



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 13 2017

Mr. Thomas Davido,  
Administrator  
Elk Haven Nursing Home Association, Inc.  
785 Johnsonburg Road,  
St. Mary's, Pennsylvania 15857

RE: Silver Creek Terrace  
791 Johnsonburg Road  
St. Mary's, Pennsylvania 15857  
License #: 426020

Dear Mr. Davido:

As a result of the Department of Human Services' annual licensing inspection on January 6, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



WEST REGIONAL OFFICE  
Human Services Licensing

Violation Report: 42602 - 01/06/2017 - Park, Belh  
PCH Name: SILVER CREEK TERRACE

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

The Licensing Inspection Summary, dated 1/13/2016, was posted with the resident privacy coding still attached which included seven resident names to include resident #1 and resident #2.

At 11:55 AM, the wellness office, located at the entrance to the building, was open and unattended. The resident records stored in this office were all accessible including resident #3's record which was lying on the desk.

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. The privacy coding with resident information was removed from the posted summary during inspection. The door to the wellness office was closed during inspection and any material containing private resident information was put away.
2. Resident charts will be kept in a locked cabinet and the cabinet will be locked when the office is unattended.
3. The door to the wellness office will be closed when the office is unattended. The door automatically closes.
4. The wellness coordinator and staff have been educated on the privacy of records and PHI and the new policies as of February 14, 2017.
5. Continued compliance will be reviewed at monthly QA meetings by Administrator.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Tom Davido, NHA*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

TOM DAVIDO, NHA

Date

2/14/17

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

The above plan of correction is approved as of

2/24/17  
(Date)

Plan of correction implementation status as of

2/24/17  
(Date)

The above plan of correction was approved by

TD  
(Initials)

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

FEB 16 2017

WEST PENNSYLVANIA OFFICE  
Human Services Licensing

Violation Report: 42602 - 01/06/2017 - Park, Belh  
PCH Name: SILVER CREEK TERRACE

1. REGULATION 56 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

At 10:22 AM, the reach-in freezer in the serving kitchen measured 8 degrees Fahrenheit.

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. The temperature of the freezer was set to 0° F by maintenance on the day of inspection.
2. A log of refrigerator and freezer temperatures is kept daily by direct care staff and the documentation is kept on file.
3. Staff has been educated on regulations and policies related to refrigeration temperatures as of February 14, 2017.
4. Continued compliance will be reviewed at monthly QA meetings by Administrator.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Tom Davido* NHA

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

TOM DAVIDO, NHA

Date

2/14/17

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

The above plan of correction is approved as of

2/24/17  
(Date)

Plan of correction implementation status as of

2/24/17  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *JM*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

JM  
(Initials)

FEB 15 2017

NESH TROOP #11 OFFICE  
Human Services / Learning

Violation Report: 42602 - 01/06/2017 - Park, Beth  
PCH Name: SILVER CREEK TERRACE

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 #4's medical evaluation was completed on 4/11/2016. However, the resident's prior medical evaluation was completed on 2/25/2015.

Resident #5's medical evaluation was completed on 6/20/2016. However, the resident's prior medical evaluation was completed on 5/26/2015.

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. A log will be kept of medical evaluation dates, based on dates of appointments, at least annually, rather than DME documentation dates.
- 2. Wellness Coordinator has been educated on regulation and appointments will be made accordingly as of February 14, 2017.
- 3. Staff has been notified of regulation as of February 14, 2017.
- 4. Continued compliance will be reviewed at monthly GA meetings by Administrator.

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
Tom DAVIDO			2/14/17

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

The above plan of correction is approved as of <u>2/24/17</u> (Date)	Plan of correction implementation status as of <u>2/24/17</u> (Date)
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 <i>PN</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented