



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 15 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' annual licensing inspection on February 4, 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 "Matthew J. Jones".

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 24375 - 02/04/2016 - OHeire, Anne
PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600

2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION

There was no date listed on the contract of resident #1 admitted to the home on [redacted] 15 to indicate if the resident contract with the home was completed prior to admission or within 24 hours after admission.

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 written resident-home contracts will be signed and dated within 24 hours after admission. To ensure that all contracts are dated, the Administrator will not sign off on the contract unless the date is written in on the signature page. In addition, the Administrator and the Director of Social Services will complete random surveys of the Resident files to ensure that all contracts are 100% complete.

This was implemented immediately effective February 4, 2016.

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)

Elise Robinow, Administrator

Date 3/27/16

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The above plan of correction is approved as of

3/25/16
(Date)

Plan of correction implementation status as of

3/25/16
(Date)

The above plan of correction was approved by

m
(Initials) Fully Implemented Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not Implemented

Violation Report: 24375 - 02/04/2016 - O'Haire, Anne
 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 cognitive functioning blocks under item #9 Health Status were blank and not completed on the medical evaluation dated 9/30/15 for resident #2.

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.

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.

This plan of correction has been completed as of February 4, 2016.

The administrator shall monitor and assure ongoing compliance. m 3/25/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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) *Euse Rubinos, Administrator* Date *3/24/16*

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The above plan of correction is approved as of <u>3/25/16</u> (Date)	Plan of correction implementation status as of <u>3/25/16</u> (Date)
The above plan of correction was approved by <u>m</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 - 02/04/2016 - O'Haire, Anne
 PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600
 2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:
 (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
 (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
 (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
 (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
 The Latanoprost 0.005%, 2.5ML eyes drops which are to be administered by staff at 8PM daily was found stored in resident #3 medicine cabinet. The resident's 8PM eye drops container should have been stored in a locked area maintained by the home and not stored in the resident's room since resident #3 is unable to administer the eyes drops which was further acknowledged by the administrator and medication administration staff.

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.

At Elan Gardens all medications for Residents who are not self-administering are administered by our licensed nursing staff. This situation occurred because a staff LPN mistakenly left the eye drops in the Resident's apartment. This nurse has been counseled regarding this error and all of the staff nurses have been re-educated on the subject of proper medication storage for Residents who are not deemed to be capable of self-medicating.

In addition, we have put into place a specific audit to be done by our RN Wellness Coordinator and/or our Quality Assurance Nurses to randomly check both Resident apartments, and the locked medication storage area. This is to prevent additional incidents.

This has been completed effective February 11, 2016.

The administrator shall monitor and assure ongoing compliance.

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) *Irene Rubimov, Administrator* Date *3/24/16*

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Violation Report: 24375 - 02/04/2016 - O'Haire, Anne
 PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 The Latanoprost 0.005%, 2.6ML eyes drops which are to be administered by staff at 8PM daily was found stored in resident #3 medicine cabinet. The resident's 8PM eye drops container should have been stored in a locked area maintained by the home and not stored in the resident's room.

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.

At Elan Gardens all medications for Residents who are not self-administering are administered by our licensed nursing staff. This situation occurred because a staff LPN mistakenly left the eye drops in the Resident's apartment. This nurse has been counseled regarding this error and all of the staff nurses have been re-educated on the subject of proper medication storage for Residents who are not deemed to be capable of self-medicating.

- In addition, we have put into place a specific audit to be done by our RN Wellness Coordinator and/or our Quality Assurance Nurses to randomly check both Resident apartments, and the locked medication storage area. This is to prevent additional incidents.

This has been completed effective February 11, 2016.

The administrator shall monitor and assure ongoing compliance. M 3/25/16

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
 Elise Robinson, Administrator 3/24/16

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 (Date)

Plan of correction implementation status as of 3/25/16
 (Date)

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

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

Violation Report: 24375 - 02/04/2016 - O'Haire, Anne
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
Resident #3 had two containers of Balmex-113% Zinc Oxide rash cream prescribed by a physician stored in the resident's medicine cabinet which had outdated expiration dates of 3/23/2013 and 5/2/2013. Both containers of Balmex came from Prime care Pharmacy and are not current prescriptions.

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 nursing staff has been counseled as to remaining diligent in checking for outdated prescriptions, OTC, sample and CAM for Residents. All outdated prescriptions, etc, will be removed from the facility in an appropriate, approved manner. The RN Wellness Coordinator and the Quality Assurance nurses will do routine audits so that this situation does not occur again.

This has been completed as of February 5, 2016.

The administrator shall monitor and assure ongoing compliance. *m* 3/25/16

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/24/2015
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Elise Robnow, Administrator		3/24/16
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Violation Report: 24376 - 02/04/2018 - O'Haire, Anne
 PCH Name: ELAN GARDENS

1. REGULATION 55 Pa. Code §2600
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION
 Resident #2 K-Tabs to be taken 1 tab at 8:00AM and 1 tab at 6:00PM did not list a diagnosis or purpose on the resident's MAR's.

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 purpose or use of all prescribed medications must be included on every medication record. This is completed by staff nurses who prepare and review any and all MAR's. These nurses have been counseled regarding the importance of comprehensive completion of all the information required on the MAR's.

The RN Wellness Coordinator and/or our Quality Assurance Nurses will randomly audit the monthly MAR's for completion and for accuracy.

This has been completed effective February 11, 2016.

The administrator shall monitor and assure ongoing compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* 3/25/16

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jill Robinson, Administrator* Date *3/24/16*

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