

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: \_\_\_\_\_

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 December 9, 2012 until December 9, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 134870

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
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.



OCT 04 2012

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 (Department) licensing inspection on September 4, 2012 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 Human Services 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".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 13487 - 08/04/2012 - OPake, Hope  
 PCH Name: SKYLINE MANOR

1. REGULATION 58 Pa.Code §2600  
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

- There were three types of cereal unsealed in the home's pantry.
- There was one package of Bubba Burgers were unsealed in the home's freezer.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Tupperware cereal containers and additional Ziplock Freezer bags were purchased and all opened items were placed into either container or bag on 9/11/12. A memo will be sent to all staff to 1). store opened cereal bags in designated containers after labeling with self-adhesive label; 2). to seal any opened freezer food in Ziplock bags and label with self-adhesive labels. Signs have also been posted in pantry and on freezer and refrigerator doors on 9/10/12 to remind staff to properly seal and label all food items. A check that all food items in pantry, refrigerator and freezer are properly sealed and labeled has been added to all shift check lists and will be implemented 9/10/12. This will all be reviewed with staff at the next staff meeting on 9/19/12. Supervisor will ensure that this is being reviewed weekly.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/16/2011
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Signature of Legal Entity Representative (Required on EVERY Page) *Patricia Mercede*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Patricia Mercede Director Date 9/13/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9/14/12 (Date)

Plan of correction implementation status as of 9/14/12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress

The above plan of correction was approved by *CPM* (Initials)

Violation Report: 13487 - 09/04/2012 - O'Pake, Hope  
 PCH Name: SKYLINE MANOR

1. REGULATION 55 Pa.Code §2800  
 2800.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION  
 The home's written emergency procedures have not been submitted to the municipal emergency management agency since May 2011.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The updated home's written emergency procedures have been submitted to the municipal emergency management agency on 9/18/12. The homes administrator will confirm with the QI Coordinator on an annual basis that the updated procedures have been submitted.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Patricia Monroe*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Patricia Monroe, Director* Date *9/13/12*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 9/14/12  
 (Date) Plan of correction implementation status as of 9/14/12  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress

The above plan of correction was approved by *PM*  
 (Initials)

Violation Report: 13487 - 09/04/2012 - OPake, Hope  
 PCH Name: SKYLINE MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures and the municipality's emergency procedures are not posted in a conspicuous and public place in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The home's emergency procedures and the municipality's emergency procedures were posted on 9/11/12. They are located in the hallway, leading into the kitchen where all staff have access. The location of these procedures will be reviewed at the next staff meeting on 9/11/12. The Supervisor will check daily that these procedures are clearly posted.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Patricia Monroe*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Patricia Monroe, Director* Date *9/13/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9/14/12  
 (Date)

Plan of correction implementation status as of 9/14/12  
 (Date)

The above plan of correction was approved by *ADM*  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress

Violation Report: 13467 - 09/04/2012 - OPAKA, HOPE  
POH Name: SKYLINE MANOR

1. REGULATION or Pa. Code §2600  
2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION  
No fire drill was conducted during March 2012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

An additional fire drill was held in April on 4/5/12. Supervisor will coordinate with staff on monthly basis to ensure fire drills are being completed as required through reminders during supervision and staff meetings. Once drill has been completed, supervisor will email administrator to verify and confirm.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Patricia Monroe*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *PATRICIA MONROE, Director* Date *9/19/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9/19/12 (Date) Plan of correction implementation status as of 9/19/12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by CRM (Initials)