

Department of Human Services
Bureau of Human Service Licensing

October 13, 2022

[REDACTED]

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

RE: ELAN GARDENS SENIOR LIVING A
JEWISH SENIOR LIFE COMMUNITY
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 08/30/2022, 09/06/2022 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

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

Facility Information

Name: ELAN GARDENS SENIOR LIVING A JEWISH SENIOR LIFE License #: 24375 License Expiration: 06/03/2023
COMMUNITY

Address: 465 VENARD ROAD, CLARKS SUMMIT, PA 18411

County: LACKAWANNA

Region: NORTHEAST

Administrator

Name:

[REDACTED]

Phone: 5705854400

Email:

[REDACTED]

Legal Entity

Name: ELAN GARDENS INC

Address: 465 VENARD ROAD, CLARKS SUMMIT, PA, 18411

Phone: 5705854400

Email:

[REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP

Date: 10/18/1996

Issued By: PA Li

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 39

Waking Staff: 29

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint, Incident

Exit Conference Date: 09/06/2022

Inspection Dates and Department Representative

08/30/2022 - On-Site:

[REDACTED]

09/06/2022 - Off-Site:

[REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 75

Residents Served: 39

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: 39

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 1

Inspections / Reviews

08/30/2022 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/29/2022*

10/02/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/07/2022*

10/11/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/17/2022*

10/13/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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

The home is blocking egress from the 2nd floor by using a strap with a stop sign attached to fully block off the hallway with leads to rooms 201 to 208. The strap is hooked on either side preventing egress.

Plan of Correction

Do Not Accept

- a. Stop sign and hooks in the hallway of rooms 201-208 removed from the wall.
- b. Assess all stairways, hallways, and egress routes to identify any possible obstruction.
- c. Provide education to staff on identifying and removing egress obstructions.
- d. Monitor stairways, hallways and egress routes for possible obstruction x 4 weeks.

Completion Date: 10/10/2022

Update: 10/02/2022

Please include in you plan of correction:

Who is responsible for fixing the problem and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

Plan of Correction

Accept

- a. Maintenance staff removed the stop sign and hooks in the hallway of rooms 201-208 removed from the wall on 8/30/2022.
- b. Maintenance staff and administrator to assess all stairways, hallways, and egress routes to identify any possible obstruction.
- c. Administrator to provide education to staff on identifying and removing egress obstructions.
- d. Maintenance staff to monitor stairways, hallways and egress routes for possible obstruction for 4 weeks.

Completion Date: 10/10/2022

Update: 10/11/2022

Please send proof of staff training.

Document Submission

Implemented

- a. Maintenance staff removed the stop sign and hooks in the hallway of rooms 201-208 removed from the wall on 8/30/2022.
- b. Maintenance staff and administrator to assess all stairways, hallways, and egress routes to identify any possible obstruction.
- c. Administrator to provide education to staff on identifying and removing egress obstructions.
- d. Maintenance staff to monitor stairways, hallways and egress routes for possible obstruction for 4 weeks.

181d -Storing Medication

1. Requirements

2600.

181d - Storing Medication (continued)

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 is assessed to self-medicate, however their medications were observed unlocked in a drawer at the time of inspection.

Plan of Correction**Accept**

- a. Resident #1 provided with an additional lockable drawer to store medications. Education provided on keeping medications locked in a safe and secure location.*
- b. Audit of current residents who self-administer medications to ensure the lockable space is available and being used for medication storage.*
- c. Education provided to current residents who self-administer medications on the appropriate storage of medication in the apartment.*
- d. Nursing staff to complete weekly audits x 4 weeks of resident's medications to check for appropriate medication storage.*

Completion Date: 10/10/2022

Document Submission**Implemented**

- a. Resident #1 provided with an additional lockable drawer to store medications. Education provided on keeping medications locked in a safe and secure location.*
- b. Audit of current residents who self-administer medications to ensure the lockable space is available and being used for medication storage.*
- c. Education provided to current residents who self-administer medications on the appropriate storage of medication in the apartment.*
- d. Nursing staff to complete weekly audits x 4 weeks of resident's medications to check for appropriate medication storage.*

182c - Medication Administration**1. Requirements**

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

Description of Violation

Residents 2 and 3 state that staff will leave their medications for them in their rooms and not observe them taking the medications. They are not assessed to self-medicate.

Plan of Correction**Do Not Accept**

- a. This cannot be corrected for residents #2 and #3 as this occurred in the past.*
- b. Education provided to nursing staff (LPNs and Med Techs) on medication administration and following support plan direction.*
- c. Conduct random interviews with 15% of resident over four (4) weeks to monitor for medications not being given per the medical evaluation and support plan.*

Completion Date: 10/10/2022

182c - Medication Administration (continued)

Update: 10/02/2022

Please include in you plan of correction:

Who is responsible for fixing the problem and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

Plan of Correction

Accept

a. This cannot be corrected for residents #2 and #3 as this occurred in the past.

b. Administrator and Director of Resident Care Services to provide education provided to nursing staff (LPNs and Med Techs) on medication administration and following support plan direction.

c. Administrator and Director of Resident Care Services will conduct random interviews with 15% of residents over four (4) weeks to monitor for medications not being given per the medical evaluation and support plan.

Completion Date: 10/10/2022

Update: 10/11/2022

Please send proof of staff training.

Document Submission

Implemented

a. This cannot be corrected for residents #2 and #3 as this occurred in the past.

b. Administrator and Director of Resident Care Services to provide education provided to nursing staff (LPNs and Med Techs) on medication administration and following support plan direction.

c. Administrator and Director of Resident Care Services will conduct random interviews with 15% of residents over four (4) weeks to monitor for medications not being given per the medical evaluation and support plan.

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident 1 was admitted to the home [REDACTED], their initial assessment was not completed until [REDACTED].

Plan of Correction

Accept

a. Identified assessment for resident #1 cannot be fixed as it occurred in the past.

b. Audit to be completed of current resident assessment and support plans to identify any late assessments.

c. Education to be provided to Director of Resident Care Services on timeliness of assessments per state regulations.

d. Audit to be completed of initial assessments for 4 weeks to monitor for timeliness.

Completion Date: 10/10/2022

Update: 10/02/2022

Please include in you plan of correction:

Who will monitor ongoing compliance?

225a - Assessment 15 Days (continued)**Document Submission****Implemented**

- a. *Identified assessment for resident #1 cannot be fixed as it occurred in the past.*
- b. *Audit to be completed of current resident assessment and support plans to identify any late assessments.*
- c. *Education to be provided to Director of Resident Care Services on timeliness of assessments per state regulations.*
- d. *Audit to be completed of initial assessments for 4 weeks to monitor for timeliness.*

Update: 10/13/2022

The administrator shall monitor monthly and be responsible for ongoing compliance.