

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ELWYN

LEGAL ENTITY

To operate SKYLINE MANOR

NAME OF FACILITY OR AGENCY

Located at 76 SKYLINE DRIVE, GLEN MILLS, PA 19342

(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 6  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: No more than 5 residents with mobility needs may be served

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 September 9, 2010 until September 9, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 134870

*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

SEP 14 2010

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

Ms. Patricia Monroe, Program Director  
Elwyn  
Hartman House  
111 Elwyn Road  
Elwyn, Pennsylvania 19063

RE: Skyline Manor  
76 Skyline Drive  
Glen Mills, Pennsylvania 19342

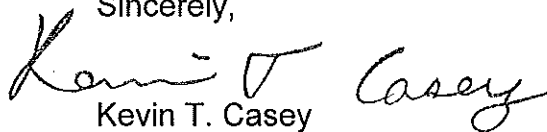
Dear Ms. Monroe:

As a result of the Department of Public Welfare's licensing inspection on July 21, 2010, 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,

  
Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME Skyline Manor 76 Skyline Drive, Glen Mills 19342		CURRENT LICENSE NUMBER 134870	
INSPECTION DATE(S) (Include all dates of the inspection) July 21, 2010		REGIONAL REPRESENTATIVE Metzger	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Patricia Monroe</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Patricia Monroe</i>		DATE <i>8/6/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ramada Heltz</i>
		DATE <i>8/16/10</i>	

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
<p>141a-2 The medical evaluation shall include the following:</p> <p>(7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.</p>	<p>The medication regimen addendum attached to resident #1's medical evaluation completed 12/17/09 had not been signed and dated by the physician who had completed the medical evaluation.</p>	<p><i>8/12/10</i></p>	<p><i>See attachments 1 + 2</i>  <i>Resident #1 had an office visit with Dr. [redacted] on 12/3/09 specifically for the medical evaluation.</i>  <i>Dr. [redacted] will be directed to insert date on resident's next office visit on 8/12/10 @ 9:30 a.m. The oversight will be addressed in Skyline's next staff meeting on 8/25/10. Staff are responsible for the completion of the form before leaving the doctor's office.</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable  <i>9/16/10</i>            Date <span style="float: right;">Initials (DPW) <i>UHT</i></span></p>

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<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Skyline Manor 76 Skyline Drive, Glen Mills 19342		<b>CURRENT LICENSE NUMBER</b> 134870	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> July 21, 2010		<b>REGIONAL REPRESENTATIVE</b> Metzger	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b> <i>Patricia Monroe</i>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Patricia Monroe</i>	<b>DATE</b> <i>8/6/10</i>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Ronald J. Metzger</i>	<b>DATE</b> <i>8/25/10</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
<p>190a A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.</p>	<p>Staff person A administers medication to the home's residents. The staff person's training record lacked documentation of the original medication administration training and the annual practicum.</p>	<p><i>9/17/10</i></p>	<p><i>Staff "A" is scheduled for the Medication administration Training with Staff Development on 9/16/10 + 9/17/10. Staff "A" will not administer medications until a passing grade is obtained and documented.</i></p> <p><i>[Redacted] STAFF DEVELOPMENT [Redacted] can verify training date. (Staff "A" is familiar with Reg 55 Pa Code § 2600. 190a. for future reference)</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>9/16/10</i> Date <i>[Signature]</i> Initials (DPW)</p>

*10/1/10*  
*The records of all staff that administer medications will be audited to ensure each staff person has the required training + documentation.*  
*10/1/10*

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<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b> <i>Patricia Monroe</i>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Patricia Monroe</i>	<b>DATE</b> <i>7/21/10</i>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> <i>8/29/10</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
227h If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.	Resident #2 had not signed the 2/3/2010 support plan. There was no documentation of the resident's inability or refusal to sign.	7/21/10	<p><i>Staff met with Resident "2" on 7/21/10 @ 8pm. Resident was willing at this time to sign support Plan.</i></p> <p><i>All staff will receive training during the next staff meeting regarding Regulation 55 Pa code § 2600-227h and will be given examples of notation when a resident refuses to sign pertinent forms.</i></p> <p><i>See Attached Support Plan with resident's Signature.</i></p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date <i>8/29/10</i> Initials (DPW) <i>MM</i></p>

*10/1/10*

*All resident records will be audited to ensure the required signatures are present. WA 8/29/10*