

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

November 25, 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 09/23/2025, 09/23/2025 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: 10 Total Daily Staff: 68 Waking Staff: 51

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #: [Redacted]
Reason: Complaint Exit Conference Date: 09/23/2025

Inspection Dates and Department Representative

09/23/2025 - On-Site: [Redacted]
09/23/2025 - Off-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	75	Residents Served:	48
Secured Dementia Care Unit			
In Home:	Yes	Area:	Memory Lane
Capacity:	15	Residents Served:	10
Hospice			
Current Residents:	0		
Number of Residents Who:			
Receive Supplemental Security Income:	0	Are 60 Years of Age or Older:	48
Diagnosed with Mental Illness:	0	Diagnosed with Intellectual Disability:	0
Have Mobility Need:	10	Have Physical Disability:	0

Inspections / Reviews

09/23/2025 Partial
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 11/17/2025

11/18/2025 - POC Submission
Submitted By: [Redacted] Date Submitted: 11/24/2025
Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 11/23/2025

Inspections / Reviews *(continued)*

11/25/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/24/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] Resident [redacted] did not receive their 8 am and 9 am medications as ordered by the physician. The home did not report this incident to the department.

Plan of Correction

Accept [redacted] - 11/18/2025)

- 1. Medication error was reported within 24 hours of notification from surveyor.
- 2. Administrator will audit the last 3 months of reported events to seek out any events not reported within the appropriate time frame.
- 3. An inservice to be conducted by RN nurse consultant on 11/18/2025 with director of resident care services, evening nursing supervisor, and administrator on reportable events and timeline for reporting.
- 4. Administrator will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented [redacted] - 11/25/2025)

23a - Activities of Daily Living Assistance

2. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident’s assessment and support plan.

Description of Violation

The assessment and support plan, dated [redacted], for resident [redacted] indicates the resident requires assistance with toilet use, bowel and bladder management and ambulation. Resident [redacted] also required assistance with personal hygiene. On [redacted] the resident did not receive this assistance as required.

Plan of Correction

Accept [redacted] - 11/18/2025)

- 1. The facility is unable to retroactively address the ADL areas for Resident [redacted]
- 2. Director of resident care services will review RASPs of residents residing in the SDCU to ensure that the care needs identified are being provided.
- 3. Director of resident care services will conduct an inservice with direct care staff on regulation 2600.23a – providing residents with assistance with ADLs as indicated on the RASP.
- 4. Administrator will monitor for ongoing compliance

Licensee's Proposed Overall Completion Date: 11/24/2025

Implemented [redacted] 11/25/2025)

141a 1-10 Medical Evaluation Information

3. Requirements

2600.

141a 1 10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident [REDACTED] has a Documentation of Medical Evaluation dated [REDACTED] that is incomplete. The resident's medical evaluation did not include information for the section "physical health".

Plan of Correction

Accepted [REDACTED] - 11/18/2025)

1. The Medical Evaluation for Resident [REDACTED] has been discussed and addressed with the Provider to include in formation for Physical Health post surveyor exit conference.
2. Administrator/Clinical Consultant will review current in house resident Medical Evaluations to ensure information for each section is captured and present.
3. An inservice will be conducted by Administrator with Director of Resident Care Services on regulation 141a 1 10 to ensure all sections of the Medical Evaluation are addressed prior to review and finalization by the Provider.
4. Administrator /Clinical Consultant will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/24/2025

Implemented [REDACTED] - 11/25/2025)

187d - Follow Prescriber's Orders

4. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed 8 am and 9 am medications. However, resident [REDACTED] was administered Their 8 am and 9 am medications at 11:30 on [REDACTED].

Plan of Correction

Accepted [REDACTED] - 11/18/2025)

1. The facility is unable to retroactively correct the occurrence for Resident [REDACTED]
2. Director of resident care services will audit medication passes for 30 days to monitor for discrepancies.
3. Administrator conducted an inservice with facility med techs on 11/3/2025 regarding 2600.187d regarding following the directions of the prescriber along with principles of medication administration.
4. Administrator and Director of Resident Care Services will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented [REDACTED] - 11/25/2025)

188b - Medication Error Reporting

5. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted] at 8 am and [redacted], [redacted], [redacted] mg. at 9 am. However, resident [redacted] was administered the above on [redacted] at 11:30 am. The medication error was not reported to the prescriber or the resident or the designated person.

Plan of Correction

Accept [redacted] 11/18/2025)

1. The facility is unable to retroactively correct the occurrence for Resident [redacted]
2. Administrator will conduct an audit of past medication errors in the last 30 days to identify missing documentation of the medication error and report to the resident/designated person, and the prescriber.
3. Administrator will conduct an inservice with Director of Resident Care Services, facility med techs, and evening supervisor on the requirements of reporting of medication errors to the resident/designated person, and the prescriber.
4. Administrator will monitor for on-going compliance.

Licensee's Proposed Overall Completion Date: 11/24/2025

Implemented [redacted] - 11/25/2025)