



July 26, 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 annual inspection on February 26, 2019 of the above facility, the violations 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.

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 "Carolyn K. Ellison". The signature is written in a cursive style.

Carolyn K. Ellison
Deputy Secretary, Office Administration
Shared Services for Health and
Human Services

Enclosure
Violation Report

Violation Report: 24375 - 02/26/2019 - Novak, Ryan

PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff member A hired 2/4/19 did not have a high school diploma, GED or active registration on the Pennsylvania nurse aide registry.

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.

Minimal educational requirements ensures a higher probability that direct care staff persons have the education and ability required to perform job duties by the home, including activities of daily living. The home had accepted a college level continuing education certificate, which did not entirely prove completion of high school level education. Oversight had caused this violation. The direct care staff member provided the home with her high school diploma equivalent. All other direct care staffs' proof of education requirements were audited and found to be in compliance. Upon hire, new direct care staff proof of acceptable education will be checked. The Administrator is ultimately responsible to ensure ongoing compliance.

The Administrator will ensure that school records are from the Department of Education for the municipality or state having authority in order for the documents to meet the regulatory requirement. 7-5-19

AG

Repeat Violation: No

Date(s) of Previous Violation(s):

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, Administrator

Date 6/13/19

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

The above plan of correction is approved as of 7-5-19
(Date)

Plan of correction implementation status as of 7-5-19
(Date)

The above plan of correction was approved by *AG*
(Initials)

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

Violation Report: 24375 - 02/26/2019 - Novak, Ryan
PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 Resident #1's glucometer had dried blood on the machine.

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 for homes to eliminate any potential for the spread of disease, including possible resident encounters with bodily fluids. The home violated 2600.85(a) when dried blood was discovered on a resident's glucometer. The glucometer was not cleaned entirely after previous use. Upon discovery of dried blood, glucometer was immediately cleaned. Nursing staff was educated on the proper sanitation of blood glucometers and all other glucometers were checked for cleanliness and found to be in compliance. All glucometers will be audited monthly for cleanliness. Audits will be reviewed at Quality Assurance Meetings to determine if they should be discontinued or remain. The Administrator is ultimately responsible to ensure ongoing compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Mia Jacobs*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MIA JACOBS, Administrator</i>	Date <i>6/13/19</i>
--	---------------------

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

The above plan of correction is approved as of <u>7-5-19</u> (Date) The above plan of correction was approved by <u>AG</u> (Initials)	Plan of correction implementation status as of <u>7-5-19</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
--	---

Violation Report: 24375 - 02/26/2019 - Novak, Ryan

PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600

2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The homes most recent sleeping hour fire drill was conducted on 1/24/19 at 5:40am, the previous was conducted on 6/28/18 at 11:02pm.

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 critical to practice response and evacuation while residents are asleep, since response time and actions when waking from sleep are typically reduced, and because most fire deaths occur during sleeping hours. Violation occurred when the Home conducted the most recent sleeping hour fire drill on 1/24/19 and the previous sleeping hour fire drill was seven (7) months prior on 6/28/19. Oversight caused this violation. As the drill had already occurred, nothing could be done to correct this mistake, however the next sleeping hour fire drill is planned to occur within the six month requirement. The Administrator is ultimately responsible to ensure ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

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, Administrator

Date

6/13/19

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

The above plan of correction is approved as of 7-5-19
(Date)

Plan of correction implementation status as of 7-5-19
(Date)

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

AG

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

Violation Report: 24375 - 02/26/2019 - Novak, Ryan

PCH Name: ELAN GARDENS

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 #2's most recent DME was completed on 2/6/18.

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.

Accurate medical information helps homes decide whether a resident's needs can be met and provides crucial information to develop an accurate assessment and support plan. The home did not have possession of fully completed DME, signed by resident's physician. The completed DME had been sent to the physician for signature the prior month but had not been returned as of the inspection date. The signed DME arrived by USPS the following day, 2/27/19. Alternative measures will be taken in the future to obtain a signed DME, such as email, fax, and in-person delivery of the document to the physician for signature. The Wellness Coordinator/designee will be responsible for completing DME's in a timely fashion. The Administrator is ultimately responsible to ensure ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

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, Administrator

Date

6/13/19

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

The above plan of correction is approved as of 7-5-19
(Date)

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

Plan of correction implementation status as of 7-5-19
(Date)

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

Violation Report: 24375 - 02/26/2019 - Novak, Ryan
PCH Name: ELAN GARDENS

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

Resident #3 has an order for blood glucose readings daily. On 2/22/19 at bedtime the treatment sheet noted a reading of 195, but nothing was noted in the glucometer.

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.

Accurate documentation of blood glucose readings are especially crucial for residents with Diabetes, as physician medication orders will be influenced by data collected. Resident #3's glucometer did not provide evidence that a blood sugar reading of 195 was obtained on 2/22/19, as documented on the treatment sheet. Supporting evidence that blood sugar was actually obtained is lacking and caused this violation. Although this specific violation cannot be corrected, as it occurred in the past, audits were established to prevent future violations. Audits will compare treatment sheet documentation with stored glucometer data. Audits will be reviewed at Quality Assurance Meetings to determine if they should be discontinued or remain. Nursing staff were also educated on proper procedures for obtaining blood sugar readings. The Administrator is ultimately responsible to ensure ongoing compliance.

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

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, Administrator* **Date** *6/13/19*

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

The above plan of correction is approved as of <u>7-5-19</u> (Date) The above plan of correction was approved by <u>AG</u> (Initials)	Plan of correction implementation status as of <u>7-5-19</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
--	---

Violation Report: 24375 - 02/26/2019 - Novak, Ryan

PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #3's lonox does not indicate the dose on the MAR.

Resident #4's toujeo is not initialed as administered on 2/12/19.

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 that staff nurses are able to properly track medications a resident receives and ensure all medications are administered as prescribed. 2600.187(a) was violated when Resident #3's lonox did not indicate the dose on the MAR and Resident #4's toujeo was not initialed as administered on 2/12/19. Oversight by nursing staff had caused this violation. Missing documentation was added to the record. All other MARs were audited for completion and found to be in compliance. Audits were created to check for completion of MARs. Audits will be reviewed at Quality Assurance Meetings to determine if they should be discontinued or remain. Nursing staff was educated on the importance of ensuring complete documentation. The Administrator is ultimately responsible to ensure ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

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, Administrator

Date

6/13/19

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

The above plan of correction is approved as of 7-5-19
(Date)

Plan of correction implementation status as of 7-5-19
(Date)

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

AG

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

Violation Report: 24375 - 02/26/2019 - Novak, Ryan

PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #4 has an order for systane nighttime ointment 3 times daily to the right eye. The resident refused the medication at 8am from 2/1-2/8/19, at 2pm from 2/1-2/7/19, 2/13, 2/19 and 2/25/19. The prescriber was not notified regarding the refusals.

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.

Reporting refused medications to residents' physicians will help to ensure the residents' safety as well as protect the home if refusal of medication leads to health complications. Failure to follow physician notification procedures relating to resident refusal of medications resulted in this violation. Upon discovery, the physician was notified of the refusal of this medication. Nursing staff was reeducated on the procedure for proper notification relating to refusal of medications. The Administrator is ultimately responsible to ensure ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

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, Administrator

Date

6/13/19

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

The above plan of correction is approved as of 7-5-19
(Date)

Plan of correction implementation status as of 7-5-19
(Date)

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

ag

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

Violation Report: 24375 - 02/26/2019 - Novak, Ryan
PCH Name: ELAN GARDENS

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #3 has an order for blood glucose readings daily. The blood glucose reading was not completed on 2/22/19.

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 that residents receive medications and treatments ordered by physicians in efforts to maintain optimal health and wellbeing. Additionally, it is specifically crucial for nursing staff to obtain ordered blood sugar readings to avoid potential hypoglycemic episodes. 2600.187(d) was violated when Resident #3's blood sugar reading was not obtained on 2/22/19. Although this past oversight cannot be corrected, audits have been put in place to ensure future readings are obtained as ordered. Additionally, nursing staff was educated on the importance of following physician directions. Audits will be reviewed at Quality Assurance Meetings to determine if they should be discontinued or remain. The Administrator is ultimately responsible to ensure ongoing compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Mia Jacobs*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MIA JACOBS, Administrator</i>	Date <i>6/13/19</i>
---	----------------------------

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

The above plan of correction is approved as of <u>7-5-19</u> (Date) The above plan of correction was approved by <u>AG</u> (Initials)	Plan of correction implementation status as of <u>7-5-19</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
--	---