

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

September 10, 2025

[REDACTED]
ELAN GARDENS INC
[REDACTED]

RE: ELAN GARDENS SENIOR LIVING A
JEWISH SENIOR LIFE COMMUNITY
465 VENARD ROAD
CLARKS SUMMIT, PA, 18411
LICENSE/COC#: 24375

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/05/2025, 08/06/2025 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: [Redacted]

Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 7 Total Daily Staff: 56 Waking Staff: 42

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #: [Redacted]
Reason: Incident Exit Conference Date: 08/06/2025

Inspection Dates and Department Representative

08/05/2025 - On-Site: [Redacted]
08/06/2025 - 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, sep wing Capacity: 15 Residents Served: 7

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: 7 Have Physical Disability: 0

Inspections / Reviews

08/05/2025 Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 09/05/2025

09/03/2025 - POC Submission

Submitted By: [Redacted] Date Submitted: 09/08/2025
Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 09/08/2025

Inspections / Reviews *(continued)*

09/10/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/08/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] the morning shift staff consisting of staff members # A, B, C & 4D failed to render aid and support to resident [redacted]. From the time that Resident [redacted] arose from sleeping until their family members arrived at about 11:00 am the resident was not toileted, changed from their soiled wet brief, fed breakfast or given their morning medication(s).

This lapse in care over a several hour period (more than 2 hours) constitutes a period of neglect in the personal care home. During that time the resident sat in a wet soiled brief for several hours.

The resident also apparently developed an unstaged open area on their bruised R buttock that was detected at the time of their hospital emergency room visit later that same day. This also constitutes neglect. It is unknown when the open area developed.

Plan of Correction

Accept [redacted] - 09/03/2025)

1. Upon notification of resident's family's concerns, employee A was removed from the schedule and placed on administrative leave. The resident was transferred to the hospital for evaluation. Executive director initiated the investigation and filed a report with BHSL. Executive director contact the local area agency on aging to file a report. As the investigation proceeded, employees B, C, and D, were identified and placed on administrative leave pending investigation.
2. Executive director with the assistance of nursing staff completed an audit of residents who experience incontinence and require staff assistance to manage it, to identify that appropriate interventions were in place. No concerns were noted.
3. Executive Director conducted education with direct care staff on the following topics on 7/29/2025:
 - a. Managing incontinence in individuals with dementia and pressure injury prevention.
 - b. Recognizing and reporting a change in condition.
 - c. Effective shift to shift reporting.
- d. Executive Director conducted education with all staff on the following topics on 8/6/2025:
 - e. Resident Rights/Older Adult Protective Services Act.
 - f. Elder neglect and abuse.
4. During BHSL investigation, it was determined that employees C and D were able to return to work pending an approved supervision plan. The supervision plan was submitted and approved on 8/11/2025. Employees A and B's employment was terminated due to violation of facility policy.
5. Executive Director to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 09/05/2025

Implemented [redacted] - 09/10/2025)

95 - Furniture and Equipment

2. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On [REDACTED] Resident [REDACTED] was placed in a recliner with a footrest that would not stay up. Staff propped a small trash can under the extended footrest in order to prop up the footrest in the reclining position.

Plan of Correction

Accept [REDACTED] - 09/03/2025)

1. The identified recliner chair was removed from service and inspected by the maintenance director on 8/18/2025. The inspection revealed that the recliner was in good repair, free from hazards, and was functioning as intended.
2. An audit of all recliner chairs in the SDCU was completed on 8/18/2025 by maintenance director. The inspection each chair revealed no identified hazards and that all chairs were functioning as intended.
3. Executive Director conducted an inservice with staff on identifying and reporting furniture/equipment in disrepair on 8/17/2025.
4. Executive director will monitor for on going compliance.

Licensee's Proposed Overall Completion Date: 09/05/2025

Implemented [REDACTED] - 09/10/2025)

202 - Prohibitions**3. Requirements**

2600.

202. The following procedures are prohibited:

5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.

Description of Violation

On [REDACTED] in the morning before 11: 00 am, resident [REDACTED] was placed in a recliner with an inoperable footrest. Staff placed a small trash can under the footrest part of the recliner to keep the footrest elevated. Resident [REDACTED] was left in a recliner with the footrest elevated with no way to exit the recliner independently or summon assistance verbally.

Plan of Correction

Accept [REDACTED] - 09/03/2025)

1. The identified recliner chair was removed from service and inspected by the maintenance director on 8/18/2025. The inspection revealed that the recliner was in good repair, free from hazards, and was functioning as intended.
2. An audit of all recliner chairs in the SDCU was completed on 8/18/2025 by maintenance director. The inspection each chair revealed no identified hazards and that all chairs were functioning as intended.
3. Executive director conducted an inservice with direct care staff on safe management and the prohibition of mechanical restraints on 8/20/2025.
4. Executive director to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 09/05/2025

Implemented [REDACTED] - 09/10/2025)