

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 15, 2012 until January 15, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 190850

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

JAN 26 2012

PHONE: (717) 783-3670

FAX: (717) 783-5662

Ms. Patricia Monroe, 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 November 1, 2011 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 black ink, appearing to read 'R. Melusky', with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME ELWYN HARMONY HALL, 111 ELWYN ROAD ELWYN, PA 19063		CURRENT LICENSE NUMBER 190850	
INSPECTION DATES (Include all dates of the inspection) 11/01/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Christine McHale, Justin Trupp	
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 Director ARBHS</i>			
SIGNATURE OF LEGAL ENTITY <i>Patricia Monroe</i>	DATE <i>12/8/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Phil R. Goff</i>	DATE <i>12/12/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
20b3 The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.	On 10-31-11, a cash disbursement of \$20.00 was made to resident #1. The home did not obtain the resident's signature for the receipt of the disbursement.	12/6/11	On 10-31-11, \$20.00 was taken from resident's account to purchase a circus ticket for \$12.00. The remaining \$8.00 was returned to the account as shown by the balance. The receipt was attached to the ledger. The resident has now initialed the ledger. First Shift Supervisor and Administrator discussed the need for all disbursements to be initialed, even when accompanied by a receipt. Monthly review of ledgers by Administrator will be completed to verify accuracy. Administrator will initial with ledger chain maintained.	Steps have been taken to correct violation; full compliance is not verifiable 12/12/11 Date Initials (DPW) NSC (see signed Memo)

First Shift Supervisor is responsible for maintaining account ledgers and distributing funds as appropriate.

with ledger chain maintained

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME ELWYN HARMONY HALL, 111 ELWYN ROAD ELWYN, PA 19063		CURRENT LICENSE NUMBER 190850	
INSPECTION DATES (include all dates of the inspection) 11/01/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Christine McHale, Justin Trupp	
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, Director ADPAS</i>			
SIGNATURE OF LEGAL ENTITY <i>Patricia Monroe</i>	DATE <i>12/8/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>12/12/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these	Direct care staff person B did not receive training in fire safety during the 2010 training year.	<i>8/24/11</i> verified by administrator on <i>8/28/11</i>	Upon realization that staff B had not attended fire safety in the July 2010 - June 2011 training year, staff B was registered and attended the first available training in the new training year (on <i>8/24/11</i>). All staff will be registered for fire safety trainings in the first week of the new training year (July). This schedule will be posted on the staff bulletin board. (cont on Page 3)	<i>NSC</i> <i>12/12/11</i>

No. 9643 P. 42

HARMONY HALL

8:27AM

Dec. 9. 2011

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

No. 9643 P. 43

NAME AND ADDRESS OF PERSONAL CARE HOME ELWYN HARMONY HALL, 111 ELWYN ROAD ELWYN, PA 19063		CURRENT LICENSE NUMBER 190850	
INSPECTION DATES (Include all dates of the inspection) 11/01/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Christine McHale, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Phil L. Coif</i>	DATE 12/12/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.			(con't from page 2) Administrator will verify attendance through NetSmart records from Staff Development within one week of training date. If training is not attended, staff person will receive a discipline and will be rescheduled within the same training year. Administrator will maintain an up to date checklist with attended training dates noted and scheduled training dates in parentheses.	

Dec. 9. 2011 8:27AM HARMONY HALL

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

No. 9643 P. 31

NAME AND ADDRESS OF PERSONAL CARE HOME ELWYN HARMONY HALL, 111 ELWYN ROAD ELWYN, PA 19063		CURRENT LICENSE NUMBER 190850	
INSPECTION DATES (Include all dates of the inspection) 11/01/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Christine McHale, Justin Trupp	
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 Director ARBHS</i>			
SIGNATURE OF LEGAL ENTITY <i>Patricia Monroe</i>	DATE <i>12/8/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Th. P. G.</i>	DATE <i>12/12/11</i>

Dec. 9. 2011 8:25AM HARMONY HALL

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
187c If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.	Resident #2 refused to take medications on the following dates and times: <ul style="list-style-type: none"> ✓10-10-11 all 8 am medications ✓10-10-11 all 8 pm medications - not a refusal - code 4 - in ✓10-14-11 all 8 am medications - not a refusal - " " hospital ✓10-14-11 all 8 pm medications ✓10-18-11 all 8 am medications ✓10-27-11 all 8 pm medications. <p>The home did not report these refusals to the prescriber.</p>	11/3/11	Medication Incident Report forms were completed and faxed to physician. Staff were instructed to complete Medication Incident Report form immediately following med pass and fax to physician with a cover sheet explaining that documentation from Dr. is required if Dr. does not want these forms at that frequency. Wellness Co-ordinators (nurse) for both 1st and 2nd shift are completing daily checks of refusals and form completion.	12/12/11 Initials (DPW) Date

Steps have been taken to correct violation; full compliance is not verifiable
 12/12/11
 Initials (DPW)
 Date

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

No. 9643 P. 23

NAME AND ADDRESS OF PERSONAL CARE HOME ELWYN HARMONY HALL, 111 ELWYN ROAD ELWYN, PA 19063		CURRENT LICENSE NUMBER 190850	
INSPECTION DATES (Include all dates of the inspection) 11/01/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Christine McHale, Justin Trapp	
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 Director ARBTS</i>			
SIGNATURE OF LEGAL ENTITY <i>Patricia Monroe</i>	DATE <i>10/9/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chris E. Coff</i>	DATE <i>12/12/11</i>

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	Resident #2 admitted 10-7-11 has a completed assessment. There is no date on the assessment indicating when it was completed making it impossible to determine compliance.	<i>11/4/11</i>	<i>Resident refused to sign. Staff made numerous attempts and was still attempting. Staff was counseled on the need for signature or refusals to be documented within 15 days of admission. and plan to be dated when complete, within 15 days.</i> <i>For plan to assure the violation does not recur, please see "Plan of Correction" Page added following Violation Report</i>	<i>NSC 12/12/11</i>

Dec. 9. 2011 8:24AM HARMONY HALL

Page 8

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

No. 9643 P. 8

NAME AND ADDRESS OF PERSONAL CARE HOME ELWYN HARMONY HALL, 111 ELWYN ROAD ELWYN, PA 19063		CURRENT LICENSE NUMBER 190850	
INSPECTION DATES (Include all dates of the inspection) 11/01/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Christine McHale, Justin Trupp	
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 Director ARBHS</i>			
SIGNATURE OF LEGAL ENTITY <i>Patricia Monroe</i>	DATE <i>12/8/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Phil L. Gody</i>	DATE <i>12/12/11</i>

Dec. 9. 2011 8:22AM HARMONY HALL

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	-In the assessment dated 3-6-11 for Resident #3 the cognitive and behavioral sections were not completed. -The assessment dated 6-23-11 for Resident #4 does not identify the resident's need for a low fat, low cholesterol, and low sodium diet as noted on the resident's medical evaluation completed 6/9/11.	<i>11/5/11</i> <i>11/3/11</i>	<i>Cognitive and behavioral sections were completed.</i> <i>Assessment was immediately corrected.</i>	

Steps have been taken to correct violation; full compliance is not verifiable
12/12/11
 Date
 Initials (DPW)
MSC

For plan to assure the violation does not recur, please see "Plan of Correction" page added following Violation Report pg. 8.

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

No. 9643 P. 2

NAME AND ADDRESS OF PERSONAL CARE HOME ELWYN HARMONY HALL, 111 ELWYN ROAD ELWYN, PA 19063		CURRENT LICENSE NUMBER 190850	
INSPECTION DATES (Include all dates of the inspection) 11/01/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Christine McBale, Justin Trupp	
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 Director ARBHS</i>			
SIGNATURE OF LEGAL ENTITY <i>Patricia Monroe</i>	DATE 12/8/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Neil J. Goff</i>	DATE 12/12/11

Dec. 9. 2011 8:21AM HARMONY HALL

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	Resident #3's Support Plan dated 3-26-11 does not address how the home is meeting the resident's need for a gluten free diet.	11/3/11	Support Plan was amended to include the plan to meet resident's gluten free diet. For plan to assure the violation does not recur, please see "Plan of Correction" page added following Violation Report page 8.	Steps have been taken to correct violation; full compliance is not verifiable 12/12/11 Date NSC Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME ELWYN HARMONY HALL, 111 ELWYN ROAD ELWYN, PA 19063		CURRENT LICENSE NUMBER 190850	
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SIGNATURE OF LEGAL ENTITY <i>Patricia Monroe</i>	DATE <i>12/8/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>12/12/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
227g Individuals who participate in the development of the support plan shall sign and date the support plan.	Resident #3 did not sign their support plan dated 3-26-11.	12/16/11	Resident continues to refuse to sign plan. Refusal dates documented. Staff person was counseled on the need to document refusals by the 15 day deadline. For plan to assure the violation does not recur, please see "Plan of Correction" page added following this page.	NSC 12/12/11

No. 9643 P. 50

HARMONY HALL

Dec. 9. 2011 8:28AM

Phil A. Coody
12/12/11

PLAN OF CORRECTION TO ASSURE VIOLATIONS DO NOT RECUR:

For the following violations:

225a (page 5)

225c (page 6)

227d (page 7)

227g (page 8)

All staff will begin using the RASP in place of the individual PCH Assessment and PCH Support forms. This will be effective immediately

All staff attended a training facilitated by the administrator on the procedure and completion of the RASP. (See attached sign-in sheets and direction sheet distributed to all staff.)

All staff during the training were made aware of the need to use the Medical Evaluation to complete the RASP, addressing all needs and diagnoses.

The Procedure for RASP completion includes staff completing each section of the RASP, with supervisors and administrator completing a follow up check to verify completion of both the assessment side and the support side. A final check is done for all signatures and date.

Due to the format of the RASP, the disconnect between the Assessment and Support Plan will be minimal. Following rows from the left hand side (assessment) to the right hand side (support plan) will leave no room for needs not being addressed with a plan of service.

A RASP Review Checklist has been created for the supervisors and administrator to use when reviewing the RASP. (see attached)