

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ELWYN INC

LEGAL ENTITY

To operate ELWYN - SPRING HAVEN

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 8
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, 2013 until January 15, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 123040

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.

PW 628 - 01/11



JAN 09 2013

Ms. Patricia Monroe, Director
Elwyn, Inc.
Elwyn – Spring Haven
Hartman House
111 Elwyn Road
Elwyn, Pennsylvania 19063

Dear Ms. Monroe:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 19, 2012 and November 20, 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: 12304 - 11/19/2012 - Scharpf, Amy
 PCH Name: ELWYN SPRING HAVEN

1. REGULATION 55 Pa.Code §2600
 2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION
 The window which is able to be opened on the 3rd floor in the room at the top of the staircases does not have a screen.

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.

Elwyn maintenance department installed a screen in the window. Direct Care Staff will check screens on a monthly basis to ensure they remain in good condition.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Patricia MONROE Director</i>	Date <i>12/5/12</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>12/12/12</u> (Date)	Plan of correction implementation status as of <u>12/17/12</u> (Date)
The above plan of correction was approved by <u>CBM</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12304 - 11/19/2012 - Scharpf, Amy
 PCH Name: ELWYN SPRING HAVEN

1. REGULATION 55 Pa.Code §2600
 2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

The following steps do not have hand rails or grab bars:

- the step leading from the driveway and porch area to the kitchen door entrance of the home.
- the step from kitchen door nearest the washer and dryer.
- the 2 steps leading in to the garage.

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.

Elwyn's maintenance department was informed of the need for handrails which will be installed. Direct Care Staff will check handrails on a monthly basis to ensure they remain in good condition.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>PATRICIA MONROE Director</u>	Date <u>12/5/12</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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

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

Plan of correction implementation status as of 12/17/12
 (Date)

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

Violation Report: 12304 - 11/19/2012 - Scharpf, Amy
 PCH Name: ELWYN SPRING HAVEN

1. REGULATION 55 Pa.Code §2600
 2600.101(e) - Ceiling height in each bedroom must be an average of at least 7 feet.

2a. DESCRIPTION OF VIOLATION

The ceiling in the bedroom on the 3rd floor of the home belonging to Resident #1, measures 6 feet 2 inches in height.

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 resident has been living in this room for the last 14 years and wishes to continue living in this room. The resident is of short stature and is able to safely move about the room. It would not be feasible for the ceiling to be lifted to 7 feet. Moving the resident to another room would create a hardship for the resident and may necessitate moving to a new program. Because of these concerns, a request for waiver was submitted on 11/27/12 to allow the resident to remain in [redacted] current room. If the waiver is denied, Elwyn will assist with locating a room that satisfies the height requirement and will cease to use the room as a bedroom.

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* Date *12/5/12*

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

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

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

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

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