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

July 8, 2026

[redacted], OWNER
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 05/27/2026, 05/28/2026 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**: *06/20/2027*

Address: *791 JOHNSONBURG ROAD, ST. MARYS, PA 15857*

County: *ELK* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *ELK HAVEN NURSING HOME ASSOCIATION INC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C 2 LP* **Date**: *07/11/1995* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *54* **Waking Staff**: *41*

Inspection Information

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

Reason: *Renewal, Incident* **Exit Conference Date**: *05/28/2026*

Inspection Dates and Department Representative

05/27/2026 On Site: [redacted]

05/28/2026 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: *0*

Number of Residents Who:

Receive Supplemental Security Income: *1* **Are 60 Years of Age or Older**: *51*

Diagnosed with Mental Illness: *3* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *3* **Have Physical Disability**: *2*

Inspections / Reviews

05/27/2026 - Full

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *06/19/2026*

Inspections / Reviews *(continued)*

06/24/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/07/2026*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *07/01/2026*

06/25/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/07/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/10/2026*

07/08/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/07/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

92 - Windows

1. Requirements

2600.
92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On 5/27/26, at approximately 11:30 a.m., window screen in the left window located in resident room #2005 that was approximately two by two inches in size.

On 5/27/26, at 11:34 a.m., there were multiple holes in both of the window's window screens located in resident room #2013, to include a hole in the left Windows window screen approximately two by two inches in size.

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

In response to the violation on 05/27/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/28/2026 by Maintenance to inspect the facilities windows/screens.

To enhance the currently compliant operations, on 06/11/2026 Maintenance will begin replacement of screens based on facility inspection, with a completion date of 06/30/2026.

Effective 07/01/2026 Maintenance will perform facility inspection of windows/screens quarterly through the 12 month period to maintain ongoing compliance with ensuring windows, including windows in doors, are in good repair and securely screened when doors or windows are open. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *07/01/2027*

Implemented ([redacted] - 07/08/2026)

105g - Lint Removal and Duct Cleaning

2. Requirements

2600.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 5/27/26, at 10:58 a.m., there was an approximate golf ball sized amount of lint in the most in dryer #1's lint trap located in the home's main laundry room.

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

In response to the violation on 5/27/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 5/28/2026 by the Administrator to place additional signage in the laundry room with instruction on removing lint from lint traps prior to and following use of the dryers.

To enhance the currently compliant operations, on 6/1/2026, Maintenance or designee will check the lint traps daily (M-F) x 1 month with a completion date of 7/1/2026.

Effective 7/1/2026, Maintenance or designee will check lint traps weekly at random x 3 months and determine any

105g - Lint Removal and Duct Cleaning (continued)

patterns identified if issue persists.

On 6/18/2026 Resident Council will be held and education will be provided to residents who do their own laundry and utilize the dryers, to clean the lint traps as well.

Licensee's Proposed Overall Completion Date: *09/01/2026*

Implemented ([redacted] - 07/08/2026)

184a - Resident's Meds Labeled

3. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #1 was prescribed insulin Liz Pro inject per sliding scale twice daily for diabetes. Resident prescribed Liz Pro Inject per sliding scale twice daily for diabetes, of 70 - 120 = 0 U, 121 - 150 = 0 U 151 - 180 = 1 U, 181 - 210 = 2 U, 211 - 240 = 3 U, 241 - 270 = 4 U, 271 - 300 = 5 U, 301 - 330 = 6 U, 331 - 360 = 7 U, 361 - 400 = 8 U, and 400 - 450 = 10 U. However, the medication's label did not indicate the ordered sliding scale.

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

In response to the violation on 5/28/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 5/28/2026 by the Wellness Coordinator in contacting USCC (pharmacy) to request sliding scale instructions to be included in detail on each label for insulin pen/vial. Insulin was taken back to USCC and labeled accordingly.

To enhance the currently complaint operations on 6/15/2026 Wellness Coordinator or designee will conduct weekly audits of insulin labels on each pen/vial x 4 weeks, and monthly x 3 months thereafter.

Licensee's Proposed Overall Completion Date: *09/16/2026*

Implemented ([redacted] - 07/08/2026)

185a - Implement Storage Procedures

4. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #2 was prescribed Humalog 100 UN/ M quick pen inject as per sliding scale, if 70 - 150 = 0 U, 151 - 174 = 2 U, 175 - 199 = 4 U, 200 - 224 = 6 U, 225 – 249 = 8 U, 250 - 274 = 10 U, 275 - 299 = 12 U, 300 - 325 = 14 U, greater than 300 notify provider subcutaneously four times a day for diabetes. On 5/23/26, at 7:30 a.m., resident #2 had a blood glucose reading of 165, however the resident #2's May 2026, Medication Administration Record indicated a blood glucose measurement of 162 for the corresponding date / time.

185a - Implement Storage Procedures *(continued)*

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

In response to the violation on 05/27/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/27-5/29/2026 by the Wellness Coordinator to conduct an audit of all glucose checks for each resident with the readings recorded in the EMAR and compared to what was recorded in the machine.

To enhance the currently compliant operations, on 06/1/2026 Wellness Coordinator and/or designee began providing to all medication aides education/counseling about how to use, read, and record the proper glucose in the EMAR record, and do a double check before signing off, with a completion date of 06/19/2026.

Effective 07/1/2026 the Wellness Coordinator or designee will perform an audit of monthly glucometer readings for 3 residents per month x 3 months until all residents are reviewed. to enhance compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *09/30/2026*

Implemented ([redacted] - 07/08/2026)

187b - Date/Time of Medication Admin.

5. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 was prescribed insulin Liz Pro inject per sliding scale twice daily for diabetes per sliding scale of, 70 - 120 = 0 units, 121 - 150 = 0 U, 151 - 180 = 1 U, 181 - 210 = 2 U, 211 - 240 = 3 U, 241 - 270 = 4 U, 271 - 300 = 5 U, 301 - 330 = 6 U, 331 - 360 = 7 U, 361 - 400 = 8 U, and 400 - 450 = 10 U. However, the home's electronic Medication Administration Record automatically inputs / populates the amount of insulin to be administered to the resident when direct care staff input the blood glucose reading. The direct care staff do not input the amount of insulin that they administer to the residents.

Plan of Correction ***Accept ([redacted] - 06/25/2026)***

In response to the violation on 05/27/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/29/2026 by the Administrator to implement a customized supplemental entry under the order of insulin ordered as sliding scale for Resident 1 that will require staff to not only enter the BGM manually, but also using the sliding scale, input manually (record) the amount of units being administered at the time of administration.

To enhance the currently compliant operations, on 06/16/2026 the Administrator will update all sliding scale insulin orders to require the additional documentation including units administered at the time of administration, and signed by the medication technician giving the medication, with a completion date of 06/25/2026.

187b Date/Time of Medication Admin. (continued)

Effective 06/25/2026 the Administrator will perform MAR audits through 07/01/2026 to maintain ongoing compliance with ensuring the information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered, the Administrator provided education to the Wellness Coordinator on how to add the supplemental documentation that will require the medication technician to record the amount of insulin administered at the time of administration, and will be a required process moving forward. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *06/25/2026*

Implemented ([redacted] - 07/08/2026)

187d - Follow Prescriber's Orders

6. Requirements

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

Description of Violation

Resident #2 was prescribed Humalog 100 UN/ M quick pen inject as per sliding scale if 70 150 0 U, 151 174 2 U, 175 199 4 U, 200 224 6 U, 225 249 8 U, 250 274 10 U, 275 299 12 U, 300 325 14 U, greater than 300 Notify Provider subcutaneously four times a day for diabetes. On 5/25/26, at 8:00 p.m., the resident had a blood glucose reading of 174, however, resident #2 was administered 4 units of insulin.

Resident #2 was prescribed Humalog 100 UN/ M quick pen inject as per sliding scale if 70 150 0 U, 151 174 2 U, 175 199 4 U, 200 224 6 U, 225 249 8 U, 250 274 10 U, 275 299 12 U, 300 325 14 U, greater than 300 notify provider subcutaneously four times a day for diabetes. On 5/4/26, at 8:00 p.m., resident #2 had a blood glucose measurement of 362. However, resident #2's prescribing physician was not notified until her physical appointment on 5/5/26, at 10:15 a.m.

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

In response to the violation 187.d, education was provided to both med technicians regarding following directions of the prescriber.

To enhance the currently compliant operations, on 06/1/2026 Wellness Coordinator and/or designee began providing to all medication aides education/counseling about how to use, read, and record the proper glucose in the EMAR record, and do a double check before signing off, with a completion date of 06/19/2026.

Effective 07/1/2026 the Wellness Coordinator or designee will perform an audit of monthly glucometer readings for 3 residents per month x 3 months until all residents are reviewed, compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *09/30/2026*

Implemented ([redacted] - 07/08/2026)