



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 04 2018

Ms. Ilise Rubinow
Administrator
Elan Gardens Inc.
465 Venard Road
Clarks Summit, Pennsylvania 18411

RE: Elan Gardens
License #: 243750

Dear Ms. Robinow:

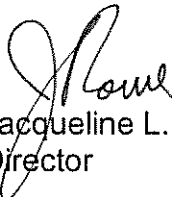
As a result of the Department of Human Services' (Department) annual licensing inspection on March 8, 2018 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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,



Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 24375 - 03/08/2018 - Harvey, Jason
 PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(2) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: The resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative has provided written informed consent that the person is not to evacuate in a fire drill.

2a. DESCRIPTION OF VIOLATION

There is no statement of informed consent from resident #1's power of attorney regarding the resident not evacuating during fire drills. The resident was not evacuated during fire drills held conducted on 8/26/17, 9/26/17, 1/23/17 and 2/16/17.

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 was remiss in noting the requirement for informed consent from the resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative.
- On the day of inspection and since, there have been no residents receiving hospice care.
- The facility has developed a new and accurate consent form which includes the resident consent as well as the physician consent. See attachment #1. *Es. C.*
- It will be the responsibility of the RN Wellness Coordinator to get consent from the resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative, in addition to the resident's medical doctor. This will only occur after a resident has been admitted to hospice services.
- Going forward, the Administrator will audit all required documentation associated with, and following, a resident's admission to hospice services.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Elise Rubino, Administrator</i>	Date <i>3/28/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4-3-18</u> (Date)	Plan of correction implementation status as of <u>4-3-18</u> (Date)
The above plan of correction was approved by <i>[Handwritten Initials]</i> (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 - 03/08/2018 - Harvey, Jason
 PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600
 2600.29a(b)(4) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: During a fire drill, the one designated person at the home who has knowledge in advance of the fire drill is to immediately upon setting off the fire alarm to begin the fire drill, go to the room of the resident who meets the conditions of § 2600.29a(b)(1)-(3), and notify the affected resident and any staff person who attempts to evacuate the resident, that this is a fire drill and the resident is not to be evacuated.

2a. DESCRIPTION OF VIOLATION
 During the fire drills held on 8/26/17, 9/26/17, 1/23/17 and 2/16/17 the home did not have a designated staff person at the home that had knowledge in advance of the fire drills to go to resident's #1's room and notify the resident on hospice not to evacuate during the fire drill.

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 Administrator, the Assistant Administrator, and the Director of Maintenance, are the three individuals in the facility who have knowledge in advance of the fire drill.
- The Administrator was remiss on the above mentioned dates in not going herself, or assigning a designee to go, to the room of the resident on hospice to notify that resident that she did not have to evacuate during the fire drill.
- The Administrator, the Assistant Administrator, and the Director of Maintenance, are now aware of this requirement.
- At the time of a fire drill, the Administrator will go to the room of the resident or she will assign the task to one of the other two individuals who have knowledge in advance of the fire drill.
- At the time of the drill, the assigned individual will proceed directly to the room of the resident to inform such resident that evacuation is not required. In addition, other staff in the area will be informed of the change.
- ^{ES} The Hospice Policy has been updated to reflect this change in the facility's procedure. See attachment #2. The change is also reflected in the Emergency Plan. See attachment #3. The changes in the Emergency Plan will be sent to the Chinchilla Hose Company by the Administrator.
- It is the responsibility of the Administrator to see that this procedure is followed.

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) Euse Rubino, Administrator	Date 3/28/18
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Violation Report: 24375 - 03/08/2018 - Harvey, Jason
 PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600
 2600.29a(b)(5)(i) - If the provisions of § 2600.29a(b)(4) are initiated, the informed staff person is to immediately practice a fire drill evacuation in accordance with the following: Access a mode of transport such as a bed on wheels, a chair on wheels or a drag mat in the resident's bedroom or nearby area, which is not currently occupied by the resident.

2a. DESCRIPTION OF VIOLATION
 During the fire drills held on 8/26/17, 9/26/17, 1/23/17 and 2/16/17, staff did not access and use a mode of transportation that would be safe for the movement of resident #1 when simulating an evacuation of the fire drills.

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 Administrator, the Assistant Administrator, and the Director of Maintenance, are the three individuals in the facility who have knowledge in advance of the fire drill.
- The Administrator was remiss on the above mentioned dates in not accessing and using, or assigning a designee to access and use, a mode of transportation that would be safe for the movement of a resident on hospice services, when simulating an evacuation of the fire drills.
- The Administrator, the Assistant Administrator, and the Director of Maintenance, are now aware of this requirement.
- At the time of a fire drill, the Administrator will access and use a mode of transportation that would be safe for the movement of a resident receiving hospice services, when simulating an evacuation. If the Administrator is not able to do so, she must assign the task to one of the other two individuals who have knowledge in advance of the fire drill.
- The Hospice Policy has been updated to reflect this change in the facility's procedure. See attachment #2. The change is also reflected in the Emergency Plan. See attachment #3.
- It is the responsibility of the Administrator to see that this procedure is followed.

YES
 YES
 [Signature]

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) Elise Rubinow, Administrator Date 3/28/18

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Plan of correction implementation status as of 4-3-18 (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: 24375 - 03/08/2018 - Harvey, Jason
 PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600
 2600.29a(b)(5)(ii) - If the provisions of § 2600.29a(b)(4) are initiated, the informed staff person is to immediately practice a fire drill evacuation in accordance with the following: Reasonably simulate the level of effort required to move the resident and proceed to practice evacuation to the nearest unblocked exit or fire safe area. The simulation will include the number of staff persons that is required during an evacuation to safely move the resident.

2a. DESCRIPTION OF VIOLATION
 During the fire drills held on 8/26/17, 9/26/17, 1/23/17 and 2/16/17, the home did not train a staff person responsible for evacuating resident #1 if a real fire occurs.

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 Administrator, the Assistant Administrator, and the Director of Maintenance, are the three individuals in the facility who have knowledge in advance of the fire drill.
- The Administrator was remiss on the above mentioned dates in not simulating, or assigning a designee to simulate, the level of effort required to move the resident and proceed to practice evacuation to the nearest exit or fire safe area.
- The Administrator, the Assistant Administrator, and the Director of Maintenance, will evaluate all residents on hospice services as to their needs in the event of an evacuation. This evaluation would include the determination of the number of staff persons necessary to perform the evacuation.
- The Administrator, the Assistant Administrator, and the Director of Maintenance will then practice the steps necessary prior to a fire drill and during each fire drill.
- In addition, the Administrator or Designee will train staff members who would be required to assist in the evacuation of a resident receiving hospice services.
- It is the responsibility of the Administrator to see that these procedures are followed.

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)

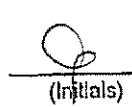
E. Rebinow, Administrator

Date 3/28/18

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Violation Report: 24375 - 03/08/2018 - Harvey, Jason
 PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600
 2600.29a(b)(10) - The resident's assessment and support plan are to be kept current and specify the requirements of this section as it relates to the specific resident.

2a. DESCRIPTION OF VIOLATION
 Resident #1's assessment and support plan does not address the resident's exclusion from evacuating during fire drills due to status in an active dying process.

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.

- On the date of inspection and since, there have been no residents receiving hospice care.
- From this point forward, a resident admitted to hospice services will have a new assessment and subsequent support plan completed. This will include any exclusions from evacuating during fire drills.
- The RN Wellness Coordinator and the Quality Assurance nurse will be responsible for the completion of a new assessment and the subsequent updated support plan.
- Going forward, the Administrator will audit all required documentation associated with a resident's admission to hospice services.


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 Robinson, Administrator Date 3/28/18

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 (Initials)

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Violation Report: 24375 - 03/08/2018 - Harvey, Jason
 PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

On 9/26/17 the fire drill logs indicated that two resident's did not evacuate during fire drill due to actively dying on hospice. The administrator stated that the fire drill logs were improperly filled out, only one resident did not evacuate.

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.

- This violation occurred as a result of an error by the Administrator who presumed that both residents receiving hospice care were to be excluded from participating in fire drills. Had she gone to the apartments of these two residents, the Administrator would have seen that one of them did actually participate in all fire drills during the time that the resident was receiving hospice services.
- All other information on the fire drill log was accurate.
- Going forward, the Administrator will be accurate in her references to residents receiving hospice care. This will be a result of the audits the Administrator will be conducting of all required documentation associated with a resident's admission to hospice services. *- and also a monthly review of the home's fire drill logs. AM*

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 Rubinow, Administrator

Date

3/28/18

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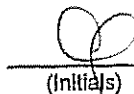
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Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 24375 - 03/08/2018 - Harvey, Jason
 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
 Resident #1's medical evaluation completed 12/07/17 did not indicate resident's pulse, body temperature and dietary requirements.

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.

- Resident #1's medical evaluation was completed immediately on 03/08/2018, at the time of inspection. See attachment #4. *-YES Q*
- It is the responsibility of the RN Wellness Coordinator and the Quality Assurance Nurse to review all medical evaluations upon receipt from the physician, and periodically thereafter.
- Going forward, the Administrator will do random audits of the medical evaluations. These audits will occur at least once per month.

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/23/2017

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Elise Rubino, Administrator Date: 3/28/18

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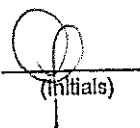
Violation Report: 24375 - 03/08/2018 - Harvey, Jason
 PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 (1) The resident's name.
 (2) The name of the medication.
 (3) The date the prescription was issued.
 (4) The prescribed dosage and instructions for administration.
 (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #2's medication of Lipogen Plus did not have the resident's name labeled anywhere on the bottle of medication.

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 bottle of Lipogen Plus was labeled immediately on 03/08/2018, at the time of inspection. See attachment #5.
- The RN Wellness Coordinator is responsible for having every medication container labeled as described above.
- All of the licensed nurses are responsible for reporting medication label issues to the RN Wellness Coordinator. All nurses have been reminded of the same.
- Going forward, the Administrator will do random audits of labels on prescribed medications. These audits will occur at least once per month.

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 Rabinow, Administrator			3/28/18
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