

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

May 12, 2023

[REDACTED]  
ELK HAVEN NURSING HOME ASSOCIATION INC  
[REDACTED]

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 04/18/2023, 04/19/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: SILVER CREEK TERRACE License #: 42602 License Expiration: 06/20/2023  
 Address: 791 JOHNSONBURG ROAD, ST. MARYS, PA 15857  
 County: ELK Region: WESTERN

**Administrator**

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

**Legal Entity**

Name: ELK HAVEN NURSING HOME ASSOCIATION INC  
 Address: [REDACTED]  
 Phone: [REDACTED] 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: 45 Waking Staff: 34

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 04/19/2023

**Inspection Dates and Department Representative**

04/18/2023 On Site [REDACTED]  
 04/19/2023 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 80 Residents Served: 45

Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:

Hospice  
 Current Residents: 1

Number of Residents Who:  
 Receive Supplemental Security Income: 10 Are 60 Years of Age or Older: 44  
 Diagnosed with Mental Illness: 11 Diagnosed with Intellectual Disability: 1  
 Have Mobility Need: 0 Have Physical Disability: 1

**Inspections / Reviews**

04/18/2023 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/04/2023

05/01/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 05/08/2023  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/08/2023

Inspections / Reviews *(continued)*

05/08/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/08/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/01/2023

05/12/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/08/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 65f - Training Topics

### 1. Requirements

2600.

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

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
6. Safe management techniques.

### Description of Violation

On 4/18/23, records indicated that direct care staff A, hired [REDACTED] 21 did not complete the following trainings during the 2022 training year: medication self-administration, Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan and safe management techniques.

On 4/18/23, records indicated that direct care staff B, hired [REDACTED] /19 did not complete the following trainings during the 2022 training year: medication self-administration, Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

### Plan of Correction

Accept ([REDACTED] - 05/08/2023)

1. Staff member A completed online-education related to safe management techniques on [REDACTED] /2022 see attachment.
2. Staff member A completed education on [REDACTED] /2023 and [REDACTED] /2023 related to medication self-administration, Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan and safe management techniques see attachment.
3. Staff member B completed education on [REDACTED] /2023 and [REDACTED] 2023 related to medication self-administration, Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan see attachment.
4. Education completed on [REDACTED] /2023 with staff regarding the importance of completing yearly education on time and as assigned.
5. Yearly education completion form created on 4/25/2023 to use with all staff members to track completion of yearly education.
6. Random audit completed 4/25/2023 on staff records to monitor for compliance of yearly education.
7. Ongoing random audit starting 4/25/2023 of staff educational records to be completed by the administrator or designee weekly for 6 weeks then monthly for 6 months.

Licensee's Proposed Overall Completion Date: 05/05/2023

Implemented ([REDACTED] - 05/12/2023)

## 65g - Annual Training Content

### 2. Requirements

65g - Annual Training Content (continued)

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.

Description of Violation

On 4/18/23, records indicated that direct care staff A, hired [REDACTED]/21 did not complete fire safety training during the 2022 training year.

Plan of Correction

Accept ([REDACTED] - 05/08/2023)

- 1. Staff member A completed online fire safety training on [REDACTED] 2022 see attached.
- 2. Additional fire safety training completed with employee A in addition to already completed 2022 education on [REDACTED]/2023 and [REDACTED]/2023 see attached.
- 3. Audit was conducted on 4/25/2023 by administrator of all current staff members to ensure compliance with requirement.
- 4. New education form created on 4/25/2023 to ensure compliance ongoing with annual training content.
- 5. Random audits starting 4/25/2023 of educational records to be completed by administrator or designee weekly x 6 weeks then monthly x 6 months.

Licensee's Proposed Overall Completion Date: 05/01/2023

Implemented ([REDACTED] - 05/12/2023)

81b - Resident Personal Equipment

3. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 4/18/23, there was a large full oxygen tank observed stored on the floor in the corner of bedroom # [REDACTED]. The tank was not in a storage rack or a carrying cart.

On 4/18/22, the enabler bar attached to resident #1 s bed was observed to be uncovered, with no protective covering, exposing an area 6" high between the mattress and the top rail support and 8" wide between the two side rail supports, posing a potential entrapment hazard.

Plan of Correction

Accept ([REDACTED] - 05/08/2023)

- 1. Oxygen tank was empty at the time of the violation 4/18/2023.
- 2. Oxygen tank was removed from the floor in the corner of the room and placed into an oxygen holding rack at the time of the survey 4/18/2023.
- 3. Education completed with the staff on 4/21/2023 in regard to oxygen and enabler bar safety.
- 4. Education completed with resident #1 at the time of the incident 4/18/2023.
- 5. Education with all residents will be completed during next regularly scheduled resident council meeting on 5/15/2023.
- 6. Full facility room audit completed on 4/21/2023 by administrator and maintenance to check for oxygen

81b Resident Personal Equipment (continued)

tank placement and enabler bars.

Enabler bar covered with protective covering to ensure that entrapment does not occur on 4/21/2023

8 New policy created on 4/21/2023 related to enabler bar safety, to specify dimensions that are acceptable within the facility and need a protective covering

9 New resident consent form created on 4/21/2023 to utilize enabler bars, that will explain the risk vs benefit of having enabler bars

10 Enabler bar consent signed by resident #1 on 4/27/2023.

11 Ongoing random audit to be completed by administrator or designee starting 5/1/2023 to monitor the resident rooms for oxygen and enabler bar safety weekly x 6 months, then monthly for 6 months.

Licensee's Proposed Overall Completion Date: 05/01/2023

Implemented (█) - 05/12/2023)

103g Storing Food

4. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 4/18/23, there were multiple uncovered glasses, containing juice and milk, observed on a cart in the walk-in cooler.

Plan of Correction

Accept (█) - 05/08/2023)

1 Drinks were immediately covered by kitchen staff at the time of the survey 4/18/2023

2 Dining staff educated on infection control procedures at the time of the incident by the dietary manager 4 18/2023

3 Education scheduled for all kitchen staff on infection control practices that will be completed by 5/7/2023 by the Dietary Manager

4 Ongoing audit starting 5/1/2023 to be completed by Dining Manager or designee daily x 2 weeks, then weekly x 6 months, then monthly x 6 months to ensure that infection control practices are being followed

Licensee's Proposed Overall Completion Date: 05/01/2023

Implemented (█) - 05/12/2023)

224a - Preadmission Screen Form

5. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

On 4/18/23, records indicated that resident #2's preadmission screening form, dated █/21, did not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept (█) 05/08/2023)

1 Resident #2's prescreen was completed at the time of the violation with the date and signature of

224a - Preadmission Screen Form (continued)

administrator [REDACTED] 2023.

2 Random audit of resident charts completed on 4/26/2023 by administrator to ensure that prescreen information is completed per regulation.

3 Ongoing random audit starting 5/1/2023 of resident charts by administrator or designee to ensure prescreen completion weekly x 6 weeks, then monthly x 6 months.

Licensee's Proposed Overall Completion Date: 05/01/2023

Implemented ([REDACTED] - 05/12/2023)