

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

July 17, 2023

[REDACTED], ADMINISTRATOR
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 06/07/2023, 06/08/2023 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: ELAN GARDENS SENIOR LIVING A JEWISH SENIOR LIFE COMMUNITY **License #:** 24375 **License Expiration:** 06/03/2024

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:** PA 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 **Exit Conference Date:** 06/08/2023

Inspection Dates and Department Representative

06/07/2023 On Site [REDACTED]

06/08/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 75 **Residents Served:** 40

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:** 40

Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 2 **Have Physical Disability:** 0

Inspections / Reviews

06/07/2023 - Full

Lead Inspector: Julienne Rushin **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/03/2023

Inspections / Reviews (*continued*)

07/06/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/12/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/12/2023

07/17/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/12/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

125a - Combustible Storage

1. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On 6/7/23, at approximately 10:00am, Department Rep. noted a white piece of clothing between the clothes dryers and a piece of paper towel behind one of the dryers in the second-floor laundry room. Maintenance staff removed the items immediately.

Plan of Correction

Accept () - 07/06/2023)

- 1. The white piece of clothing between the dryers and the piece of paper towel behind the dryer was removed at that time by the maintenance director.*
- 2. Administrator and administrative team to complete audit of laundry rooms to identify any additional combustible materials near dryers.*
- 3. Administrator/DCRS/Maintenance Director to complete an inservice regarding combustible items near dryers with direct care staff and housekeeping staff who use washers and dryers. Inservice includes checking for combustible items dropped near or behind the dryer.*
- 4. Laundry rooms will be audited randomly three (3) times per week for four (4) weeks to monitor for compliance by Administrator and administrative team.*

Licensee's Proposed Overall Completion Date: 07/28/2023

Implemented () - 07/17/2023)

132e - Fire Drill Sleeping Hours

2. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

Review of the home's fire drill logs indicate the most recent "sleeping hour" drill was conducted on 5/5/2022 at 4:40 am. The home did not hold another sleeping hour drill within the next 6 months of 2022 as required.

Plan of Correction

Accept () - 07/06/2023)

- 1. Sleeping hour fire drill was completed on 6/30/2023.*
- 2. Administrator and Maintenance Director to schedule sleeping fire drills every six (6) months for the remainder of the year.*
- 3. Quality Assurance Coordinator to log facility fire drills and audit the fire drill log every six (6) months for compliance.*

Licensee's Proposed Overall Completion Date: 07/28/2023

Implemented () - 07/17/2023)

144c1 - Smoking Area Guidelines

3. Requirements

144c1 - Smoking Area Guidelines (continued)

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

On 6/7/23 at approximately 3:30pm, Dept. Rep. noted a staff person smoking a cigarette on the front sidewalk of the home which is not a designated smoking area. The home has 2 designated smoking areas. One is located on the far left of the home's front porch and the other is in the rear of the home.

Plan of Correction

Accept [redacted] - 07/06/2023)

1. Administrator/DCRS met with identified staff member to provide education on designated smoking areas and risks associated with smoking outside of smoking areas and dropping cigarette butts on the ground.
2. Administrative team reviewed current smoking policy. Education to be completed with all staff on designated smoking areas and the risks associated with smoking outside of those areas.
3. Administrator and Administrative team to complete random audits of non-smoking areas for evidence of smoking three (3) times per week for four (4) weeks to monitor compliance.

Licensee's Proposed Overall Completion Date: 07/28/2023

Implemented [redacted] 07/17/2023)

182b - Prescription Medication

4. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Review of the Initial Medication Administration Training, dated 11/4/2020 for Staff Person A, hired [redacted], indicates they received a score of 86.5 %. Staff person A did not receive the required score of 90 % or above to qualify to pass medications.

Plan of Correction

[redacted] - 07/06/2023)

1. Identified Med Tech completed the medication administration training course and tests resulting in a passing grade.
2. Administrator completed an audit of current med tech records to identify any additional non-qualifying scores.
3. Administrator will audit med tech records and tests scores at the completion of their training for compliance.

Licensee's Proposed Overall Completion Date: 07/28/2023

Implemented [redacted] - 07/17/2023)

254a - Records Discharge/Active

5. Requirements

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 6/8/23 at approximately 9:30 am, Department Rep. noted the second-floor medication cart outside of room 214 unattended with the MARS binder on top making it accessible to unauthorized persons.

Plan of Correction**Accept** [REDACTED] - 07/06/2023)

- 1. Administrator/DCRS provided education to identified staff person regarding MAR binder and privacy and accessibility.*
- 2. DRCS to complete random audit of medication carts during medication pass times to identify any additional privacy concerns.*
- 3. Administrator/DRCS to complete education with LPNs and Med Techs on MAR binder and privacy and accessibility.*
- 4. DRCS to complete a random audit of medication carts at medication pass times a minimum of three (3) times per week for four (4) weeks for compliance.*

Licensee's Proposed Overall Completion Date: 07/28/2023

Implemented [REDACTED] - 07/17/2023)