

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 June 20, 2013 until June 20, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 426020

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 20 2013

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 (Department) licensing inspection on April 3, 2013 and April 4, 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 long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: SILVER CREEK TERRACE		APR 25 2013	License Number: 42602
Address: 791 JOHNSONBURG ROAD, ST MARYS, PA 15857		County: Elk	
Administrator: Megan Scheider		Western Field Office Adult Residential Licensing	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 07/09/1994 L & I			
Staffing Hours			
Resident Support: 0	Total Daily Staff: 51	Waking Staff: 38	
Type of inspection: Ind - Full	BHA Docket Number:	Notice: Unannounced	
Reason(s) for Inspection(s)			
Renewal			
On-Site Inspections Dates and Department Representatives On-Site			
04/03/2013: McConnell, Deb			
04/04/2013: McConnell, Deb			
Off-Site Inspection Dates and Inspectors, if Applicable			
Other Details			
Partial or Full Triggers: 225a, 51/52		Random Indicators: 28a, 29b6, 42x, 63d, 125b	
Resident Demographic Data as of Inspection Dates			
Licensed Capacity: 80 Number of Residents Served: 50 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: 1		Number of Residents who: Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 50 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 1	

Violation Report: 42602 - 04/03/2013 - McConnell, Deb
PCH Name: SILVER CREEK TERRACE

APR 25 2013

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Western Field Office
(OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

On or about 11/1/12, a construction company began renovation of the home's kitchen, hallways and other rooms. The construction workers have direct unsupervised access to residents throughout the home. Criminal record checks were not completed on the 11 construction workers until 4/3/13, when the Department was in the home.

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.

- a. The Project Manager at Hallstrom's Construction, Inc. obtained the criminal background checks for all contractors servicing the renovation project at the facility on 4-3-2013.
- b. The Manager of the facility will keep copies of all background checks and professional licenses of contractors/repair persons entering facility for contracted work on file in the Business Office.
- c. Any contractors whose records are under review or not cleared shall not be permitted in the facility. The Facility-Contractor Agreement will be reviewed by management to include clear language that supports completion of criminal history background checks in accordance with the Older Adult Protective Services Act.
- d. The Facility Manager will provide education to the staff to reinforce the requirement that any person coming into the facility who may have direct, unsupervised access to residents must have criminal background checks prior to their services, or a staff person must remain with the service person the entire time they are in the facility until the service person leaves.

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 **4.24.13**

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

The above plan of correction is approved as of 4/26/13
(Date)

Plan of correction implementation status as of 4/26/13
(Date)

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

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42602 - 04/03/2013 - McConnell, Deb
PCH Name: SILVER CREEK TERRACE

APR 25 2013

1. REGULATION 55 Pa.Code §2600

Western Field Office

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

On 4/3/13, the telephone in bedroom #2022 did not have emergency service numbers posted nearby.

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.

- a. Manager placed a sticker containing emergency service numbers on the telephone belonging to the resident in room #2022.
- b. Manager will have emergency service numbers framed and posted in each bedroom of the facility to prevent loss of these phone numbers through accidental or purposeful removal of stickers.
- c. Housekeeping will check all phones on a monthly basis and keep a monthly log that emergency service numbers are posted on or near each phone. The results of the Monthly audit will be presented at the facility's Quality Assurance meeting and kept in Business Office.
- d. Manager will educate residents and designated persons on importance of the posting of emergency service numbers via hand-delivered and mailed letter, respectively and upon admission to facility. Staff will also be educated during an in-service that numbers must be on or near each phone in the facility.

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 *4.24.13*

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Plan of correction implementation status as of 4/26/13 (Date)

The above plan of correction was approved by 2 (Initials)

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

Violation Report: 42802 - 04/03/2013 - McConnell, Deb
PCH Name: SILVER CREEK TERRACE

APR 25 2013

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 4/3/13, the municipality's emergency procedures were not posted in a conspicuous and public place in the home. The plan was in an unlabeled binder on a shelf in the care station office.

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.

- a. On the day of inspection, 4-3-2013, the manager placed a labeled copy of the Municipality's Emergency Procedures in a wall-mounted file holder next to the Business Office door, which is a conspicuous and public place.
- b. The Manager will check monthly to make sure the Emergency Procedures continue to be posted in the conspicuous and public place.
- c. The Manager will provide education to the staff to include the whereabouts of the Emergency Procedures and that they are to be posted in a conspicuous place.
- d. The results of the monthly audit will be presented at the facility Quality Assurance monthly meeting and posted for staff education.


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
TOM DAVID	4-24-13

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(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 4/26/13
(Date)

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

RECEIVED

Violation Report: 42602 - 04/03/2013 - McConnell, Deb
PCH Name: SILVER CREEK TERRACE

APR 25 2013

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Western Field Office
Adult Residential Care

2a. DESCRIPTION OF VIOLATION

The home has not notified the local fire department in writing of the location of residents who need assistance in evacuating. The home currently has 1 resident with a mobility need.

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.

- a. The Manager faxed a copy of the facility floor plan to Bill Kraus, the fire chief of Crystal Fire Department, indicating the location of the resident with a mobility need on 4-4-2013, the day of inspection.
- b. Manager will send an updated copy of the facility floor plan to the local Fire Department indicating the location of any residents with mobility needs upon Admission and more often as needed with changes in condition.
- c. Documentation of notification to the local Fire Department will be kept on file in the Business Office.
- d. Manager will re-enforce education to staff to report any change in resident condition to include changes that may affect their level of independence and need for additional assistance to evacuate in an emergency.

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 4-24-13

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(Date)

Plan of correction implementation status as of 4/26/13
(Date)

- Fully Implemented *2*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 42602 - 04/03/2013 - McConnell, Deb
PCH Name: SILVER CREEK TERRACE

APR 25 2013

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Western Field Office

2a. DESCRIPTION OF VIOLATION

On 8/16/12, 49 residents were present in the home, only 48 residents evacuated during the fire drill.

On 2/25/13, 48 residents were present in the home, only 46 residents evacuated during the fire drill.

On 3/25/13, 46 residents were present in the home, only 43 residents evacuated during the fire drill.

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.

- a. Manager explains to all residents upon admission that participation and evacuation during fire drills is mandatory. A signature of compliance to all Home Rules is obtained in the Admission Agreement.
- b. Manager will amend the Admission Agreement (and inform current residents in writing of the change) that failure to evacuate during a fire drill may result in a 30-day discharge notice from the facility for noncompliance to the Home Rules and endangerment to self and others.
- c. If a resident refuses to evacuate during a fire drill, Manager will review the Admission Agreement signed by the resident to participate in fire drills. Manager will document the lack of compliance and reason for facility's actions in the medical chart. Manager will send a written notice to the resident and responsible persons that any future failure to comply and evacuate during a fire drill will result in a 30-day discharge notice, and counsel resident as to need for evacuation for safety.
- d. Manager will review any discharge notices that have been issued at monthly Quality Assurance Meetings.
- e. Manager will educate staff on change in Home Rules, importance of resident Participation and need to document and report reluctance or refusals.

to need for evacuation for safety.

J
yhe/n

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

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 *4.24.13*

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Plan of correction implementation status as of 4/26/13 (Date)

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

Violation Report: 42602 - 04/03/2013 - McConnell, Deb
PCH Name: SILVER CREEK TERRACE

APR 25 2013

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for each week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

On 4/3/13, the home's menu for the upcoming week, 4/7/13 - 4/13/13, was not posted.

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.


- a. Manager/designee will post current week's menu with the upcoming week's menu in a conspicuous and public place every Friday.
- b. Direct care staff will conduct a daily check to ensure both current and upcoming menus continue to be posted in a conspicuous and public place and document their initials on a daily log.
- c. Manager will review the Menu posting log at monthly Quality Assurance meetings to assure compliance is maintained.
- d. Manager will educate facility staff on their responsibilities regarding menu postings.

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
TOM DAVID, ADMINISTRATOR	4.24.13

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The above plan of correction was approved by  (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42602 - 04/03/2013 - McConnell, Deb
PCH Name: SILVER CREEK TERRACE
25 2013

1. REGULATION 55 Pa.Code §2600
2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
The initial assessment for resident #1, admitted 7/11/12, was not completed until 8/3/12.

On 2/25/13, resident #2, who has had one leg amputated, slipped and fell while being assisted by 1 staff person when transferring into the shower. Staff documented that the resident may require a 2-person assist for showers. The initial support plan for resident #2, dated 3/12/13, was not updated to address the resident's need for a 2-person assistance in transferring.

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.

a. Manager will complete all initial assessments within 15 days of admission.
b. Manager and all direct care staff shall update RASPs with changes in condition and changes in services needed or provided by staff.
By 5/3/13 c. Manager will hold in-service education with staff to reinforce that if there is a change in condition or service provided, the support plan needs to be updated to reflect the change in needs with the facility's plans to meet them.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Tom David*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Tom David Administrator* Date *4.24.13*

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(Date)

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(Initials)

Plan of correction implementation status as of 4/26/13
(Date)

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

Violation Report: 42602 - 04/03/2013 - McConnell, Deb
PCH Name: SILVER CREEK TERRACE

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

On 4/3/13, the initial support plan for resident #1, did not address the resident's diagnosis of Hyperlipidemia as indicated on the resident's medical evaluation, dated 7/6/12.

On 4/3/13, the initial support plan for resident #2, dated 3/12/13, was not updated to address the resident's possible need for a 2-person assistance in transferring for showers for safety precautions. Resident #2 has a one leg amputee. On 2/25/13, resident #2, while being assisted by 1 staff person in transferring into the shower, slipped and fell. Staff documented in writing that the resident may require a 2-person assist for showers.

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.

- a. Manager has updated the support plan of resident #1 to reflect the diagnosis of hyperlipidemia and the subsequent interventions performed by direct care staff.
- b. Manager will ensure that all support plans contain the diagnoses and interventions documented on the medical evaluation.
- c. Wellness Coordinator will update support plans with any new diagnoses and interventions as needed.
- d. Manager will hold in-service education with staff to reinforce that if there is a new diagnosis, change in condition or service provided, the support plan needs to be updated to reflect the changes in needs with the facility's plan to meet them.

By Staff

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Tom David*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *TOM DAVID Administrator* Date *4.24.13*

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The above plan of correction is approved as of 4/26/13
(Date)

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

Plan of correction implementation status as of 4/26/13
(Date)

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