

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ELWYN, INC.

LEGAL ENTITY

To operate ELWYN - HARMONY HALL

NAME OF FACILITY OR AGENCY

Located at 111 ELWYN ROAD, ELWYN, PA 19063

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 16  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from January 25, 2010 until January 25, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 190850

*Robert E. Robinson*

ISSUING OFFICER

*Kevin T. Casey*

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

JAN 26 2010

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Ms. Patricia Monroe, Assistant Director  
Elwyn, Inc.  
Elwyn – Harmony Hall  
Hartman House  
111 Elwyn Road  
Elwyn, Pennsylvania 19063

Dear Ms. Monroe:

As a result of the Department of Public Welfare's licensing inspection on August 11, 2009 and August 12, 2009 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Elwyn - Harmony Hall 111 Elwyn Road, Elwyn, PA 19063		<b>CURRENT LICENSE NUMBER</b> 190850	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> August 11, 2009 and August 12, 2009		<b>REGIONAL REPRESENTATIVE</b> Leslie Erhardt, Christine McHale, Patricia Adams	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Patricia M. Moore</i>	<b>DATE</b> 9/4/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Laura A. Schmidt</i>	<b>DATE</b> 10/2/09

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	A bottle of mouthwash labeled "If more than used for rinsing is accidentally swallowed get medical help or contact poison control right away," and a bottle of aloe vera skin conditioner labeled, "if swallowed get medical attention or consult a poison control center right away," were found unlocked in bedroom #5.	October 1, 2009	All of our residents are being evaluated to determine if they can safely use or avoid poisonous materials. After completion of this assessment, if it is determined that everyone in the home can safely use or avoid these items, it will be noted in their assessments and support plans. If it is determined that any resident is not capable, individual locked boxes will be purchased for all residents to store these items. Any resident who is not capable of using or avoiding these items safely will be supervised by staff during use. Items have been removed until evaluations are completed.	<p>Steps have been taken to correct violation; full compliance is not verified.</p> <p><i>Patricia M. Moore</i> Date 10/2/09 Initials (DPW)</p>

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Patricia Morone</i>	<b>DATE</b> 9/4/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Laura A. Helms</i>	<b>DATE</b> 11/2/09

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85a Sanitary conditions shall be maintained.	Dog feces were found on the floor next to the dryer in the laundry room.	Feces cleaned up during inspection on Aug. 11, 2009	<ol style="list-style-type: none"> <li>Staff made aware of importance of training the dog at staff mtg. on Aug. 18th, 2009 (documented in minutes)</li> <li>Daily sign-off sheet posted for walking the dog every other hour or when need occurs. Each staff assigned a day. That staff is also responsible for cleaning up accidents/droppings from walks.</li> </ol>	mom 11/11/09

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Patricia Monme</i>	<b>DATE</b> 9/4/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Kamaa Nelms</i>	<b>DATE</b> 11/2/09

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95 Furniture and equipment shall be in good repair, clean and free of hazards.	<p>① -The doorknob to resident room #4 was missing.</p> <p>② -The light fixture in the hallway between resident room #3 and #4 had a loose socket causing the light bulb to lean against the painted cinder block wall causing the wall to become hot and the paint to peel and melt from the wall.</p>	<p>9-9-09</p> <p>8-13-09</p>	<p>① Work order attached for maintenance to replace door knob. Knob has been ordered. Temporarily, hole in door, caused by missing knob, has been covered from both sides with woodgrain contact paper to ensure privacy.</p> <p>② Work order attached. Maintenance repaired light fixture. Fixtures will be checked weekly by 3rd shift staff as part of their hallway cleaning responsibility. This was discussed in staff mtg on Aug. 13th, 2009.</p>	<p>11/10 mom</p>

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>[Signature]</i>	<b>DATE</b> 9/4/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 11/2/09

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101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	The bedside lamp next to bed #1 in resident room #4 was inoperable.  <b>Repeated Violation – 6/23/08</b>	Correction made during inspection on Aug. 11th, 2009. Light bulb was replaced.	1. Staff has been made aware that a daily check of the lamps should be done during morning and evening showering/ADL's. This is documented in Staff mtg. minutes on Aug. 18th.  2. Staff also reminded that a second check should be completed during room cleanings.  This is also documented in Staff mtg. minutes.  3. Supervisors reminded to check rooms at the start of their shifts.	mon 11/10

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Helen M. Morone</i>	<b>DATE</b> 9/4/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Laura A. Neumann</i>	<b>DATE</b> 11/2/09

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132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	The fire drill record for the fire drill held on 4/22/09 does not include the time that the drill took place.	Aug. 13th, 2009	<p>Contacted at Campus Security to review records for time of drill. (10:27PM) Recorded time in documentation.</p> <p>To assure that this will not occur again, Unit Director will review all information on report before signing off on form. Administrative Assistant</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>11/10/09</i> Date Initials (DPW)</p>

will double check for accuracy and completion before logging into Fire Drill log. Campus Security will be notified immediately for missing information.

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Patricia Monroe</i>	<b>DATE</b> 9/4/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Laura Belmont</i>	<b>DATE</b> 11/2/09

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187a A medication record shall be kept to include the following for each resident for whom medications are administered:  (12) Diagnosis or purpose for the medication, including pro re nata (PRN).	-The medication administration record (MAR) for Resident #1 did not include a diagnosis for Clarithromycin F/C 500 mg and Divalproex Sodium 500 mg.  -The MAR for Resident #2 did not include a diagnosis for Prilosec 20 mg.  -The MAR for Resident #3 did not include a diagnosis for Nortriptyline Hcl 25 mg, Valtrex 1000 mg, Fluphenazine Hcl 5 mg, Halflytaly-Bisacodyl, and Halflytaly.	8-13-09  8-13-09  8-13-09	Corrections completed by nursing staff.  Procedure for logging a script into the MAR was reviewed with staff at the Staff Mtg. on Aug. 18, 2009.  To double check accuracy of all medications and ensure completion of all entries, a check-off chart has been prepared. Second shift nurse will complete check and sign-off on checklist on a nightly basis.  (attached)	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>11/11/09 Date</p> <p><i>[Signature]</i> Initials (DPW)</p>

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187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	<p>-The medication administration record for Resident #1 was not initialed by staff indicating that medications were administered on 8/9/09 at 12:00pm for Proair HFA 90 mcg; at 4:00pm for Triamcinolone Acetonid 0.1% AT; and at 8:00pm for Risperdal 1 mg, Mirtazapine F/C, Namenda 10 mg, Flonase, Divalproex Sodium 500 mg, Clarithromycin F/C 500 mg, and Mupirocin 2% ointment.</p> <p>* -The medication administration record for Resident #4 was not initialed by staff indicating that medications were administered on 8/9/09 at 4:00pm for Fluphenazine Hcl 10 mg.</p>	August 11th, 2009	<p>1. Staff person assigned to medication administration on 8/10/09 was asked to review, verify and initial that she had given meds.</p> <p>2. Same staff person was counseled on the importance of accurate and thorough documentation.</p> <p>3. Staff was reminded at staff mtg. on Aug. 18, 2009 of responsibilities regarding medication administration.</p> <p>4. A check list has been</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>11/2/09 Date Initials (DPW)</p>

\* Resident #4 does not have an order for Fluphenazine (MAR attached)  
Resident #3 does. (MAR attached and corrected)

developed and implemented for nursing staff to follow up and check daily the accuracy of MARs.

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187d The home shall follow the directions of the prescriber.	Resident #1 receives Combivent Inhaler as needed. This medication was not available in the home.  * Resident was discharged from hospital 8/4 with script for standing order of Albuterol, d/c order for combivent inhaler. Medication was disposed of but order on MAR was not yellowed-out (d/c'd) (PEN)	8-13-09	1. Upon discharge from hospital, all scripts will be compared to MAR (current). Additions, changes, re-writes and discontinued scripts will be documented immediately.  2. Nursing staff will make changes to physician orders to keep them current.  3. Availability of all standing order and PEN medications will be verified using	Steps have been taken to correct violation; full compliance is not verifiable. 11/10/11 Date Initials (DPW) <i>mm</i>

Medication Checklist (attached)

Resident #1's MAR has been updated to reflect the d/c order.  
LPH 11/2/11

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191 The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept.	The home has not educated Resident #1, Resident #2, Resident #3, and Resident #4 on their right to refuse or question a medication if they believe there has been an error.	September 3rd, 2009	<ol style="list-style-type: none"> <li>Individual Rights and Responsibilities for Elwyn's ARBHS were re-written to include the right to question or refuse medication.</li> <li>Staff reviewed those Rights and Responsibilities with all residents. They have signed off on the attached sheet.</li> <li>Rights and Responsibilities will be reviewed and signed as part of the admission process with any and all new residents.</li> </ol>	1/19/10 mom

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227g Individuals who participate in the development of the support plan shall sign and date the support plan.	Resident #4's support plan developed by the resident and staff person was not signed by either person.	correction was completed following inspection on Aug. 14th, 2009.	1. At staff mtg. on August 18th, 2009, 2 review of Support Plans and their completion was done with staff. This included the need for resident, staff and supervisor's signatures following development.  2. Supervisor's were reminded, at staff Meeting on Aug. 18th, 2009, to review plan for completion and accuracy before signing plan.	mon 11/10

8/14/09 Resident #4's support plan was signed by the resident + staff person

WAP 112577