



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 18 2015

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


RE: Elwyn – Spring Haven
License #: 123040

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

PCH Name: ELWYN SPRING HAVEN		License Number: 12304
Address: 111 ELWYN ROAD, ELWYN, PA 19063		County: Delaware
Administrator: Ben Dourte		Region: SOUTHEAST
Legal Entity Name: ELWYN INC		
Legal Entity Address: HARTMAN HOUSE 111 ELWYN ROAD, ELWYN, PA 19063		
Certificate(s) of Occupancy C3 01/02/1996 Comm of PA Dept of L & I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 8	Waking Staff: 6
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/09/2015: Keely, Jennifer; Keppel, Autumn 09/10/2015: Keely, Jennifer; Keppel, Autumn 09/11/2015: Keely, Jennifer; Keppel, Autumn		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 8	Number of Residents who:	
Number of Residents Served: 8	Receive Supplemental Security Income: 6	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 4	
Area:	Have Mental Illness: 8	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 2	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents In past year: 0		

Violation Report: 12304 - 09/09/2015 - Keely, Jennifer
 PCH Name: ELWYN SPRING HAVEN

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 training in 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
 Personal care services needs of the resident
 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 November 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>10/20/15</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>12/30/15</i> (Date)	Plan of correction implementation status as of <i>10/30/15</i> (Date)
The above plan of correction was approved by <i>CPB</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: 12304 - 09/09/2015 - Keelty, Jennifer
 PCH Name: ELWYN SPRING HAVEN

1. REGULATION 55 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 B administers medications to residents in the home. The most recent Department-approved medications administration course annual practicum for Staff Member B was completed on 9/17/2014. The previous annual practicum had been completed on 8/28/2013.

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 B is currently not administering medications. Staff Member B will complete the 16 hour medications administration course and an initial practicum before resuming medication administration.

Administrator will review due dates for all staff members on a monthly basis and remind them to schedule a medication administration annual practicum before a full year has lapsed since the last practicum. Any staff member who does not complete an annual practicum within the time frame will be required to refrain from administering medications until the staff member takes the 16 hour medication administration course again as well as completes an initial practicum.

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>[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