



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

MAY 08 2014

Ms. Megan Schneider, 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  
License #: 426020

Dear Ms. Schneider:

As a result of the Department of Public Welfare's licensing inspection on February 21, 2014, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes).

Your regular license for the period June 20, 2014 to June 20, 2015 was issued on April, 8, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long, sweeping horizontal line extending to the right.

Matthew J. Jones  
Director

Enclosure  
Licensing Inspection Summary



Violation Report: 42602 - 02/21/2014 - Bacher, Mike  
PCH Name: SILVER CREEK TERRACE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

The trash can in the bathroom of room #2010 did not have a lid and was completely full of trash.

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. Trash receptacle lid was replaced during inspection and the trash removed.
  2. A notice has been delivered to all residents regarding regulation 2600.85(d) and the necessity for receptacle lids to remain on. If trash is overflowing, residents have been instructed to notify staff for assistance.
  3. Staff has been in-serviced on necessity of checking trash receptacles for overflow daily and emptying them promptly as needed.
  4. Housekeeping staff will assure placement of trash receptacle lids daily during rounds and empty trash as needed.
  5. Compliance shall be reviewed at monthly Quality Assurance meetings.
- By 9/30/14 -  
Administrator or designee will monitor the home at least monthly to ensure trash cans are covered. 9/16/14

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 *9/7/14*

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

The above plan of correction is approved as of 9/16/14 (Date)

Plan of correction implementation status as of 9/16/14 (Date)

The above plan of correction was approved by \_\_\_\_\_ (Initials)

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

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APR 09 2014

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Violation Report: 42602 - 02/21/2014 - Bacher, Mike  
PCH Name: SILVER CREEK TERRACE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

At 10:40 am, there was a blanket on the chair to the left of the table and a red pillow on the chair to the right of the table in the designated smoking area.

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. Blanket and pillow were removed from the smoking area during inspection.
2. Staff and residents were in-serviced on Regulation 2600.144(c)(1) and fire safety.
3. Housekeeping will check smoke hut for fire hazards during daily rounds and notify manager of any concerns.
4. Compliance shall be reviewed during monthly Quality Assurance meetings.
5. Signs will be posted to inform smokers that no cushions or upholstered items are permitted in smoking area that are not fire-resistant.

By 4/30/14 - The administrator or designee will monitor the smoking area at least monthly to ensure proper safeguards are maintained.

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 4/7/14

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The above plan of correction is approved as of

4/11/14  
(Date)

Plan of correction implementation status as of

4/11/14  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

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

*4/11/14*

Violation Report: 42602 - 02/21/2014 - Bacher, Mike  
PCH Name: SILVER CREEK TERRACE

APR 09 2014

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
Human Services Licensing

2600.227(g) - individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident #1's support plan, dated 9/16/13, is not signed by the assessor, staff person A.

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. Support plan was signed by staff person A on the day of inspection.
2. Manager will review support plans monthly to assure completion and compliance with signature of the developer(s).
3. Completion of RASPs and continued compliance of Regulation 2600.227(g) will be reviewed at monthly Quality Assurance meetings.

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 4/7/14

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

The above plan of correction is approved as of

*4/14/14*  
(Date)

Plan of correction implementation status as of

*4/14/14*  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

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