



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 13 2015

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 Human Services' licensing inspection on February 24, 2015 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, 2015 to June 3, 2016 was issued on March 9, 2015. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones". The signature is written in a cursive style with a large initial "M".

Matthew J. Jones  
Director

*SH*

Enclosure  
License Inspection Summary



Violation Report: 24375 - 02/24/2015 - Rushin, Julianne  
 PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600  
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION  
 On 2/24/15, the home's most current licensing inspection summary, dated 3/10/14, was not posted in a conspicuous or public place 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.

The bulletin board will be checked frequently and the most current licensing inspection summary will be replaced whenever necessary.

This was resolved on February 25<sup>th</sup>, 2015. Please see attachment #1.

- The Administrator will be responsible for checking that this document is posted at all times.

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Ilise Rubimov, Administrator*      Date *03/11/2015*

**DEPARTMENT USE ONLY, HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>3/20/15</u> (Date)	Plan of correction implementation status as of <u>3/20/15</u> (Date)
The above plan of correction was approved by <u><i>[Handwritten Initials]</i></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 - 02/24/2015 - Rushin, Julienne  
 PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
 Resident # 5's most recent medical evaluation was completed on 1/8/13. The resident's annual medical evaluation was completed 3/13/14, which is not within the allowed 12 month time frame.  
 Resident # 6's most recent medical evaluation was completed on 11/8/13. The resident's annual medical evaluation was completed 1/8/15, which is not within the allowed 12 month 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.

The RN Wellness Coordinator will communicate with the physicians involved in allowing this violation to occur. This became effective February 25<sup>th</sup>, 2015.

- The Quality Assurance Coordinator will also audit the medical evaluations regularly as an added precaution.

*The administrator shall monitor for ongoing compliance. M  
 3/20/15*

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) *Ilse Rubinen*      Date *03/11/2015*

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The above plan of correction was approved by <u>M</u> (Initials)	

Violation Report: 24375 - 02/24/2015 - Rushin, Juliene  
 PCH Name: ELAN GARDENS

**1. REGULATION 55 Pa.Code §2600**  
 2600.171(b)(4) - If staff persons or volunteers of the home provide transportation for the residents, at least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff person training and orientation).

**2a. DESCRIPTION OF VIOLATION**  
 Maintenance staff persons A (hired 10/1/14) and B (hired 10/22/14) provide transportation for residents unaccompanied by direct care staff. Neither staff person has completed the Department's web-based training course and competency test.

**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.

Although both staff persons completed the direct care training course as part of the orientation for new hires, they did not complete the competency test. This was rectified as noted on Attachment #2 and Attachment #3 on February 27, 2015 and March 2, 2015 respectively.

The quality Assurance Coordinator, who is responsible for meeting staff training requirements, will be responsible for being in compliance with this regulation.

*The administrator shall monitor for ongoing compliance. MM 3/20/15*

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) *Elise Rubino, Administrator*      Date: *03/11/2015*

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Violation Report: 24375 - 02/24/2015 - Rushin, Julianne  
 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  
 Tramadol 50mg prescribed to resident #1 expired 2/14/15.

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.

All of the facility's licensed nurses have been reminded of this regulation and the need for all of them to be diligent about watching for expiration dates. This was completed on March 3, 2015

The RN Wellness Coordinator and the Quality Assurance Coordinator will do routine audits to check expiration dates of all of the medications in the facility.

The administrator shall monitor for ongoing compliance. M 3/20/15

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) *Elise Robinson, Administrator*      Date *03/11/2015*

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 (Date)

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 (initials)

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- Partially Implemented - Inadequate Progress
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Violation Report: 24375 - 02/24/2015 - Rushin, Julianne  
 FCH Name: ELAN GARDENS

**1. REGULATION 55 Pa.Code §2600**  
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:  
 (1) The resident's name.  
 (2) The name of the medication.  
 (3) The date the prescription was issued.  
 (4) The prescribed dosage and instructions for administration.  
 (5) The name and title of the prescriber.

**2a. DESCRIPTION OF VIOLATION**  
 Lantus insulin prescribed to resident #2 was not labeled with a pharmacy label.

**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.

Each pen will be labeled with a copy of the label that comes on the box holding the individual pen.

This was corrected at the time of the inspection.

The RN Wellness Coordinator or his proxy will complete the labeling when the medication arrives at the facility.

*The administrator shall monitor for ongoing compliance - M 3/20/15*

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) *J. Lisa Robinson, Administrator*      Date *03/11/2015*

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- Not Implemented

Violation Report: 24375 - 02/24/2015 - Rushin, Julianne  
 PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600  
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION  
 Dulcolax brand laxative belonging to resident #2 was not labeled with the resident's name.

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 was corrected at the time of the inspection.

The RN Wellness Coordinator and the Quality Assurance Coordinator will do routine audits to see that all OTC medications and CAM are identified with the resident's name.

*The administrator shall monitor for ongoing compliance.*  
*M 3/20/15*

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) *Elise Robinson, Administrator*      Date *03/11/2015*

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Violation Report: 24375 - 02/24/2015 - Rushin, Julianna  
 PCH Name: ELAN GARDENS

**1. REGULATION 55 Pa.Code §2600**  
 2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**2a. DESCRIPTION OF VIOLATION**  
 The Medication Administration Record (MAR) of resident #3 indicates the resident has refused Ativan .5mg daily at 8:00am and 2:00pm from 2/1/15- 2/24/15 at 8:00am. The prescribing physician was not notified of the medication refusals.  
 The MAR of resident #4 indicates the resident has refused Miralax powder daily at 8:00am from 2/1/15- 2/24/15. The prescribing physician was not notified of the medication refusals.

**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 two situations have been resolved. Both physicians were notified and changed the orders to PRN. This was completed on the day of the inspection.

The RN Wellness Coordinator or his proxy will be responsible for calling physicians in a timely manner. Further, if the physician does not want to be notified, an order to that effect will be necessary. Until such an order is received, a call will be made for each medication refusal.

*The administrator shall monitor and assure ongoing compliance. M 3/20/15*

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Violation Report: 24375 - 02/24/2015 - Rushin, Julianne  
 PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2500  
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION  
 Correction fluid was noted on the "date signed area" of the medical evaluation for resident #7, dated 6/13/13.

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.

Upon further inspection of the document in question, it was noted that the entry was on the medical evaluation from 2013. The medical evaluation for 2014 was completed without error. Therefore this violation was resolved effective the day of the inspection, February 24, 2015.

To avoid further error, the RN Wellness Coordinator will review all documents returned to the facility from physicians and other medical caregivers and when necessary will notify the sender to complete another form that is fully permanent, legible, dated, and signed.

*The administrator shall monitor and assume ongoing compliance. M 3/20/15*

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) *Elise Rushin, Administrator*      Date *03/11/2015*

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