



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 19 2015

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


RE: Elwyn – Rainbow House
64 East Old Baltimore Pike
Elwyn, Pennsylvania 19063
License #: 122670

Dear Ms. Monroe:

As a result of the Department of Human Services' annual licensing inspections on September 9, 2015, September 10, 2015 and September 11, 2015 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.

Sincerely,


Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 12267 - 09/09/2015 - Keely, Jennifer
 PCH Name: ELWYN RAINBOW HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
 (1) Medication self-administration training.
 (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 (3) Care for residents with dementia and cognitive impairments.
 (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 (5) Personal care service needs of the resident.
 (6) Safe management techniques.
 (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 Staff Members A and B did not receive the following training in the July 2014 to June 2015 training year:
 Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
 Care for residents with dementia and cognitive impairments
 Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration
 Care for residents with mental illness or mental retardation

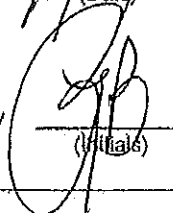
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
 Staff members A & B will complete all trainings listed in Regulation 55 PA Code 2600.65 (1-7) by October 30, 2015. Documentation of completion will be recorded in training record. All staff will complete specified trainings annually and document on PCH annual training form. Administrator will check all staff records for completion by June 15th annually.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>NATALICIA MONROE</i>	Date <i>10/02/15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *10/29/15*
 (Date)

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

Plan of correction implementation status as of *10/29/15*
 (Date)

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

Violation Report: 12267 - 09/09/2015 - Keely, Jennifer
 PCH Name: ELWYN RAINBOW HOUSE

1. REGULATION 55 Pa.Code §2600

2600.86(a) - All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

2a. DESCRIPTION OF VIOLATION

The second floor bathroom has no operable window, fan, air conditioner or other mechanical ventilation to ensure airflow.

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 ventilation fan in the second floor bathroom was repaired on 9/15/2015. A building inspection will be completed weekly by the supervisor and reviewed by the administrator. A building inspection will be completed monthly by the Administrator. Any maintenance issues will be addressed immediately. At the next house meeting on 10/22/2015, residents will be asked to go to staff immediately if there are any concerns.

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 MONROZ</i>	Date <i>10/22/15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>10/29/15</i> (Date)	Plan of correction implementation status as of <i>10/29/15</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

Violation Report: 12267 - 09/09/2015 - Keelty, Jennifer
 PCH Name: ELWYN RAINBOW HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident # 1 has an order for blood glucose measurements, once daily. According to the resident's glucometer, Resident # 1's blood glucose was not measured on 9/1/2015, 9/2/2015, 9/3/2015, 9/7/2015, 9/8/2015 or 9/10/2015.

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 was improperly using the glucometer. On 9/14/2015, the resident was educated on how to properly operate the glucometer. On 9/16/2015 staff was counseled on ensuring the resident is properly operating the glucometer during every use. Supervisor and administrator will each review the MAR and medications on alternating weekdays, every day Mon- Through Friday to identify potential issues, this will include a comparison of the recorded documentation of glucose levels to the levels saved in the glucometer's memory.

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</i>	Date <i>10/08/15</i>
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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

Violation Report: 12267 - 09/09/2015 - Keelty, Jennifer
 PCH Name: ELWYN RAINBOW HOUSE

1. REGULATION 55 Pa.Code §2600

2600.225(c) - 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.

2a. DESCRIPTION OF VIOLATION

Resident # 2's assessment does not include an assessment of the Resident's short-term or long-term memory.

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 RASP (assessment) was reviewed and corrected on 9/14/2015 to address short term and long term memory. Administrator reviewed this RASP for compliance. All RASPs will be reviewed and signed by the Supervisor and Administrator upon completion. Any necessary corrections will be made before the required date.

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</i>	Date <i>10/22/15</i>
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The above plan of correction was approved by <u><i>PM</i></u> (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