



DEC 20 2013

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

RE: Elwyn – White House  
License #: 122980

Dear Ms. Monroe:

As a result of the Department of Public Welfare's licensing inspection on October 29, 2013 and October 30, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period January 15, 2014 to January 15, 2015 was issued on October 3, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long, sweeping horizontal line extending to the right.

Matthew J. Jones  
Acting Director

Enclosure  
License Inspection Summary

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

PCH Name: ELWYN WHITEHOUSE		License Number: 12298
Address: 111 ELWYN RD, ELWYN, PA 19603		County: Delaware
Administrator: Ben Dourte		Region: SOUTHEAST
Legal Entity Name: ELWYN INC		
Legal Entity Address: HARTMAN HOUSE 111 ELWYN ROAD, ELWYN, PA 19063		
<b>Certificate(s) of Occupancy</b> C-3 SP 06/18/1998 PA L&I		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 4	Waking Staff: 3
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal, Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
10/29/2013: McHale, Christine; Kazimer, Lauren		
10/30/2013: McHale, Christine; Kazimer, Lauren		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 5 Number of Residents Served: 4 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served In Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	<b>Number of Residents who:</b> Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 0 Have Mental Illness: 4 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 12298 - 10/29/2013 - McHale, Christine  
 PCH Name: ELWYN WHITEHOUSE

**1. REGULATION 55 Pa.Code §2600**

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person A completed their 40th scheduled work hour on 10/1/13. The staff person did not receive orientation in reporting of reportable incidents until 10/11/13.

**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 orientation checklist, which is completed with all staff in the first 3 days of employment, was modified to include mandatory reporting of abuse and neglect under the Older Adult Protective Services Act and reporting of reportable incidents and conditions. The Unit Director will ensure that the checklist is completed within the first 3 days of employment for all new employees starting 1/15/14. *SN*

The provider will develop an audit tool to track the required training for all new employees by 1/15/14. *S*

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

*11/18/13*

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

The above plan of correction is approved as of

*12/6/13*  
 (Date)

Plan of correction implementation status as of

*12/6/13*  
 (Date)

The above plan of correction was approved by

*PM*  
 (Initials)

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

Violation Report: 12298 - 10/29/2013 - McHale, Christine  
 PCH Name: ELWYN WHITEHOUSE

1. REGULATION 55 Pa.Code §2600  
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 The rug in front of the shower of the resident bathroom on the first floor did not have a slip resistant backing. The rug poses a hazard to the resident who resides in that room when the resident exits the shower as the rug is slippery.

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.

All rugs in the home were inspected and all rugs without a slip resistant backing were discarded. The need to purchase only rugs with slip resistant backing will be reviewed at the next staff meeting on 11/27/13. The Unit Director will check the rugs in the bathroom and in storage, once a month to ensure all rugs have slip resistant backing.

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) <i>Patricia Monroe Director</i>	Date <i>11/18/13</i>
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The above plan of correction is approved as of <i>12/6/13</i> (Date)	Plan of correction implementation status as of <i>12/6/13</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented