

Department of Human Services
Bureau of Human Service Licensing

July 21, 2021

[REDACTED]
ELK HAVEN NURSING HOME ASSOCIATION INC
785 JOHNSONBURG ROAD
ST. MARYS, PA 15857

RE: SILVER CREEK TERRACE
791 JOHNSONBURG ROAD
ST. MARYS, PA, 15857
LICENSE/COC#: 42602

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/25/2021, 03/26/2021, 03/28/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: SILVER CREEK TERRACE License #: 42602 License Expiration Date: 06/20/2021
Address: 791 JOHNSONBURG ROAD, ST. MARYS, PA 15857
County: ELK Region: WESTERN

Administrator

Name: [REDACTED] Phone: 8148342273 Email: [REDACTED]

Legal Entity

Name: ELK HAVEN NURSING HOME ASSOCIATION INC
Address: 785 JOHNSONBURG ROAD, ST. MARYS, PA, 15857
Phone: 8148342273 Email: [REDACTED]

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: 49 Waking Staff: 37

Inspection

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Complaint, Incident Exit Conference Date: 03/26/2021

Inspection Dates and Department Representative

03/25/2021 - On-Site: [REDACTED]
03/26/2021 - On-Site: [REDACTED]
03/28/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 80 Residents Served: 48

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 48
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 1 Have Physical Disability: 1

Inspections / Reviews

03/25/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/01/2021*

5/18/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/25/2021*

6/7/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/14/2021*

7/21/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 3/25/21, the Wellness Coordinator's office was unlocked, unattended and accessible. 2 binders were open on the desk and contained resident medication administration records (MAR)s for multiple residents to include resident #1, resident #3 and resident #8.

Plan of Correction

Accept

- 1- Wellness Coordinator's office was immediately locked on 3/25/2021 and secured from unauthorized entry.
- 2- All members of the healthcare team that need access to the office were provided a key on 3/25/21 for entry until pin code lock was installed.
- 3 - Door was later replaced with a pin code lock on 3/29/2021 and the required employees have been provided the entry code.
- 4 - Education provided to all staff on 3/29/2021 to ensure records are kept safe from unauthorized access.
- 5 - Ongoing random inspections will be completed by administrator or designee to ensure the door is shut when office is not in use weekly ongoing at this time.

Completion Date: 05/18/2021

Document Submission

Implemented

Audit Attached

42b - Abuse

1. Requirements

2600.

- 42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Repeat Violation

The home's Resident Trust Fund policy states, "At the resident's request, money and valuables may be kept in a locked safe, located in the business office." However, the home violated it's Resident Trust Fund Policy. On or about [redacted]/21, direct care staff A stole \$440.00 from an envelope labeled "Trust" with the names of resident #2, resident #4 and resident #5 written on the front. The envelope was in a folder labeled "Deposits," in an unlocked desk drawer in the business office. The money belonged to the following residents:

Resident #2: \$140.00

Resident #4: \$150.00

Resident #5: \$150.00

On 1/20/21, direct care staff A confessed and was charged with 1 count of [redacted] by the [redacted] Police Department.

Repeat Violation: 04/22/2020 et al

42b - Abuse (continued)

Plan of Correction

Accept

- 1) The Administrative Secretary was immediately terminated at the time [redacted] admitted to Misappropriation of funds on 1/12/2021.
- 2) Resident funds were immediately replaced by the facility on 1/8/2021.
- 3) Resident's and families effected were notified at the time of the initial incident 1/8/2021.
- 4) All residents and or families that give cash as deposits will be provided with a written receipt for the transaction with both the signature of the staff member receiving funds and the family/resident giving the funds starting 1/8/2021.
- 5) All funds received will be given immediately to the administrator or placed in the secured lock box outside the Administrators office.
- 6) An audit was completed of all resident trust accounts within the facility and no other misappropriation of funds was founded on 1/28/2021.
- 7) Administrator and Business office manager to reconcile trust accounts together bi-weekly for three months then monthly after.
- 8) Trust reconciliation will include the original signature of both the administrator and the business office manager.
- 9) On 5/26/2021 a mandatory in-person education will be provided to the staff with regards to abuse, financial exploitation and resident rights by Complete Healthcare Resources.
- 10) Administrator or designee with interview affected resident's to ensure no further misappropriation.
- 11) Administrator or designee to meet with 5 random resident's weekly for three months then 5 random resident's bi-monthly then monthly to monitor for concerns.

Completion Date: 05/24/2021

Document Submission

Implemented

- 1. In-Service records attached
- 2. Ongoing resident interviews

42x - Safeguard

1. Requirements

2600.

42.x. A resident has the right to a system to safeguard a resident's money and property.

Description of Violation

The home's Resident Trust Fund policy states, "At the resident's request, money and valuables may be kept in a locked safe, located in the business office." However, the home failed to provide a system to safeguard resident's money and property and violated it's Resident Trust Fund Policy. On or about [redacted]/21, direct care staff A stole \$440.00 from an envelope labeled "Trust" with the names of resident #2, resident #4 and resident #5 written on the front. The envelope was in a folder labeled "Deposits," in an unlocked desk drawer in the business office. The money belonged to the following residents:

Resident #2: \$140.00

Resident #4: \$150.00

Resident #5: \$150.00

On 1/20/21, direct care staff A confessed and was charged with [redacted] by the [redacted] Police Department.

42x - Safeguard (continued)

Plan of Correction

Accept

- 1) The Administrative Secretary was immediately terminated at the time [REDACTED] admitted to Misappropriation of funds on 1/12/2021.
- 2) Resident funds were immediately replaced by the facility on 1/8/2021.
- 3) Resident's and families effected were notified at the time of the initial incident 1/8/2021.
- 4) All residents and or families that give cash as deposits will be provided with a written receipt for the transaction with both the signature of the staff member receiving funds and the family/resident giving the funds starting 1/8/2021.
- 5) All funds received will be given immediately to the administrator or placed in the secured lock box outside the Administrators office.
- 6) An audit was completed of all resident trust accounts within the facility and no other misappropriation of funds was founded on 1/28/2021.
- 7) Administrator and Business office manager to reconcile trust accounts together bi-weekly for three months then monthly after.
- 8) Trust reconciliation will include the original signature of both the administrator and the business office manager.
- 9) On 5/26/2021 a mandatory in-person education will be provided to the staff with regards to abuse, financial exploitation and resident rights by Complete Healthcare Resources.
- 10) Administrator or designee with interview affected resident's to ensure no further misappropriation.
- 11) Administrator or designee to meet with 5 random resident's weekly for three months then 5 random resident's bi-monthly then monthly to monitor for concerns.

Completion Date: 05/24/2021

Document Submission

Implemented

- 1. In-Service records attached
- 2. Ongoing resident interviews

51 - Criminal Background Check

1. Requirements

2600.

- 51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Direct care staff A, hired [REDACTED], has no record of a Pennsylvania State Police criminal background check in [REDACTED] file.

Plan of Correction

Accept

- 1) Criminal background check was completed on this employee at the time of the inspection.
- 2) Copy of the criminal background check was emailed to the inspecting official.
- 3) An audit of all employee files was completed to ensure the facility complies with all required employee records.
- 4) Ongoing audits to be completed by administrator or designee on new hires monthly for 3 months, then yearly for 1 year.

Completion Date: 04/23/2021

51 - Criminal Background Check (continued)

Document Submission

Implemented

Audit Attached

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person C, hired [redacted]/20, did not receive training in any topics specified in §2600.65a.

Plan of Correction

Accept

- 1) Employee was given the full orientation training on 03.30.2021 on-site.
- 2) An audit has been completed of all employee files to ensure all staff received initial orientation training in the required amount of time.
- 3) Ongoing audits of new employees to be completed by administrator or designee monthly for three months then yearly for 1 year.

Completion Date: 04/23/2021

Document Submission

Implemented

Audit attached

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person C, hired [redacted]/20, did not receive training in any topics specified in §2600.65b.

65b - Rights/Abuse 40 Hours (continued)

Plan of Correction

Accept

- 1) Employee was given the required education on 03.30.2021.
- 2) An audit has been completed of all employee files to ensure all staff received initial orientation training in the required amount of time.
- 3) Ongoing audit to be completed by administrator or designee monthly for 3 months then yearly for 1 year.

Completion Date: 04/23/2021

Document Submission

Implemented

Audit Attached

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 3/25/21, there was no thermometer in the refrigerator section or the freezer section of the silver refrigerator/freezer in the kitchenette area.

Plan of Correction

Accept

- 1) Corrected at the time of inspection.
- 2) An independent Thermometer was placed in both the freezer and refrigerator at the time of the inspection.
- 3) There is a thermometer built into the refrigerator that monitors the temperature of both the freezer and refrigerator section.
- 4) Daily Temp log will be kept in kitchen and recorded on daily.
- 5) Education provided to all staff the importance of the regulation and the need to monitor daily temperatures.
- 5) Ongoing audit to be completed by administrator or designee to monitor for thermometers monthly for 3 months then yearly for 1 year.

Completion Date: 05/18/2021

Document Submission

Implemented

Audit attached

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 3/25/21, there were 13 unlabeled, undated plastic bags of bagels in the bottom drawer of the freezer section of the silver refrigerator/freezer in the kitchenette area.

103i - Outdated Food (continued)

Plan of Correction

Accept

- 1) Education provided to all staff at the time of the inspection on the importance of dating food items.
- 2) Staff to date the box of bagels and place in the freezer, rather than remove and date each bag.
- 3) Will be monitored as part of the audit already being completed for the thermometers by the administrator or designee monthly for 3 months then yearly for 1 year.

Completion Date: 04/23/2021

Document Submission

Implemented

Audit attached

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident # 6's most recent annual medical evaluation was completed on [redacted]/21. However, [redacted] previous medical evaluation was completed on [redacted]/19.

Plan of Correction

Accept

- 1) The DME was completed 2 months late for this resident.
- 2) Facility has a performance improvement plan already in place to address late DME's within the facility since the change of administrator.
- 3) Resident's charts have be audited to ensure moving forward all DME's will be completed within the required period of time.
- 4) Monthly audits to be completed by the administrator or designee to ensure DME's fall into the required time frame for 1 year.

Completion Date: 04/23/2021

Document Submission

Implemented

Audit attached

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Repeat Violation

Resident #7 is prescribed Razadyne 8mg - take one tablet by mouth twice daily, N-Acetylcysteine 600mg - take one tablet by mouth twice daily and Eliquis 2.5mg - take one tablet by mouth twice daily. However, [redacted] March 2021 MAR does not include the initials of the staff person who administered these medications on 3/18/21 at 8:00 p.m.

Repeat Violation: 04/22/2020 et al

187b - Date/Time of Medication Admin. (continued)

Plan of Correction

Accept

- 1) Staff member was educated at the time of violation on the importance of ensuring all mar spaces are signed.
- 2) Staff member (LPN) was placed into the next medication administration training held by the facilities wellness Coord.
- 3) Wellness Coord to hold an education for all staff members on 5/26/2021 on the importance of the rights of medication administration including proper documentation of medications on the medication administration record.
- 4) Wellness Coord will make random audits of the medication administration record to monitor for missing initials bi-weekly for three months then monthly ongoing.

Completion Date: 05/18/2021

Document Submission

Implemented

Audit attached
In-Service sheet attached

190b - Insulin Injections

1. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Direct care staff B's most recent diabetic training was completed on 10/16/19. However, [REDACTED] administered 44 units of Levemir 100 units/ml to resident #8 on 3/14/21 at 7:00 a.m.

Plan of Correction

Accept

- 1) Employee in question was immediately instructed that [REDACTED] was no longer to complete glucometer checks or administer insulin.
- 2) Facility had a diabetic education class on April 16th 2021 at 9:00AM at the facility for all staff members.
- 3) An audit was completed on all active employees within the facility to ensure an active certificate was on file for a completed diabetic education class.
- 4) Ongoing yearly audits to be completed by administrator or designee on all employee's to ensure compliance.

Completion Date: 04/23/2021

Document Submission

Implemented

Diabetic Education attached for employee in question
Audit Attached

Department of Human Services
Bureau of Human Service Licensing

July 21, 2021

[REDACTED], NHA
ELK HAVEN NURSING HOME ASSOCIATION INC
785 JOHNSONBURG ROAD
ST. MARYS, PA 15857

RE: SILVER CREEK TERRACE
791 JOHNSONBURG ROAD
ST. MARYS, PA, 15857
LICENSE/COC#: 42602

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 06/16/2021 of the above facility, no regulatory citations have been identified as a result of this inspection.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing