



**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 – Friendship Hall  
66 East Old Baltimore Pike  
Elwyn, Pennsylvania 19063  
License #: 122890

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

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Enclosure  
License Inspection Summary



Violation Report: 12289 - 09/09/2015 - Keotly, Jennifer  
 PCH Name: ELWYN FRIENDSHIP HALL

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 Member A did not receive training on the following topics 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  
  
 Staff Member B did not receive training on the following topics 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 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) *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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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <i>10/30/15</i> (Date)	Plan of correction implementation status as of <i>10/30/15</i> (Date)
The above plan of correction was approved by <i>gh</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: 12289 - 09/09/2015 - Keely, Jennifer  
 PCH Name: ELWYN FRIENDSHIP HALL

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 door leading to the Jack-and-Jill bathroom in Resident # 1's bedroom does not fully close.

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.  
 Maintenance repaired the door on 9/15/15. 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 10/22/15 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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 (Required on EVERY Page) *Patricia Monroe*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *PATRICIA MONROE* Date *10/22/15*

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 (Date)

Plan of correction implementation status as of *10/20/15*  
 (Date)

The above plan of correction was approved by *[Signature]*  
 (Initials)

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

Violation Report: 12289 - 09/09/2015 - Keely, Jennifer PCH Name: ELWYN FRIENDSHIP HALL	
1. REGULATION 55 Pa.Code §2600 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	
2a. DESCRIPTION OF VIOLATION The medication administration record for Resident # 1 does not include the orders for Acetaminophen 325 mg, Benzonatate 100 mg, Ibuprofen sus 100 mg/5 mL, Aquafor Ointment, Guaifenesin 100 mg/5 mL, or Milk of Magnesia.  Resident # 2's order for Combivent was discontinued on 8/25/2015. The order is still listed on September 2015's medication administration record as current.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>  Resident #1 & #2's MAR's were corrected on 9/11/15 to reflect accurate information. Staff will be required to put copies of the consult sheets reflecting outcome of doctor's appointments in Supervisors mailbox after every appointment. Program supervisor will review Consult sheet, MAR, and medication supply after each doctor's appointment to ensure that everything is accurate. Supervisor and administrator will each review the MAR and medications on alternating weekdays, every day Mon- Through Friday to identify potential issues.	
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Violation Report: 12289 - 09/09/2015 - Keelly, Jennifer  
 PCH Name: ELWYN FRIENDSHIP HALL

1. REGULATION 56 Pa.Code §2600  
 2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION  
 Staff Member C administers medications to residents of the home. Staff Member C completed the Department-approved medications administration course annual practicum on 3/21/2014, and then not again until 4/14/2015.

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.  
 Staff member C will complete her next practicum prior to 4/13/16. The assistant healthcare director maintains a database of all employees needing practicums and will notify Administrator and Supervisor of the need to complete annual practicum 2 months prior in advance of expiration date. Administrator will ensure that practicums are completed prior to expiration date. Administrator will remove staff from medication administration if practicum is not completed on time and staff will be required to retake the 2 day medication administration training.

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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *PATRICIA MONROE* Date *10/22/15*

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Violation Report: 12289 - 09/09/2015 - Keely, Jennifer  
 PCH Name: ELWYN FRIENDSHIP HALL

1. REGULATION 65 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  
 The most recent assessment for Resident # 3 was completed on 7/14/2015, the previous assessment was completed on 6/10/2014.

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 assessment for resident # 3 will be completed prior to 7/13/16. The administrator will maintain a database with the anniversary dates of all Assessments and Support plans. The administrator will look at the database on the 3rd Monday of each month and schedule all Assessments and Support plans to be completed on specific dates in the upcoming month. The administrator will check his calendar daily to remain aware of due dates and he will review and sign off on each assessment and support plan upon completion.

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