| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 395341 | A. Building<br>B. Wing | 05/29/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Elk Haven Nursing Home | 785 Johnsonburg Road<br>Saint Marys, PA 15857 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.<br><br>Based on review of facility policies, observations, and staff interviews it was determined that the facility failed to appropriately discard outdated medications for one of three medication rooms reviewed (B Wing medication room ). Findings include: Review of facility policy entitled Storage of Medications dated 1/27/26, revealed The facility shall store all drugs and biologicals in a safe, secure, and orderly manner; The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals; All such drugs shall be returned to the dispensing pharmacy or destroyed. Review of manufacturer's guidelines revealed that an open vial of Aplisol (a solution used for tuberculosis testing upon admission and employment) should be discarded within 30 days after opening. Observation of drug storage on 5/27/26, at 9:55 a.m. of the B Wing medication room revealed an opened vial of Aplisol with an open date of 4/10/26. During an interview on 5/27/26, at the time of observation, Registered Nurse (RN) Employee E1 confirmed that the open vial of Aplisol had an open date of 4/10/26. RN Employee E1 also confirmed that the vial of Aplisol should have been discarded. 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.9(a)(1) Pharmacy services 28 Pa. Code 211.12(d)(1) Nursing service |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| | | |

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|---|---|
| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>Based on review of a facility policy, observations, and staff interview, it was determined that the facility failed to ensure that food was stored in accordance with standards for food safety in one of three resident pantries reviewed (B Wing). Findings include: A facility policy entitled Food Storage-Unit Pantries/Activity Kitchens dated 1/27/26, indicated that dining services will stock the unit refrigerators with supplements and snacks and discard outdated items as necessary; bulk milk, juices, drinks, and supplements shall be dated when opened and discarded after four days of date opened; and non-perishable items shall be discarded per the use by date on the label provided that they are properly sealed, stored within the correct temperatures, and show no signs of deterioration. A facility policy entitled Nutritional Supplements dated 1/27/26, indicated that nutritional supplements need to be kept at refrigerated temperature of (34-40 degrees Fahrenheit) once opened; if kept at this temperature range, product is good for four days from the time opened. Review of the Med Pass supplement label revealed After open, consume product within 4 (four) days if properly refrigerated. Observation on 5/26/26, at 2:20 p.m. in the B wing pantry refrigerator revealed an opened Med Pass supplement dated opened 5/20/26, one cardboard container of thickened water dated opened 5/24/26, with a use by date of 5/21/26, and one cardboard container of thickened water dated opened 5/25/26, with a use by date of 5/21/26. During an interview at that time Licensed Practical Nurse Employee E2 confirmed that the opened Med Pass was outdated and should have been discarded on 5/24/26 (two days past), and the outdated containers of thickened water should have been discarded on 5/21/26, (five days past). 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1) Management |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0584<br><br>Level of Harm - Potential for minimal harm<br><br>Residents Affected - Some | Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.<br><br>Based on review of facility policy, observations, and staff interviews, it was determined that the facility failed to provide a safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible, and exercise reasonable care for the protection of the resident's property from loss. Findings include: A facility policy entitled, Resident Property-Missing/Damaged dated 1/27/26, indicated that the facility shall be responsible for ensuring the safety and security of all resident personal belongings. Observation on 5/28/26, at 9:48 a.m. of the resident laundry department revealed one full rack and one partial rack of unmarked resident personal clothing. During an interview at that time Laundry Aide Employee E3 confirmed: staff do not take unmarked laundry out to the units to enable staff, residents and/or family to identify the owner of the clothing; staff are able to come back to laundry and look for items reported missing by residents/family; family is also able to come back and look through the racks; there is not a process for returning unmarked personal clothing items to residents who are not able to report missing clothing; and once unmarked personal clothing items remain on the racks for a while staff will identify residents in need of a similar size clothing and mark the items for them without first identifying the original owner. During an interview on 5/28/26, at 10:05 a.m. the Nursing Home Administrator confirmed that if residents and/or family report something missing, they are permitted to look for it within the unmarked clothing; there was not a process in place for resident's/families who cannot report missing clothing items; and that the facility staff do not take the unmarked personal clothing items out to the resident units to attempt to identify the owner of the items. 28 Pa. Code 201.14 (a) Responsibility of Licensee28 Pa. Code 201.18 (b)(2)(3)(d) Management28 Pa. Code 201.29 (a) Resident rights |