



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 18 2015

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


RE: Skyline Manor
76 Skyline Drive
Glen Mills, Pennsylvania 19342
License #: 134870

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: SKYLINE MANOR		License Number: 13487
Address: 76 SKYLINE DRIVE, GLEN MILLS, PA 19342		County: Delaware
Administrator: Julie Byrne		Region: SOUTHEAST
Legal Entity Name: ELWYN		
Legal Entity Address: HARTMAN HOUSE 111 ELWYN ROAD, ELWYN, PA 19063		
Certificate(s) of Occupancy R-4 08/19/2009 Thornbury Township		
Staffing Hours Resident Support: 0 Total Daily Staff: 6 Waking Staff: 5		
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: Keelty, Jennifer; Keppel, Autumn 09/10/2015: Keelty, Jennifer; Keppel, Autumn 09/11/2015: Keelty, 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: 6 Number of Residents Served: 6 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		Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 4 Have Mental Illness: 6 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 13487 - 09/09/2015 - Keely, Jennifer
 PCH Name: SKYLINE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION
 The contract for Resident # 1 does not include the rate for room and board.

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 contract for Resident #1 was corrected to include the rate for room and board on 9/11/15. All future contracts will be reviewed by supervisor and administrator prior to obtaining resident signature.

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 *10/30/15*
 (Date)

The above plan of correction was approved by *JPB*
 (Initials)

Plan of correction implementation status as of *10/30/15*
 (Date)

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

Violation Report: 13487 - 09/09/2015 - Keelty, Jennifer
 PCH Name: SKYLINE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(12) - The contract shall specify the charges to the resident, if any, for holding a bed during hospitalization or other extended absence from the home.

2a. DESCRIPTION OF VIOLATION
 The contract for Resident # 1 does not include the charges for holding a bed during an absence.

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 contract for Resident #1 was corrected to include charges for holding a bed during an absence, on 9/11/15. All future contracts will be reviewed by supervisor and administrator prior to obtaining resident signature.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>PATRICIA MONROZE</i>	Date <i>10/22/15</i>
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The above plan of correction is approved as of <i>10/20/15</i> (Date)	Plan of correction implementation status as of <i>10/20/15</i> (Date)
The above plan of correction was approved by <i>PM</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: 13487 - 09/09/2015 - Keelly, Jennifer
 PCH Name: SKYLINE MANOR

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.
 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 service 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 and 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 required 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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Violation Report: 13487 - 09/09/2015 - Keely, Jennifer
 PCH Name: SKYLINE MANOR

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 of the home. Staff Member A's most recent Department-approved medications administration course annual practicum was completed on 11/14/2014. The previous annual practicum was completed on 9/25/2013.

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 completed practicum on 10/20/15. The Assistant Healthcare Director maintains database of all employees needing practicums and will notify administrator and supervisors of the need to complete annual practicum 2 months in advance of expiration date. Administrator will ensure that practicums are completed prior to expiration date. Administrator will remove staff from schedule if practicum is not completed on time and staff will be required to re-take the two-day medication administration training.

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 *10/22/15*

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Violation Report: 13487 - 09/09/2015 - Keelty, Jennifer
 PCH Name: SKYLINE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 Resident # 2's assessment and support plan was not signed by the resident or the assessor.

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.

Resident #2's RASP was signed by the resident ^{and} assessor on 9/11/15. All future RASPs will be reviewed by supervisor and administrator upon completion. Any necessary corrections will be made before the required date.
 Resident refused to sign RASP.

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 *10/22/15*

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 (Initials)

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