

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 June 3, 2013 until June 3, 2014,
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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 03 2013

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 (Department) licensing inspection on March 18, 2013, 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 Human Services 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", with a horizontal line extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2608

PCH Name: ELAN GARDENS		License Number: 24375
Address: 465 VENARD ROAD, CLARKS SUMMIT, PA 18411		County: Lackawanna
Administrator: Ilise Rubinow		Region: NORTHEAST
Legal Entity Name: ELAN GARDENS INC		
Legal Entity Address: 465 VENARD ROAD, CLARKS SUMMIT, PA 18411		
Certificate(s) of Occupancy C-2 LP 10/18/1996 PA Dept of L&I		
Staffing Hours: Resident Support: 49 Total Daily Staff: 98 Waking Staff: 74		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s): Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/13/2013: Yellenic, Cindy; Rushin, Julienne		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details: Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 75 Number of Residents Served: 49 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 49 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 24975 - 03/18/2013 - Yellenic, Cindy
PGH Name: ELAN GARDENS

1. REGULATION 55 Pa. Code §2500
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
The refrigerator in the Café, on the 1st floor, had a dozen muffins in one of the drawers that were not covered and were not dated.

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.

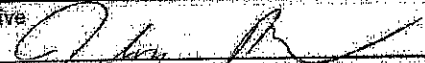
This violation was corrected immediately. The dietary department is responsible for checking that refrigerator and stocking it twice daily. Unfortunately, it is accessible to residents, staff, and visitors, which in this case resulted in the unmarked, unwrapped muffins. All of the dietary staff members who have the responsibility for this refrigerator have been counseled to increase their inspections of the refrigerator and remove without question any items that are not properly packaged or marked.

There are already systems in place for our own staff to wrap and date any and all food items in all food areas of the building. The situation with these muffins was reviewed with all dietary staff members.

Completed - March 18, 2013

• The administrator will monitor for ongoing compliance. m 3/28/13

Repeat Violation: No Date(s) of Previous Violation(s):


Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Julie Robinson, Administrator Date 3/26/13

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

The above plan of correction is approved as of 3/28/13 (Date)

Plan of correction implementation status as of 3/28/13 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 24375 - 03/18/2013 - Yellenic, Cindy
 PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600
2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record was missing the initials after the medication had been given for: Resident #1, on 3-11-13, Peri-dex mouth rinse at 8:00pm; Resident #2, on 3-15-13, Flovent HFA 110mg./Act Aero at 8:00pm; and, Resident #3, on 3-11-13, Tofranil 50mg. given at 9:00pm.

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.

There is already a policy and procedure in place regarding the signing of the medication administration record. The RN Wellness Coordinator and the Administrator counseled the nurses involved in the missing initials as noted in this deficiency. This counseling took place immediately following the inspection in the evening of March 18, 2013.

In addition, the RN Wellness Coordinator and the Quality Assurance Coordinators have reviewed the MAR Policy and Procedure with each licensed nurse on staff. At our facility, only licensed nurses administer medications. These policy and procedure reviews were completed on March 22, 2013.


The RN Wellness Coordinator and the Quality Assurance Coordinators will randomly check the Medication Administration Records on a frequent basis to prevent further errors.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Elise Robinson	3/28/13

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

The above plan of correction is approved as of <u>3/28/13</u> (Date)	Plan of correction implementation status as of <u>3/28/13</u> (Date)
The above plan of correction was approved by <u></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented