



pennsylvania

DEPARTMENT OF HUMAN SERVICES

Sent via emailed to: [REDACTED]

MAILING DATE: April 4, 2016

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 January 26, 2016 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.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 24375 - 01/28/2016 - Valence, Duane
 PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for resident #1 evaluated and completed on 12/16/2015 is incomplete. Sections # 6 and # 9 Immunization History, Health Status and Cognitive Functioning were left blank.

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.

01

Medical Evaluations will be reviewed by the RN Wellness Coordinator upon return from physician. If blanks are present, the physician will be contacted regarding comprehensive completion of the Medical Evaluation which will be sent back to the physician for the same. Prior to filing the completed Medical Evaluation, the RN Wellness Coordinator will do a final review.

Attached is a newly completed Medical Evaluation for Resident #1 which was done by the physician following the Resident's return to the facility from a rehabilitation skilled nursing stay.

This plan of correction has been completed as of March 16, 2016.

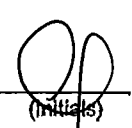
Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Ilise Rubino, Administrator	3/16/16

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

The above plan of correction is approved as of <u>4-2-16</u> (Date)	Plan of correction implementation status as of <u>4-2-16</u> (Date)
The above plan of correction was approved by  (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 - 01/26/2016 - Valence, Duane
 PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600
 2600.226(b) - If a resident is determined to have mobility needs as part of the initial or annual assessment, specific requirements relating to the care, health and safety of the resident shall be met immediately.

2a. DESCRIPTION OF VIOLATION

- Resident #1's Assessment and Support plan (RASP) dated 12/22/2015 is incomplete. The resident has been assessed on page 5 of the RASP as having moderate mobility. The support plan to address resident # 1's mobility is blank. The support plan does not address a description of the resident's mobility needs, the plan to meet resident #1's mobility needs and who will be the responsible party to ensure resident #1's health and safety needs are met.

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.

It is the responsibility of the Quality Assurance Coordinator to comprehensively complete the Support Plans based on the prior completion of the Resident Assessment. The Coordinator of Social Services and the RN Wellness Coordinator will check routinely for proper completion of the Support Plans of all Residents. RASPs will be fully completed upon admission and Resident changes.

Attached is the current RASP for Resident #1 showing comprehensive completion.

This plan of correction has been completed as of March 16, 2016.

** - suggestion - mobility status updates are often reviewed following the home's monthly fire drill. Q. 4-2-16*

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) <i>Ilise Rubinow, Administrator</i>	Date <i>3/16/16</i>
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Violation Report: 24375 - 01/26/2016 - Valence, Duane
 PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

- The annual Resident Assessment and Support Plan (RASP) for resident #1 dated 12/21 and 12/22/2015 is incomplete. Because it is incomplete, it was not prepared timely since the last RASP was completed on 12/30/2014. Multiple sections which explain the description of the service need, plan to meet service need, frequency and responsible party were left blank for the following personal care need and degree: Page #2-Toileting. Page #3 - Managing health care, Securing health care, Doing laundry, and shopping. Page #4- Securing and using transportation, Managing finances, Making and keeping appointments, Engaging in social and leisure activities, Obtaining clean, season clothing. Resident #1 requires moderate supervision but the description of supervision needs, the plan to meet the resident's supervision needs and responsible party to meet those needs are all blank on page # 5.

Page # 5, resident #1 cannot self-administer medication. The description of the resident's medication needs, plan to meet medication needs and the responsible party to assist with medications were left blank. Pages #6 and #7 that address resident #1's Medical, Dental (As Needed), Dietary (Heart Healthy, NCS) and Sensory Need (Glasses) were incomplete since the specific plan, frequency and responsible party to meet the above identified need were all blank. The description of service need, plan to meet service need, the frequency and responsible party were left blank on page #10 to address resident #1's communication of needs, understanding instructions, short-term memory and long-term memory. Section #4 Social and Recreational needs on pages # 10 and # 11 are incomplete since the plan to meet social and Recreational Need, frequency and Responsible Party are blank even though the home identified resident #1 having social and recreational needs in TV, entertainment in group activities and Jewish religious affiliation.

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Attached is the current RASP for Resident #1 showing comprehensive completion.

This plan of correction has been completed as of March 16, 2016.

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Elise Rubino, Administrator

Date

3/16/16

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