

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 20, 2012 until April 20, 2013,
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

MAY 31 2012

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 April 4, 2012, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.


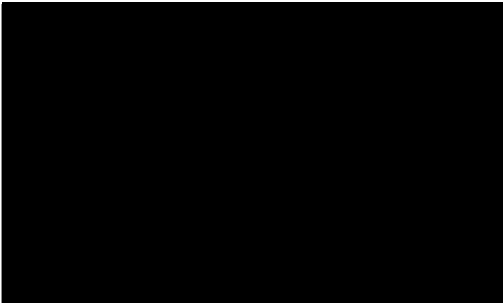
Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky", with a long horizontal flourish extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: SILVER CREEK TERRACE		License Number: 426020
Address: 791 JOHNSONBURG ROAD, ST MARYS, PA 15857		County: Elk
Administrator: Megan Schneider		Region: WEST
Legal Entity Name: ELK HAVEN NURSING HOME ASSOCIATION INC		
Legal Entity Address: 785 JOHNSONBURG ROAD, ST. MARYS, PA 15857		
Certificate(s) of Occupancy C-2 LP 07/09/1997 Labor & Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 55 Waking Staff: 41		
Type of Inspection: Ind - 49 Indicators		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/04/2012: Whitney, Diane; Cutter, Jan		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>MAY 9 2012</p> <p>Western Field Office Adult Residential Licensing</p>		
Other Details Partial or Full Triggers: 252 Random Indicators: 65b; 132c; 163a; 188c; 190a		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 80 Number of Residents Served: 52 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Megan Schneider, RHA
5/10/12

John Fawcett 5/8/12

Violation Report: 42802 - 04/04/2012 - Whitney, Diane

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26)

2. DESCRIPTION OF VIOLATION

Residents #1, #2, #3, and #4's records does not include a personal inventory of belongings.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. Manager will obtain a list of personal belongings on all residents by June 1, 2012
2. A letter will be mailed to all family members/responsible parties regarding personal items being brought into the facility by June 1, 2012
3. Manager will review the requirements for the inventory of personal items at the next Resident Council Meeting.
4. The Manager will obtain an Inventory of Personal Belongings on all new residents upon admission.
5. Manager will in-service the staff by June 1, 2012 on the Inventory of Personal Belongings to assure all items are being recorded.
6. Manager will report at monthly Quality Assurance meetings to assure compliance.

RECEIVED

MAY 10 2012

Western Field Office
Adult Residential Licensing

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page)

Tom Davido

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

TOM DAVIDO, ADMINISTRATOR

Date 5/8/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/10/12
(Date)

Verification of Legal Entity Representative Signature 5/10/12
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented