

Department of Human Services  
Bureau of Human Service Licensing

June 9, 2021

██████████ ADMINISTRATOR  
ELAN GARDENS INC  
465 VENARD ROAD  
CLARKS SUMMIT, PA 18411

RE: ELAN GARDENS  
465 VENARD ROAD  
CLARKS SUMMIT, PA, 18411  
LICENSE/COC#: 24375

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/27/2021, 04/28/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing



## Inspections / Reviews

04/27/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *05/29/2021*

5/27/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/07/2021*

6/9/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 96b - First Aid Location

## 1. Requirements

2600.

96.b. Staff persons shall know the location of the first aid kit.

## Description of Violation

*Direct care staff members did not know the location of the home's 1st aide kit*

## Plan of Correction

Accept

*t is important for staff to know the location of the first aid kit so care can be provided timely. Although many of Elan Garden's Resident Associates (RA) are certified in first aid, it is our policy that nursing staff administer first aide care to residents. Elan Gardens is staffed with nurses onsite, 24/7. RA's were in-serviced on the location of the first aid kits, should retrieval be necessary. Upon hire, new RA's will also be in-serviced on the location of the first aid kits. The Executive Director is ultimately responsible to ensure ongoing compliance.*

Completion Date: 05/26/2021

Update - 05/27/2021

Please send/Attach proof of staff training. 5-27-2021-MM

## Document Submission

Implemented

See attached document.

## 123a - Exit Doors

## 1. Requirements

2600.

123.a. Exit doors must be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.

## Description of Violation

*The exterior exit door on the 2nd floor which is adjacent to room [REDACTED] would not immediately release from the locking mechanism and open to the outside.*

## Plan of Correction

Accept

*n the event of an emergency, it is crucial that unrestricted egress be a viable option at every exit door throughout the building. The second-floor exit door, adjacent to room [REDACTED], malfunctioned and did not immediately release from its locking mechanism. Torbik Lock and Safe, on 5/17/21, inspected and repaired the door's locking mechanism. All other exit doors were checked and found to be in compliance. The Maintenance Coordinator will inspect all exit doors monthly for proper functioning. The Executive Director is ultimately responsible to ensure on-going compliance.*

Completion Date: 05/26/2021

Update - 05/27/2021

Please send/Attach proof of compliance. 5-27-2021 -MM

## Document Submission

Implemented

See attached document.

## 141b1 - Annual Medical Evaluation

## 1. Requirements

2600.

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

141b1 - Annual Medical Evaluation (*continued*)**Description of Violation**

*Resident 1 had their previous Documentation of Medical Evaluation (DME) completed 8/8/2019 and their next DME was completed 8/26/2020. DME's are required to be completed at a minimum of once annually.*

**Plan of Correction****Accept**

*Routine Medical Evaluations are necessary to ensure residents' clinical needs are addressed and current plans of care are appropriate. Resident 1's medical evaluation was three (3) days beyond the allowable annual evaluation timeframe. During August of 2020, an earlier appointment was not available to the resident. All other resident medical evaluations were checked and found to be in compliance. Going forward, the Wellness Coordinator will audit medical evaluations monthly to ensure that all residents are evaluated by their physician within the allowable timeframe. The Executive Director is ultimately responsible for on-going compliance.*

**Completion Date:** 05/26/2021

**Document Submission****Implemented**

*See attached document.*

## 181d -Storing Medication

**1. Requirements**

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

**Description of Violation**

*Resident 1 self-administers their own medications. The medications were stored in an unlocked cabinet in the resident's room which is also not kept locked.*

**Plan of Correction****Accept**

*It is important to protect against all possibilities for drug diversion or misuse. Resident 1 did not lock [REDACTED] medications, resulting in a potentially hazardous situation. The Executive Director spoke with Resident #1 about the importance of securing medications. The resident verbally acknowledged that [REDACTED] understands and stated that [REDACTED] will keep [REDACTED] medications in [REDACTED] locked drawer. Nursing staff will check daily for proper storage of medications. The Executive Director is ultimately responsible for ongoing compliance.*

**Completion Date:** 05/26/2021

**Document Submission****Implemented**

*See attached document.*

## 185a - Implement Storage Procedures

**1. Requirements**

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.

**Description of Violation**

*Resident 2's glucometer indicated a blood sugar level of 229 at 6:02pm on 4/27/2021. The blood sugar was documented in the Medication Administration Record as 218 for this time. On 4/19/2021, Resident 2's glucometer indicated a blood sugar level of 271 at 7:21pm. There was no blood sugar level documented on the MAR for the PM blood sugar level check on 4/19/2021.*

185a - Implement Storage Procedures (*continued*)**Plan of Correction****Accept**

*It is imperative that all clinical documentation is transcribed accurately as physicians use this information to direct patient care. Nursing staff inadvertently documented Resident 2's blood sugar on 4/27/21 incorrectly and omitted the reading on 4/19/21. Nursing staff was in serviced on the importance of accurate documentation. Blood sugar documentation will be audited monthly by the Wellness Coordinator to ensure accurate transcription. The Executive Director is ultimately be responsible for ongoing compliance.*

**Completion Date** 05/26/2021

**Update** 05/27/2021

*Please send/Attach proof of staff training. 5-27-2021 - MM*

**Document Submission****Implemented**

*See attached document.*

## 187a - Medication Record

**1. Requirements**

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.

**Description of Repeat Violation**

*Resident 3 was given PRN medication of Tylenol on 3/1, 3/2, 3/3, 3/4, and 3/5/2021 due to pain. The result of the PRN medication was not documented in the MAR.*

*Resident 4 states that her medication pills are left in a cup on the counter or the table in her room on some occasions. Resident 4 is only assessed to self-administer their Silvadene cream.*

187a - Medication Record (*continued*)**Plan of Correction****Accept**

1. Documentation relating to medication effectiveness is crucial information for physicians when prescribing medications to manage symptoms. Nursing staff did not document the effectiveness of Resident 3's PRN Tylenol on multiple occasions. Nursing staff was in-serviced on the importance of complete clinical documentation. The Wellness Coordinator will audit PRN medication documentation monthly. The Executive Director is ultimately responsible for ongoing compliance.
2. It is important that medications intended for a resident are not discarded, diverted, misused or forgotten. Nursing staff did not verify that Resident 4 took her pills when they left them on her table and exited her apartment. Nursing staff was in-serviced on the importance of visually verifying that residents take their prescribed medications. The Executive Director is ultimately responsible for ongoing compliance.

Completion Date: 05/26/2021

Update - 05/27/2021

Please send/Attach proof staff training. 5-27-2021 -MM

**Document Submission****Implemented**

See attached document.

## 187d - Follow Prescriber's Orders

**1. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

Resident 5 is prescribed Calcium 600 Vit-D twice daily. The medication was not available and not administered on 3/28, 3/29, 3/30, and 3/31/2021.

**Plan of Correction****Accept**

It is important to follow the prescriber's orders. Between 3/28/21 – 3/31/21, the medication Calcium 600 Vit-D was not available from the resident's pharmacy and the medication was not administered to Resident 5 as prescribed. Nursing staff was in-serviced on the importance of obtaining the medication from another source, if possible, or obtaining a hold order from the prescribing physician. The Executive Director is ultimately responsible for ongoing compliance.

Completion Date: 05/26/2021

Update - 05/27/2021

Please send/Attach proof of staff training. 5-27-2021 MM

**Document Submission****Implemented**

See attached document.