



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 12 2017

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 23, 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.

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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 24375 - 02/23/2017 - O'Haire, Anne
 PCH Name: ELAN GARDENS

1. REGULATION 55 Pa. Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The facility has not installed Carbon Monoxide Detectors near the natural gas fired boilers, the natural gas fire place, the natural gas stove located in the kitchen, or the natural gas clothing dryers as required by Care Facility Carbon Monoxide Alarms Standards Act.

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.

Commercial Carbon Monoxide Detectors have been ordered and will be installed/mounted near the natural gas fired boilers, the natural gas fire place, the natural gas stove located in the kitchen and the natural gas clothing dryers as required by Care Facility Carbon Monoxide Alarms Standards Act.

Due to the blizzard condition in Northeastern Pennsylvania, there has been a delay in the delivery of the above mentioned purchase. However, it is reasonable to expect that we will receive this order within a week of the snow clean up. Subsequently, the Detectors will be mounted/installed immediately following receipt of the order.

If the order is not received in a timely manner, we will take whatever actions are necessary to secure replacements for the Detectors. Therefore we intend to have is violation corrected no later than March 26, 2017. This will be the ultimate responsibility of the Director of Maintenance as well as the Administrator.

Going forward it will be the responsibility of the Director of Maintenance to check on the Detectors and do whatever is necessary to keep them in proper working order.

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) Elise Robinow, Administrator Date 3/16/2017

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The above plan of correction is approved as of <u>3/16/17</u> (Date)	Plan of correction implementation status as of <u>3/16/17</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 - 02/23/2017 - O'Haire, Anne
 PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION
 The home's walk in produce refrigerator had a gallon container containing sliced peaches in syrup that was not labeled and dated when opened.

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.

Food served at Elan Gardens and returned is never served again or used in the preparation of other dishes. The dietary staff is fully aware that leftover food that has not been served shall be labeled and dated and subsequently used safely or discarded. The staff person responsible for the container of peaches mentioned in the violation has been disciplined, counseled, and retrained. All other staff members, who would be responsible for storing opened food items, have received a review of safe storage methods. This was completed by 02/24/2017 by the Food Service Director who will be responsible going forward to assure that this violation is not repeated.

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) <u>Ilse Robinson</u>	Date <u>03/16/2017</u>
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Violation Report: 24375 - 02/23/2017 - O'Haire, Anne
 PCH Name: ELAN GARDENS

1. **REGULATION 55 Pa.Code §2600**
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. **DESCRIPTION OF VIOLATION**
 Department Representatives observed a serving cart containing soda, glassware, napkins along with other kitchen items, located directly in front of the doors labeled as an EXIT leading from the facility's dining room. The cart completely blocks egress from the door.

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 staff members who might be in a position of obstructing stairways, hallways, doorways, passageways and egress routes from rooms and from the building have been reminded of the critical nature of keeping these areas unlocked and unobstructed. This was completed by all of the department heads involved with these staff members. Ultimately it will be the responsibility of the Administrator and the department heads to see that the above mentioned areas are never locked or obstructed. This was completed by 02/24/2017.

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) *Erise Rubinow* Date *03/16/2017*

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Violation Report: 24375 - 02/23/2017 - O'Haire, Anne
 PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600

2600.121(b) - Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed magnetic locking mechanism on the following doors: The door leading from the main lobby, the door leading from the Four Seasons Room on the first floor, the door that leads to the smoking area on the first floor, the door that leads from the Leisure Center on the first floor, and the second floor door that leads to the patio. These doors are exit doors that lead from the facility. Based on staff interviews it was determined that daily at 9:00pm the magnetic locking mechanisms are engaged preventing immediate egress from the building. The facility is not licensed as a Secured Dementia Care Facility and does not have approval to lock these exit doors.

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.

Currently the exit doors have a magnetic locking system which delays egress for 13 seconds before opening. These doors are activated during night time hours. Based on the information provided by the Licensing Representatives on site and the description of the violation above, we are fully aware that the delayed egress must be eliminated. We are taking all of the steps necessary to take the actions to remove the egress features from the doors. Given that the technology on the door alarm system is 20 years old, our door alarm contractor needs sufficient time to get the parts necessary to retrofit the doors. They are actively seeking information and parts to do so.

We realize the importance of this violation and we want to resolve it as soon as possible. It is our belief that we will be able to do so by April 30, 2017. Please take into account that we must maintain the portion of the system that allows us to lock the doors from the outside during night time hours.

The Director of Maintenance and the Administrator are directly responsible for resolving this violation.

Documentation shall be sent to the NERO when work has been completed 04-30-17. The administrator is responsible for ongoing compliance - [Signature]

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Elise Robinson, Administrator Date 03/16/2017

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Violation Report: 24375 - 02/23/2017 - 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 medical evaluation completed on 8/8/16 for resident #1 does not indicate whether the resident requires body positioning or movement.

The medical evaluation completed on 10/6/16 for resident #2 does not indicate whether the resident requires body positioning or movement.

The medical evaluation completed on 11/21/16 for resident #3 indicates the resident requires body positioning "See Below", however the evaluation does not indicate what repositioning is required and how often the resident requires repositioning.

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 understand that the medical evaluation must include all of the elements (1) through (10). It is clear, based on the violation, that we must ensure that physicians who are completing the medical evaluations must indicate whether the resident requires body positioning or movement. It is the responsibility of the RN Wellness Coordinator to review every medical evaluation for comprehensive completion, and take the actions necessary for completion if it has not been done so. This violation was resolved by March 1, 2017. Enclosed are the completed medical evaluations for Resident 1, 2, and 3.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 02/04/2016

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

Julie Robinson, Administrator

Date 03/16/2017

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 (Date)

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3/16/17
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 (Initials)

Violation Report: 24375 - 02/23/2017 - OHaire, Anne
 PCH Name: ELAN GARDENS

1. REGULATION 65 Pa.Code §2600

2600.143(a) - The home shall have a written emergency medical plan that includes the following:

- (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.
- (2) Emergency transportation to be used.
- (3) An emergency-staffing plan.

2a. DESCRIPTION OF VIOLATION

The home's Emergency Medical Plan policy did not contain all the required elements. The home's policy did not address the home's emergency staffing plan in the event of multiple residents or direct care staff would become suddenly incapacitated.

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 home's Emergency Medical Plan policy has been modified to include all of the required elements. Specifically, the modification addresses the home's emergency staffing plan in the event that multiple residents or direct care staff would become suddenly incapacitated. The new policy portion is enclosed. It will be the responsibility of Quality Assurance LPN to routinely review the home's policies for comprehensive compliance with the regulations including those for the emergency medical plan. The Quality Assurance LPN reports to the RN Wellness Coordinator and the Administrator both of whom are responsible for adhering to all medically related regulations and subsequent policies and procedures. This violation was corrected on March 8, 2017.


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) Elise Rubman, Administrator Date 03/16/2017

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Violation Report: 24375 - 02/23/2017 - 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

Department Representatives observed the following medication bottles with pharmacy labels in a cabinet located in the medication room: Docusate Sodium 100mg, Loratadine 10mg, Loperamide 2mg, Acetaminophen 325mg, Tussin, and Polyethylene Glycol. Upon further inspection it was observed that the resident's names the medication is/was prescribed to was removed. Staff interviews confirmed that the medications were prescribed to former residents. The staff stated that "We keep the medication for staff use." These medications are required to be removed from the facility when residents are discharged or the medication is discontinued.

Department Representatives also observed Influenza vaccine prescribed for staff use located in the refrigerator designated for resident medications that require refrigeration. This Influenza vaccine bottle is prescribed for staff at the facility and must be kept separate from resident medications.

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 current prescription, OTC, sample and CAM for individuals living in the home will be kept in the home. At the time of the inspection all other medications which had been intended for use by staff were removed from the home by the RN Wellness Coordinator. The only exception was the influenza vaccine bottle prescribed for facility staff, and that was moved to a refrigerator that is not for resident use (as was advised by the licensing representative.) Subsequently, this violation was corrected on February 23, 2017 which was the date of the inspection.

Going forward it will be the responsibility of the RN Wellness Coordinator and the Administrator to see that there is not another incidence of this situation occurring.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/04/2016
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Euse Rubinow, Administrator	Date 03/16/2017
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Violation Report: 24375 - 02/23/2017 - O'Haire, Anne
 PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION


Resident #1 was admitted to the facility on [redacted] 16. The preadmission screening completed for the resident was completed on [redacted] 16, more than 30 days prior to the resident's admission to the facility.

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 facility is aware that the preadmission screening must be completed within 30 days of the resident's admission. The error with Resident 1 occurred because of a delay in the original anticipated admission date. The facility is aware that another timely preadmission screening should have been complete. It is the responsibility of the Assistant Administrator to complete the preadmission screenings in conjunction with the RN Wellness Coordinator. From the date of the inspection on, it will be the responsibility of the two of them to maintain the required timeliness of the completion of the preadmission screening.

This violation was corrected on the date of the inspection which was February 23, 2017.

The administrator shall monitor for ongoing compliance.

 3/16/17


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) <i>Elise Rubino, Administrator</i>	Date <i>03/16/2017</i>
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