

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

May 8, 2024

[REDACTED], CEO
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 04/25/2024, 04/26/2024 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: 06/20/2024
 Address: 791 JOHNSONBURG ROAD, ST. MARYS, PA 15857
 County: ELK Region: WESTERN

Administrator

Name: [REDACTED]

Legal Entity

Name: ELK HAVEN NURSING HOME ASSOCIATION INC
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 07/09/1997 Issued By: Dept L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 51 Waking Staff: 38

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 04/26/2024

Inspection Dates and Department Representative

04/25/2024 - On-Site: [REDACTED]
 04/26/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 80 Residents Served: 51
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 1
 Number of Residents Who:
 Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 51
 Diagnosed with Mental Illness: 6 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

04/25/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/13/2024

05/06/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/07/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 06/01/2024

Inspections / Reviews *(continued)*

05/08/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/07/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

65g - Annual Training Content

1. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

On 4/25/24, staff person A did not receive the required training on the topic The Older Adult Protective Services Act in the staff training year 2023.

On 4/25/24, staff person B did not receive the following required training topics in the training year 2023:

The Older Adult Protective Services Act

Falls and accident prevention

Plan of Correction

Accept ([redacted] - 05/06/2024)

In response to the violation on 04/25/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 05/01/2024 by the Administrator to complete training with staff member A on the topic of The Older Adult Protective Services Act.
- 2. on 05/01/2024 by the Administrator to Complete education with staff member B on the topics of The Older Adult Protective Services Act and Falls and Accident Prevention.
- 3. on 05/01/2024 by the Administrator to Educate all staff members on the importance of completing annual education and trainings on time.

To enhance the currently compliant operations, on 05/01/2024 the Administrator will Audit of random staff records to ensure that all staff are complaint with the regulation, with a completion date of 05/31/2024.

Effective 05/01/2024 the Administrator will perform monthly random audits through 10/01/2024 to maintain ongoing compliance with ensuring direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers are trained annually in. Any deficiencies will be corrected immediately, and findings will be documented and reported to the QA committee for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 05/31/2024

Implemented ([redacted] - 05/08/2024)

125a - Combustible Storage

2. Requirements

2600.

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

Description of Violation

On 4/25/24, at approximately 9:57 a.m., there was paper stored on the furnace.

125a Combustible Storage (continued)

Plan of Correction

Accept (████) - 05/06/2024)

In response to the violation on 04/25/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/25/2024 by the Mnt Manager to remove paper that was left by the installer between the furnace and the blower box.

To enhance the currently compliant operations:

- 1. on 05/01/2024 the Administrator will Audit all furnaces within the facility to ensure that no combustible materials are near or on the furnace, with a completion date of 05/01/2024.*
- 2. on 05/01/2024 the Administrator will Educate staff members on fire safety and the importance of flammable/combustible materials being away from the furnace, with a completion date of 05/31/2024.*

The overall completion date is 05/31/2024.

Effective 05/01/2024 the Administrator will perform monthly audits through 10/01/2024 to maintain ongoing compliance with keeping combustible and flammable materials away from heat sources or hot water heaters. Any deficiencies will be corrected immediately, and findings will be documented and reported to the QA committee for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 05/31/2024

Implemented (████) - 05/08/2024)

251b - Record Entries Legible

3. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used on the name section of resident #1s contract, dated ██████████ and the resident's date of birth was written on top over it.

Plan of Correction

Accept (████) - 05/06/2024)

In response to the violation on 04/25/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/03/2024 by the Administrator to create an addendum to the admission contact dated ██████████ This addendum replaces the first page of the contract where correction fluid was present. The correction fluid was in the name section of the contract, however was not written over. Admission contracts do not include the resident date of birth as specified in the violation description.

To enhance the currently compliant operations, on 05/01/2024 the Administrator will Randomly audit to monitor resident admission contracts for use of correction fluid, with a completion date of 05/15/2024.

Effective 05/01/2024 the Administrator will perform monthly audits through 10/01/2024 to maintain ongoing compliance with ensuring the entries in a resident's record are permanent, legible, dated and signed by the staff person making the entry. Any deficiencies will be corrected immediately, and findings will be documented and reported to the QA committee for further review and continuous improvement.

251b Record Entries Legible *(continued)*

Licensee's Proposed Overall Completion Date: 05/15/2024

Implemented ([REDACTED] - 05/08/2024)