



SENT VIA EMAIL: [cwendel@ltcmail.com](mailto:cwendel@ltcmail.com)  
[aanderson@ltcmail.com](mailto:aanderson@ltcmail.com)

MAILING DATE: January 31, 2020

Ms. Arlene Anderson  
Administrator  
Elk Haven Nursing Home Association, Inc.  
785 Johnsonburg Road,  
St. Mary's, Pennsylvania 15857

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

Dear Ms. Anderson:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 9, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig". The signature is written in a cursive, flowing style.

Janine Wenzig  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

JAN 21 2020

**Violation Report**

**Facility Information**

Name: *SILVER CREEK TERRACE*  
 Address: *791 JOHNSONBURG ROAD,, ST. MARYS, PA 15857*  
 County: *ELK* Region: *WESTERN*

WEST REGION FIELD OFFICE  
 Human Services Licensing  
 License Number: *42602*

**Administrator**

Name: *Chelsea Wendel* Phone: *8148342273* Email: *cwendel@ltcmail.com*

**Legal Entity**

Name: *ELK HAVEN NURSING HOME ASSOCIATION INC*  
 Address: *785 JOHNSONBURG ROAD, ST. MARYS, PA, 15857*

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *03/19/1997* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *47* Waking Staff: *35*

**Inspection**

Type: *Full* Reason: *Renewal* BHA Docket #: Notice: *Unannounced*

80

**Inspection Dates and Department Representative**

*01/09/2020 - On-Site: Debara McConnell, Lori Gillette*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *80* Residents Served: *44*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *7*

**Number of Residents Who:**

Receive Supplemental Security Income: *3* Are 60 Years of Age or Older: *44*  
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *3* Have Physical Disability: *2*

JAN 21 2020

26b - Quality Management Plan Content

WEST VIRGINIA FIELD OFFICE  
Human Services Licensing

Regulations

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

Description of Violation

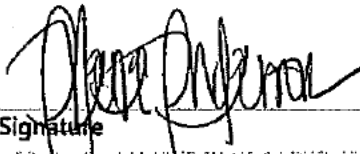
The home's quality management review on 12/20/19 did not address staff person training or licensing violations and plan of corrections.

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) Manager failed to address staff person training or licensing violations and plan of corrections in the quality management review.
  - 2) Manager reviewed Chapter 2600.26 quality management section and facility policy for quality management .
  - 3). Manager made a new template to include
    - A. Staff person training
    - B. Licensing violations
    - C. Plan of correction
  - 4) New template created on 1/14/2020 will be used a every Quality Management meeting to ensure to avoid missed information for all future meetings. Manager used template at Quality Management meeting that was held on 1/14/2020.
- Please see attachment A

Legal Entity Representative


  
Signature

ARLENE ANDERSON, ADMINISTRATOR 01/20/2020  
Printed Name and Title Date

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The above plan of correction is approved as of 01/28/2020 (Date) Plan of correction implementation status as of 01/28/2020 (Date)

- Implemented
- Not Implemented

The above plan of correction was approved by  (Initials)

65f - Training Topics

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Direct care staff person A did not receive annual training in following required topics during training year 2019:

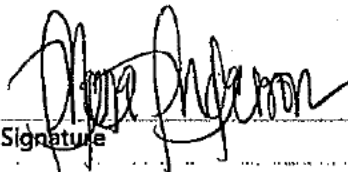
- Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- Care for residents with dementia and cognitive impairments.
- Safe management techniques

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) Manager evaluated 2019 training, although staff person A received 12+ hours of training topics did not include instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care of residents with dementia and cognitive impairment and safe management techniques. Staff person B who was ancillary staff did not receive any training during the 2019 training year.
- 2) 2020 training year will address all topics in 2600.65.f. Manager and training coordinator reviewed regulations and required annual training content. It is understood that direct care staff person need 12 hours of specific training. Ancillary staff persons, substitute personnel and regularly scheduled volunteers shall have required training in section 2600.65.g.
- 3) Manager revised the staff training plan on 1/17/2020 and ensure that all training topics are included.
- 4) Manager will monitor that all staff receive annually required training hours. Manager will obtain checklist on each staff member and check off when each staff member completes trainings. Each staff member will also use sign in sheets at each training which will identify their name/will specify direct care staff or ancillary staff persons/training topics.
- 5) See attachments B, C, D to see the 2020 staff training plan and 2020 staff training plan checklist.

Legal Entity Representative

  
Signature


ARLENE ANDERSON, ADMINISTRATOR 01/01/2020  
Printed Name and Title Date

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(Date)

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(Initials)

65g - Annual Training Content

JAN 21 2020

Regulations

WEST REGIONAL FIELD OFFICE  
Human Services Licensing

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § 5 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person A did not receive annual training in the Older Adult Protective Services Act (OAPSA) during training year 2019.

Staff person B did not receive training in any of the required topics under Ch. 2600.65g during training year 2019.

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) Manager evaluated 2019 training, although staff person A received 12+ hours of training topics did not include Older Adult Protective Services Act. Staff person B who was ancillary staff did not receive any training during the 2019 training year.
- 2) 2020 training year will address all topics in 2600.65.f. Manager and training coordinator reviewed regulations and required annual training content. It is understood that direct care staff person need 12 hours of The RN training coordinator aware and scheduled and calls to Office Of Human Services to complete The Older Adult protective Services act and Residents Rights
- 3) Manager will monitor that all staff receive annually required training hours. Manager will obtain checklist on each staff member and check off when each staff member completes trainings. Each staff member will also use sign in sheets at each training which will identify their name/will specify direct care staff or ancillary staff persons/training topics.
- 4) See attachments B, C, D to see the 2020 staff training plan and 2020 staff training plan check (same attachments B,C,D from the previous violation)

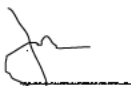
Legal Entity Representative

  
Signature

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JAN 21 2020

130e - Hearing Impairment

WEST REGIONAL FIELD OFFICE  
HUMAN SERVICES LISTENING

Regulations

2600.

130.e. If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used and tested so that each resident and staff person with a hearing impairment will be alerted in the event of a fire.

Description of Violation

Resident #1 is unable to hear the fire alarm. The resident has a bed shaker signaling device in her bedroom to alert her of a fire; however, the device was not plugged into the power source. Also, there is no documentation that this device is regularly tested.

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) Manager reviewed resident #1, resident is HOH in left ear only which she does have hearing aids for, however after evaluating the residents, it was indicated by the resident that she does not know why she has a bed shaker due to alway being able to hear the all fire drills with or without the left hearing aid. Resident admitted to unplugging the device several time due to needing to use the outlet for other devices. Resident reported that environmental services did provide education of not unplugging the device, however did after that decision.
- 2) Manager reviewed DME reports that cognition function is good and is independent for evaluating the building, bed shaker removal work order submitted on 1/19/2020 to environmental services assistant for removal to take place on 1/20/2020.
- 3) Although resident was not in need of the bed shaker, a monitoring tool is now in-place for all other bed shakers in our facility.
- 4) environmental services assistant as well as the manager will identify those with bed shakers and check device monthly to ensure the bed shaker is plugged in and is in working order, as well as providing education to residents about the device and the importance of not tampering with it.
- 5) please refer to E for the new monitoring tool

The administrator will ensure all residents who are unable to hear the fire alarm have operable alternative signaling devices that are tested at least monthly. - JRW 1/28/20

Legal Entity Representative


  
Signature

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SILVER CREEK TERRACE

42602

JAN 21 2020

132d - Evacuation

Regulations

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The evacuation time for the fire drill conducted on 11/19/19 at 9:00pm was 6 minutes and 15 seconds, which exceeds the maximum safe evacuation time of 6 minutes, as designated in writing on 10/10/19 by a fire safety expert.

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) Manager reviewed the Fire Chiefs letter dated September 9th 2019 that indicated "that the average of six minutes is an acceptable evacuation time for Silver creek Terrace Fire Drills, with the knowledge that during sleeping hours, it may take as much as 7, but during daylight hours it takes and average of 4 minutes to evaluate. The reviewer asked if that time could be more specific. On the date of the annual inspection the Deputy Fire Chief arrived to the facility and provided us with a new letter on the spot, however after leaving and review done at the station the determined time of 7 minutes was the approved evaluation time. (see attachment F)
- 2) Staff educated on the fire chiefs letter and the determined time of 7 minutes, however review of the importance of fire safety and evaluations need to be done as timely as possible.
- 3) The reason for the 6 minutes and 15 seconds drill was due to a resident who was in the shower during this drill. Resident was educated that the drills need to be followed in a timely manner and reviewed having a robe and slippers available for quick access in the event this would happen in the future.
- 4) Manager will educate/remind residents of the fire safety evaluation for all sounding alarms and the need for timely participation at all resident council meetings.


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171b5 - First Aid Kit

Regulations

WEST REGIONAL OFFICE  
Human Services Licensing

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the home's van used to transport residents was stored in a small compartment above the driver's seat and secured with Velcro. The kit was stuck inside this opening and the agent of the Department was unable to to open it and access contents.

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 first aid kit was secured with many Velcro strips making it very difficult to gain access to the kit
- 2) The same day that the inspection took place the environmental service director removed adequate amounts of Velcro. The first aid kit is now easily accessible to gain access easily.
- 3) Manager and environmental service director both demonstrated removing the the first aid kit successfully from the compartment above the driver seat. The first aid kit remains secured in a safe location but is now easily accessible to retrieve contents in the kit due to less amounts of Velcro.

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SILVER CREEK TERRACE

JAN 21 2020

42602

227d - Support Plan Medical/Dental

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulations

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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #1, dated 5/22/19, indicates the resident is hard of hearing. The resident requires a bed shaker device to alert her of a fire or other emergency. The resident's support plan, dated 5/22/19, does not address how the home will meet the resident's need for the bed shaker device or additional services needed during an emergency.

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) Manager will obtain a list of bed shaker signaling devices for environmental services by 1/21/2020, each resident who has the device will be evaluated for appropriateness.
- 2) Each resident who has the bed shaker signaling device will have the monitoring tool (attachment E), on the monitoring tool it indicates the date the bed shaker signaling device was installed and the date the RASP/support plan was updated.
- 3) The bed shaker device monitoring tool will be kept in the managers office and all residents who require the bed shaker devices support plans will be updated no later than 1/23/2020.
- 4) New monitoring tool will ensure that all steps are followed, including service plan updated to indicate this device is being used and monthly checks are being completed.

Legal Entity Representative

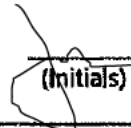
  
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