



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: April 3, 2019

Ms. Mia Jacobs
Administrator
Elan Gardens Inc.
465 Venard Road
Clarks Summit, Pennsylvania 18411

RE: Elan Gardens
License #: 243750

Dear Ms. Jacobs:

As a result of the Department's Bureau of Human Services Licensing inspection on February 7, 2019 of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 24375 - 02/07/2019 - Deluca, Amy
 PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted to the home on 11/27/2018. An initial assessment was not completed until 12/26/2018

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.

Timely documented Resident Assessments ensures the home has identified, and staff are aware of, the needs of the residents. The initial assessment for resident #1 was not completed within 15 days of admission. Oversight resulted in the late resident assessment. All other Resident Assessment and Support Plans were reviewed for timely documentation; all were found to be in compliance. The newly hired QA nurse was re-educated on the RASP completion requirements. The Wellness Coordinator and Administrator will monitor RASP documents for timely completion. The Administrator will be overall responsible to ensure ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Mia Jacobs*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Mia Jacobs	Date 03/06/2019
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3-12-19</u> (Date) The above plan of correction was approved by <u>MM</u> (Initials)	Plan of correction implementation status as of <u>3-12-19</u> (Date) <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
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Violation Report: 24375 - 02/07/2019 - Deluca, Amy
PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600
 2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION
 The Resident Assessment and Support plan (RASP) dated 12/26/2018 for resident #1 is incomplete in that it does not include a description of the needs of the resident in areas such as toileting, bladder management, personal hygiene, supervision, and mobility, and it does not include written plans as to how the needs of the resident will be met.

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 Resident Assessment and Support Plan identifies the resident needs and describes how the home's provisions to meet those needs. The missing documentation from resident #1's Assessment and Support Plan had failed to identify and address the resident's needs. Oversight resulted in incomplete documentation. Upon identification, resident #1's RASP was completed. The QA nurse was re-educated on proper completion of RASP documents. The Wellness Coordinator and Administrator will monitor RASP documents for completion in entirety. The Administrator will be overall responsible to ensure ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Mia Jacobs*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Mia Jacobs	Date 03/06/2019
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Violation Report: 24375 - 02/07/2019 - Deluca, Amy
PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The RASP for resident #1 dated 12/26/2018 was not updated to reflect the change in the needs of the resident with regard to toileting, showering, and dressing. It was determined through staff interviews that the resident has had a recent decline in health and an increased need for total assistance with all ADLs. The resident has also had increased verbal combativeness and incontinence that is not addressed in the current support plan.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

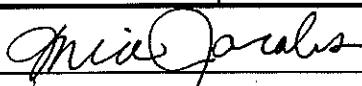
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

It is important to identify and capture residents' current levels of functioning and update support plans based on changing needs. RASP documentation did not reflect decline in resident #1's health status, ADLs, nor increase in combative behaviors and incontinence. Oversight resulted in lack of a current documented description of resident #1 needs and provisions. Upon discovery, an update was added to resident #1's Assessment and Support Plan. The QA nurse was re-educated on timely updates to RASP documents when residents needs change. The Wellness Coordinator and Administrator will monitor RASP documents for updates as appropriate. The Administrator will be overall responsible to ensure ongoing compliance.

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 Mia Jacobs
 (Required on EVERY Page)

Date 03/06/2019

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The above plan of correction is approved as of 3-12-19
 (Date)

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

Plan of correction implementation status as of 3-12-19
 (Date)

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