

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

August 6, 2025

[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 06/04/2025 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: *06/03/2026*

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: *50* Waking Staff: *38*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:

Reason: *Renewal* Exit Conference Date: *06/04/2025*

Inspection Dates and Department Representative

06/04/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* Residents Served: *42*

Secured Dementia Care Unit

In Home: *Yes* Area: *2nd floor* Capacity: *15* Residents Served: *8*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *42*

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

Have Mobility Need: *8* Have Physical Disability: *0*

Inspections / Reviews

06/04/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/30/2025*

07/16/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *07/17/2025*

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/18/2025*

Inspections / Reviews *(continued)*

08/06/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/17/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Person A began working at the home on [REDACTED]. The staff person's Pennsylvania State Police Criminal Background Check was not requested until [REDACTED].

Staff Person B began working at the home on [REDACTED]. The staff person's Pennsylvania State Police Criminal Background Check was not requested until [REDACTED].

Plan of Correction

Accept ([REDACTED] - 07/16/2025)

- a. Criminal history checks have been obtained for all employees. The facility cannot retroactively request criminal history checks for employees on or before their first day of employment.
- b. Executive Director completed an inservice with business office manager on 6/04/2025 requiring new employees to have a completed criminal history check on or before the first day of employment.
- c. An audit of new hires for 30 days to be completed by Executive Director or designee that criminal history record checks are completed on or before the first day of employment. Executive Director to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/11/2025

Implemented ([REDACTED] - 08/06/2025)

85d - Trash Receptacles

2. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 6/4/25 at 9:30 a.m. there was an uncovered, unattended trash can in the bathroom of the Secured Dementia Care Unit of the home.

Plan of Correction

Accept ([REDACTED] - 07/16/2025)

- a. At the time of inspection, there were two trash receptacles in the bathroom of the SDCU, one was covered, one was not. The identified uncovered trash can was removed from the bathroom in the SDCU.
- b. An audit was completed of bathrooms in the SDCU on 6/5/2025 to identify any additional uncovered trash receptacles in bathrooms. None were identified.
- c. Executive Director completed an inservice with maintenance and housekeeping staff regarding the regulation 2600.85.d. that trash receptacles in kitchens and bathrooms must have a cover on 6/30/2025.
- d. An audit of bathroom trash receptacles in the SDCU will be completed by Executive Director or designee weekly for 30 days to monitor for ongoing compliance.

85d - Trash Receptacles (continued)

Licensee's Proposed Overall Completion Date: 07/11/2025

Implemented () - 08/06/2025

103g - Storing Food

3. Requirements

- 2600.
- 103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At approximately 9:40 a.m. the Secured Dementia Care Unit Freezer was inspected. The freezer contained a brownie with whipped cream that was opened and unsealed.

Plan of Correction

Accept () - 07/16/2025

- a. At the time of inspection, the identified brownie was immediately removed from the freezer in the SDCU.
- b. Executive Director completed an inservice with all staff on 6/30/2025 regarding regulation 2600.103.g that food must be stored in closed or sealed containers.
- c. An audit of food storage in the SDCU will be completed by Executive Director or designee weekly for 30 days to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/11/2025

Implemented () - 08/06/2025

132b - Safety Inspection/Fire Drill

4. Requirements

- 2600.
- 132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection and supervised fire drill observed by a fire safety expert was conducted on 3/5/25. The previous fire safety inspection and supervised fire drill was conducted on 2/8/24.

Plan of Correction

Accept () - 07/16/2025

- a. The annual safety inspection and supervised fire drill was conducted on 3/5/2025 despite multiple efforts to reach the fire safety expert and schedule prior to 2/8/2025.
- b. Executive Director completed an inservice on 6/5/2025 with the maintenance director on regulation 2600.132.b that a fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually.
- c. Executive Director placed a call to the fire safety expert to discuss regulation 2600.132.b.
- d. Maintenance Director will reach out to fire safety expert a minimum of 3 months prior to annual fire drill date to schedule the inspection and fire drill on an annual basis.
- e. Executive Director or designee to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/11/2025

Implemented () - 08/06/2025

144c1 - Smoking Area Guidelines

5. Requirements

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

At 9:45 a.m. the home's designated smoking area located in the rear of the home contained 6 discarded cigarette butts which were observed on the ground.

At approximately 1:00 p.m. a cigarette butt was observed in the mulch in the home's designated smoking area located in front of the home.

Plan of Correction

Accept (█ - 07/16/2025)

- a. *At the time of inspection, cigarette butts were immediately removed from the ground in the smoking area.*
- b. *Executive Director complete an inservice with staff on 6/30/2025 regarding regulation 2600.144.c smoking area guidelines – that cigarette butts must be placed in the provided fireproof receptacles and ashtrays located in the smoking area.*
- c. *Housekeeping staff to complete daily audits for 30 days of the smoking areas for compliance.*
- d. *Executive Director to monitor for ongoing compliance.*

Licensee's Proposed Overall Completion Date: 07/11/2025

Implemented (█ - 08/06/2025)

190c - Record of Training

6. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for Staff Person C, signed on █, does not include if the staff member was or was not recertified.

Plan of Correction

Accept (█ - 07/16/2025)

- a. *At the time of inspection, the identified medication administration training record was completed, recertifying the individual.*
- b. *Executive Director completed an audit of medication administration training documentation on 6/5/2025 to identify additional incomplete documentation. None found.*
- c. *Executive Director completed an inservice with Director of Resident Care Services on 6/5/2025 regarding regulation 2600.191.c. including areas of the medication administration training record that must be completed.*
- d. *Executive Director or designee to monitor the completion of medication administration training documentation for 30 days for ongoing compliance.*

Licensee's Proposed Overall Completion Date: 07/11/2025

190c - Record of Training *(continued)*

Implemented ([REDACTED] - 08/06/2025)