

Department of Human Services
Bureau of Human Service Licensing

July 13, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/19/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

Facility Information

Name: *ELAN GARDENS* License #: *24375* License Expiration: *06/03/2023*
Address: *465 VENARD ROAD, CLARKS SUMMIT, PA 18411*
County: *LACKAWANNA* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *ELAN GARDENS INC*
Address: *465 VENARD ROAD, CLARKS SUMMIT, PA, 18411*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/18/1996* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *42* Waking Staff: *32*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Incident* Exit Conference Date: *04/19/2022*

Inspection Dates and Department Representative

04/19/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* Residents Served: *37*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *37*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *5* Have Physical Disability: *0*

Inspections / Reviews

04/19/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/23/2022*

Inspections / Reviews (*continued*)

06/23/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/30/2022*

07/13/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

28f - Resident's Funds and 30-day Refund

1. Requirements

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #1 was discharged from the home on [REDACTED] The home did not issue a refund to the resident until [REDACTED]

Plan of Correction

Accept

- a. Refund for the identified resident was issued on 01/31/2022.
- b. Audit of the last 6 months of refunds to be completed by Business Office Manager to identify and resolve refunds not issued.
- c. Facility procedure reviewed by Business Office Manager and Administrator.
- d. Business Office Manager and Administrator will meet monthly to review discharges to ensure refunds occur within 30 days.

Completion Date: 07/06/2022

Document Submission

Implemented

- a. Refund for the identified resident was issued on 01/31/2022.
- b. Audit of the last 6 months of refunds to be completed by Business Office Manager to identify and resolve refunds not issued.
- c. Facility procedure reviewed by Business Office Manager and Administrator.
- d. Business Office Manager and Administrator will meet monthly to review discharges to ensure refunds occur within 30 days.

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 04/12/22 staff person A used resident #1's glucometer to check the blood sugar for resident #2 due to resident #1's glucometer not functioning properly.

Plan of Correction

Accept

- a. Glucometer for resident #1 was discarded and replaced by Wellness Coordinator. Report was submitted to DHS on 04/13/2022 to report the incident and immediate corrective action.
- b. Education completed with identified staff member regarding state regulations and facility policy surrounding glucometers and risks associated with sharing glucometers. Facility nurses and medication technicians received education regarding state regulations and facility policy surrounding glucometers.
- c. A stock glucometer to be purchased for the facility to be used in the event that replacement is needed.
- d. Current process of weekly glucometer audits will continue to identify issues.

85a - Sanitary Conditions (continued)

Completion Date: 07/06/2022

Update: 06/23/2022

Please send proof of staff training.

Document Submission

Implemented

- a. Glucometer for resident #1 was discarded and replaced by Wellness Coordinator. Report was submitted to DHS on 04/13/2022 to report the incident and immediate corrective action.
- b. Education completed with identified staff member regarding state regulations and facility policy surrounding glucometers and risks associated with sharing glucometers. Facility nurses and medication technicians received education regarding state regulations and facility policy surrounding glucometers.
- c. A stock glucometer to be purchased for the facility to be used in the event that replacement is needed.
- d. Current process of weekly glucometer audits will continue to identify issues.

96a - First Aid Kit

1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit located in the medication room did not contain a CPR breathing shield.

The first aid kit located in the 2nd floor laundry room did not contain adhesive tape.

Plan of Correction

Accept

- a. A CPR breathing shield was placed in first aide kit in the medication room. Adhesive tape was added to the first aid kit in the 2nd floor laundry room.
- b. Audit to be completed by Wellness Coordinator of all first aide kits to ensure that required items are present and available.
- c. Check list of required items was laminated and put with the first aid kit to make staff aware of items needing replaced if used.
- d. Night shift nurse to complete weekly audits of first aid kits to ensure required items are present.

Completion Date: 07/06/2022

Document Submission

Implemented

- a. A CPR breathing shield was placed in first aide kit in the medication room. Adhesive tape was added to the first aid kit in the 2nd floor laundry room.
- b. Audit to be completed by Wellness Coordinator of all first aide kits to ensure that required items are present and available.
- c. Check list of required items was laminated and put with the first aid kit to make staff aware of items needing replaced if used.
- d. Night shift nurse to complete weekly audits of first aid kits to ensure required items are present.

96a - First Aid Kit (continued)

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

During the initial morning walk through the entrances to the dining area were blocked by two chairs being placed in front of each entryway. The dining room has an exit door in it and therefore the chairs created a block to a path of egress from the home.

Plan of Correction

Accept

- a. Chairs were removed from dining room entryways.
- b. Velcro stop sign door banners were purchased and placed in dining room entryways when not in use. Velcro door banners are easily moved in the event of an emergency.
- c. Weekly audits to be completed for 30 days by administrator to monitor for chairs blocking the entryways of the dining room.

Completion Date: 07/06/2022

Update: 06/23/2022

Please send proof of compliance (picture).

Document Submission

Implemented

- a. Chairs were removed from dining room entryways.
- b. Velcro stop sign door banners were purchased and placed in dining room entryways when not in use. Velcro door banners are easily moved in the event of an emergency.
- c. Weekly audits to be completed for 30 days by administrator to monitor for chairs blocking the entryways of the dining room.