



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 04 2018

Ms. Megan Schneider
Administrator
Elk Haven Nursing Home Association, Inc.
785 Johnsonburg Road,
St. Marys, Pennsylvania 15857

RE: Silver Creek Terrace
791 Johnsonburg Road,
St. Marys, Pennsylvania 15857
Certificate #: 426020

Dear Ms. Schneider:

As a result of the Department of Human Services' annual licensing inspection on November 15, 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
PERSONAL CARE HOMES - 65 Pa.Code Chapter 2600

PCH Name: SILVER CREEK TERRACE		License Number: 42602
Address: 791 JOHNSONBURG ROAD, ST MARYS, PA 15857		County: Elk
Administrator: Megan Schneider		Region: WEST
Legal Entity Name: ELK HAVEN NURSING HOME ASSOCIATION INC		
Legal Entity Address: 785 JOHNSONBURG ROAD, ST. MARYS, PA 15857		
Certificate(s) of Occupancy C-2 LP 03/19/1997 L&I		DEC 07 2017 WEST VIRGINIA DEPARTMENT OF HEALTH
Staffing Hours		
Resident Support: 0	Total Daily Staff: 55	Working Staff: 41
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 11/15/2017: Hoover, Josh; Rosor, Ashley		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 80	Number of Residents who:	
Number of Residents Served: 52	Receive Supplemental Security Income: 1	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 51	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, If Applicable:	Have an Intellectual Disability: 1	
Number of Residents Served in Secured Dementia Care Unit, If applicable:	Have a Mobility Need: 3	
Number of Current Hospice Residents: 0	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 0		

John Dawado, NHA 12/6/17

Violation Report: 42602 - 11/15/2017 - Hoover, Josh
PCH Name: SILVER CREEK TERRACE

1. REGULATION 65 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, dated 1/23/2017, indicates "see attached" for the diagnoses and medication sections; however, there were no diagnoses or medication lists attached. Also, the medical evaluation is blank in the "cognition" section.

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 medical evaluation for resident #1 was completed during the day of inspection by the Administrator based on fax from physician.
2. The cognitive functioning portion was marked according to physician direction on day of inspection.
3. Upon return of completed Medical Evaluations, administrator will thoroughly examine to ensure all sections are completed in entirety.
4. A checklist will be kept of Medical Evaluations due each month to ensure that each evaluation has been inspected for blanks.
5. Staff have been notified of regulation and violation as of November 30, 2017.
6. Continued compliance will be reviewed at monthly Quality Assurance 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, Administrator Date 12/7/17

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The above plan of correction is approved as of 12/11/17 (Date)

Plan of correction implementation status as of 12/11/17 (Date)

The above plan of correction was approved by [Signature] (Initials)

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

Violation Report: 42802 - 11/15/2017 - Hoover, Josh
PCH Name: SILVER CREEK TERRACE

1. REGULATION 55 Pa.Code §2600
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
The home's controlled substance accountability policy indicates that all controlled substances are to be double-locked, counted at the end of each shift, and a count sheet is to be maintained for each of these medications. However, there was no count sheet for resident #1's Hydrocodone/Acetaminophen 5/325 and the medication was stored under a single lock. Staff person A stated the above procedures are only followed for prn medications and regularly ordered controlled substances are handled like non-controlled 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.

1. The policy for Controlled Medication: Receipt, Count and Storage has been updated to reflect our current practice that pertains to routinely given controlled medications. Done by Administrator.
2. The staff was educated on the change of policy on December 6, 2017 by Administrator.
3. The pharmacy that provides the facility was updated on the change of policy on December 6, 2017 by Administrator.
4. Continued compliance will be reviewed at monthly Quality Assurance Meetings.

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

Signature of Legal Entity Representative (Required on EVERY Page) Tom Davido, MHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) TOM DAVIDO, ADMINISTRATOR Date 12/6/17

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

The above plan of correction is approved as of <u>12/11/17</u> (Date)	Plan of correction implementation status as of <u>12/11/17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented