility of all of the licensed nurses with overall responsibility belonging to the RN wellness coordinator.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date 3/9/12 Initials (DPW)</p>

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) 02/02/2012		REGIONAL REPRESENTATIVE Ann O'Haire, Leslie Patton	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 2/28/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/9/12



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
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Tramadol HCL 50mg prescribed to resident #7 expired 1/27/12. Amlodipine Besylate 5mg prescribed to resident #8 expired 1/11/12. Repeated Violations: 01/27/2011	2/2/12 2/7/12	Out dated prescriptions were destroyed in the appropriate manner. Night shift LPN's will do weekly checks to identify which medications are due to expire. RN Wellness Coordinator will be responsible for overseeing this issue.	<div style="text-align: center;"> <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: <u>3/9/12</u> Initials (DPM): <u>[Signature]</u></p> </div>

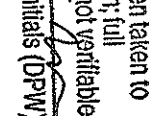
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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) 02/02/2012		REGIONAL REPRESENTATIVE Ann O'Haire, Leslie Patton	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 2/28/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/9/12

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
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	Resident # 2 began receiving hospice services on 1/8/12. The home did not complete a new assessment as a result of the resident's significant change in medical condition.	2/9/12	New assessments will be completed in a timely manner as stated in the RCF and on the assessment directions. New assessments will be done: Annually, for significant changes, at the Department's request. All assessments are the responsibility of the RN Wellness Coordinator.	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="text-align: center; font-size: small;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">Date: <u>3/9/12</u> Initials (DPW): <u>[Signature]</u></p> </div>

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) 02/02/2012		REGIONAL REPRESENTATIVE Ann O'Haire, Leslie Patton	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 2/28/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/9/12

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
227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	Resident # 2 began receiving hospice services on 1/8/12. The home did not complete a new support plan as a result of the resident's significant change in medical condition.	2/10/12	<p>New/revised support plans will be completed in a timely fashion as stated in RCB and on the support plan directions.</p> <p>New/revised support plans will be completed following the annual assessment and upon a significant change in medical condition.</p> <p>Quality Assurance nurses and the RW Wellness Coordinator will be responsible for the current plans.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date: 3/9/12 Initials (DPW): </p>