



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAY 08 2014

Ms. Ilise Rubinow, Administrator
Elan Gardens, Inc.
465 Venard Road
Clarks Summit, Pennsylvania 18411

RE: Elan Gardens
License #: 243750

Dear Ms. Rubinow:

As a result of the Department of Public Welfare's licensing inspection on March 10, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period June 3, 2014 to June 3, 2015 was issued on March 10, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 24375 - 03/10/2014 - Patton, Leslie
 PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(13) - The contract shall include written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of resident rights and complaint procedures).

2a. DESCRIPTION OF VIOLATION
 Resident #1' contract dated 11-14-13, did not include information regarding resident's rights.

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 ended up being a clerical error because when Resident #1 was given a copy of the resident rights and complain procedures and asked to sign a receipt , she showed us that she did have a copy that was attached to her lease agreement. Attached is her signed receipt, Document #1.

From this point on the Director of Social Services will check all copies so as to avoid any missing pages and/or documents.

This was resolved on March 18, 2014.

The administrator shall monitor and assure ongoing compliance.

*MM
3/26/14*

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|--|-----------------------------------|--|-----------------|
| 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) Ilise Rubinow, Administrator | | | Date 03/20/2014 |

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

The above plan of correction is approved as of 3/26/14
 (Date)

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

Plan of correction implementation status as of 3/26/14
 (Date)

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

Violation Report: 24375 - 03/10/2014 - Patton, Leslie
 PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 - (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 - (3) Resident rights.
 - (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
 - (5) Falls and accident prevention.
 - (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

The home utilized a video and not a fire safety expert for the purpose of completing the annual fire safety training for the 2013 training year.

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.

Unfortunately, the administrator's delegate was not aware that the administrator is a certified Fire Safety and Emergency Response Trainer. Attached is certificate, Document # 2. Additionally, there was some confusion about the comprehensiveness of the annual training. While the video provides proper techniques to deal with fire and smoke, the reading and review of the specific Elan Gardens Fire and Emergency Evacuation Plan is the most critical part of the annual inservicing. This plan was developed by the Administrator and updated following the completion of the Train the Trainer certification. All questions or concerns regarding Fire Safety and Emergency Preparedness are addressed by the Administrator

A copy of the plan is enclosed including the inservice directions and the sign off sheets for all staff members. Document #3.

There is no completion date because this was already in place and completed.

We respectfully request that this violation be reconsidered.

Documentation shall be maintained in the home and made available upon request by the Department - m 3/26/14

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

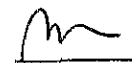
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **Ilise Rubinow, Administrator** Date **03/20/2014**

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Plan of correction implementation status as of 3/26/14 (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 - 03/10/2014 - Patton, Leslie
 PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The most recent fire safety inspection and observed fire drill conducted by a fire safety expert was completed on 7/25/12.

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.

Unfortunately, our community fire company has undergone a change and has not been cooperative in completing the fire safety inspection and supervised fire drill. As of today, 03/20/2014, they have been notified that we must have them come and complete the requirements no later than April 1st. If they are not compliant, I will be prepared to contract with a private fire safety expert. That will also be our longterm approach to avoiding further violations regarding this matter. We will provide updates and documentation as they occur.

o The administrator shall be responsible for monitoring and ongoing compliance.

M
 4/2/14

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|--|-----------------------------------|--|--------------------|
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| Signature of Legal Entity Representative (Required on EVERY Page) | | | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ilise Rubinow, Administrator | | | Date 03/20/2014 |

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|--|---|
| The above plan of correction is approved as of <u>4/7/14</u> (Date) | Plan of correction implementation status as of <u>4/2/14</u> (Date) |
| The above plan of correction was approved by <u>M</u> (Initials) | <input checked="" type="checkbox"/> Fully Implemented <i>Letter 4/3/14</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <i>M</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

Violation Report: 24375 - 03/10/2014 - Patton, Leslie
 PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 The most recent documentation from a fire safety expert granting additional time for evacuation was completed on 7/25/12. The annual documentation from a fire safety expert required to be provided by 7/25/13 was not obtained. All monthly fire drills conducted since 7/25/13 have exceeded the required evacuation time.

| Date | Evacuation Time |
|----------|-----------------|
| 2/28/14 | 6min 32sec |
| 1/31/14 | 6min 54sec |
| 12/27/13 | 7min 19sec |
| 11/25/13 | 7min 38sec |
| 10/31/13 | 4min 53sec |
| 9/24/13 | 5min 57sec |

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.

Please see previous violation and plan of correction. These excessive evacuation times are a direct result of the overdue supervised drill. As soon as the supervised drill is completed along with the required letters, we will be in compliance with the required evacuation time.

• The administrator shall monitor and assure ongoing compliance.

M
 4/7/14

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|----------------------|-----------------------------------|--|--|
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|----------------------|-----------------------------------|--|--|

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ilise Rubinow, Administrator Date 03/20/2014

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The above plan of correction is approved as of 4/2/14 (Date)

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

Plan of correction implementation status as of 4/7/14 (Date)

- Fully Implemented *letter 4/3/14*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 24375 - 03/10/2014 - Patton, Leslie
 PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
 The home's staff schedule indicates two staff persons work from 11:00pm- 6:30am. Based upon staff interviews, it was determined that the two second shift licened staff persons routinely work until 11:30pm. The most recent sleeping hour fire drills were conducted on 9/24/13 at 11:04pm and 3/14/13 at 10:50pm, times in which additional staff are present due to a change in shifts.

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.

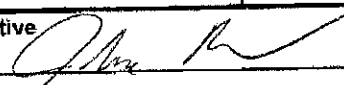
Only certain portions of the above description of violation is accurate. The night shift in our facility is from 10:45 PM - 7:15 AM. There are always a minimum of two staff members present during those hours. The previous shift leaves at 11:00 PM unless there is an emergency occurring which requires them to stay longer. This occurs very infrequently which can be proven by our staff sign in sheets. In a 365 day year there is an average of no more than 10 days requiring the evening shift to stay after 11 PM.

When completing a night shift drill, the Administrator and the Maintenance Coordinator are both present and have the responsibility of supervising the drill rather than participating in an evacuation.

On the rare occasion that a night shift drill occurs prior to 11 PM, the Administrator asks the evening shift staff to refrain from assisting the night shift staff with the evacuation.

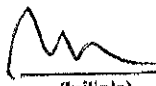
We respectfully request that this violation be reconsidered.

The administrator shall assure that all fire drills are held on different days of the week, different times of the day and night, not routinely held when additional staff persons are present + not routinely held @ times when resident attendance is low.

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|---|-----------------------------------|---|
| Repeat Violation: No | Date(s) of Previous Violation(s): | 4/7/14 |
| Signature of Legal Entity Representative (Required on EVERY Page) | |  |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | | Date |
| Ilise Rubinow, Administrator | | 03/20/2014 |

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 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 4/7/14
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 24375 - 03/10/2014 - Patton, Leslie
 PCH Name: ELAN GARDENS

1. REGULATION 56 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.

2a. DESCRIPTION OF VIOLATION
 Based upon staff interviews, it was determined that any residents present on the first floor at the time of a fire drill gather in either the activity room, dining room, or main entrance. Residents on the second floor gather inside the hallway at the two entrances to the exterior of the home. The most recent letter from a fire safety expert (dated 7/25/12) indicates the home has 2 designated fire safe areas which are the home's two stairwells and therefore any resident unable to evacuate to a stairwell must full evacuate to the outside of the home.

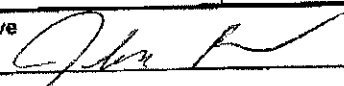
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Based on our current evacuation plan, we emphasize the use of the stairwells which are fire rated. There are actually three stairwells, two which go from first floor through to the third floor, and one which goes from second floor to third. The residents who find themselves on second floor or third floor when the alarm sounds always use the stairwells as an alternative to negotiating stairs. Residents who find themselves on the first floor also have the two stairwells to utilize unless they are closer in proximity to an exit door of which there are many. As per our evacuation plan, there are two meeting areas, one in the front of the building and one in the rear. Since there are never fewer than two staff people in the building, this is the reason for the number of meeting locations.

From this date on, we will be diligent in making sure that the residents on all floors either stay within a stairwell, or fully egress a safe exit door. We acknowledge that the hall entrances to stairwell doors and exit doors are not fire safe.

We have already begun the process of reviewing this with staff and residents. Based on staff schedules, we expect to have everyone fully re-trained no later than March 26, 2014.

The administrator shall monitor and assure on going compliance. MR 4/7/14

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132h cont

Pg 7 of 11
cont.

To: Leslie Patton
From: Ilise Rubinow/Elan Gardens
Re: Violation
Date: April 7, 2014

In regard to the violation of Regulation 2600.132(h), which appears on page 7 of 11 of the violation report, please note the following:

All staff members and residents of Elan Gardens have received training regarding the proper means of evacuating when an alarm sounds. The acceptable fire safe areas were reviewed as well as the need to fully evacuate outside the building.

A fire drill was held on March 28, 2014, and knowledge of the information above, was demonstrated by residents and staff. The same occurred when the supervised fire drill was held on April 3, 2014.

Violation Report: 24375 - 03/10/2014 - Patton, Leslie
 PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(2) - A resident shall have a medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.

2a. DESCRIPTION OF VIOLATION
 Resident #2 began receiving Celtic Hospice service on 01/24/14 as a result of a slow steady decline in their physical and cognitive status. The home did not update Resident #2's Medical Evaluation form reflecting this change.

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.

The Medical Evaluation Form for Resident #2 has been changed effective 03/14/2014.
 Document # 4.
 From this point on, there will be greater attention paid to updating all necessary document to reflect a status change in resident condition. This will be the combined responsibility of the RN Wellness Coordinator and the two LPN Quality Assurance Coordinators.

*The administrator shall monitor and assure ongoing compliance -
 Mr
 3/26/14*

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|---|-----------------------------------|--|------------|
| 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) | | | Date |
| Mise Rubinow, Administrator | | | 03/20/2014 |

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| The above plan of correction was approved by <u>[Signature]</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 |

Violation Report: 24375 - 03/10/2014 - Patton, Leslie
 PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 The medications prescribed to the stated resident expired on the indicated date:
 Resident #3; Tramadol 50mg expired 12/27/13
 Resident #4; Ducasate Sodium 100mg expired 11/19/13
 Resident #5; Fluosimide .05% expired January 2014

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.

These three medications were no longer being used for the respective Residents # 3,4, and 5. Subsequently they have been destroyed and the PRN orders have been discontinued by the respective physicians. Additionally, every prescription in the facility has been checked for expiration dates.

- o Effective immediately, the RN Wellness Coordinator and the LPN Quality Assurance Coordinators will inspect all medication expiration dates. This will be completed twice per month.

The administrator shall monitor for ongoing compliance.
M 3/26/14

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date 03/20/2014
 Ilise Rubinow, Administrator

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 (Date)

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 (Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 24375 - 03/10/2014 - Patton, Leslie
 PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600
 2600.184(c) - Sample prescription medications shall have written instructions from the prescriber that include the components specified in § 2600.184(a)

2a. DESCRIPTION OF VIOLATION
 A sample bottle of Lumigan .001% was located in the small refrigerator in the medication room. The required information was not attached to the sample resulting in the inability to determine who was prescribed the sample medication.
 A sample bottle of U-100 Humalog belonging to resident #7 did not have the required information attached to the sample.

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 sample bottle was given to us by the daughter of Resident # 7. It is not the proper dosage according to the Physicians orders, see Document # 5. The bottle was there to be picked up by the daughter who had been notified of the error by our RN Wellness Coordinator.
 From this point on, incorrect medications brought into the building will be locked in the Administrator's office in sealed envelopes. They will not be stored in the medication room.

The administrator shall monitor and assure ongoing compliance.

M
 3/26/14

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) Date 03/20/2014
 Ilise Rubinow, Administrator

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 (Initials)

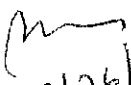
Violation Report: 24375 - 03/10/2014 - Patton, Leslie
 PCH Name: ELAN GARDENS

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
 Resident #8, admitted on 05/30/13, the initial resident assessment was not completed timely. The date on the initial assessment was 06/24/13, which is over the 15 day allowable time frame.

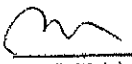
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

We are aware of the timing for the completion of the initial assessment. Effective immediately it will be the combined responsibility of the RN Wellness Coordinator, the Director of Social Services, and the LPN Quality Assurance Coordinators, to monitor the timely completion of all required documents.

The administrator shall monitor and assure ongoing compliance -

 3/26/14

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|---|-----------------------------------|--|------------------------|
| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
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| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ilise Rubinow, Administrator | | | Date 03/20/2014 |

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