



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 23 2015

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

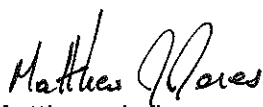
RE: Elwyn – Harmony Hall
License #: 190850

Dear Ms. Monroe:

As a result of the Department of Human Services' annual licensing inspections on September 9, 2015, September 10, 2015, September 11, 2015 and November 3, 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 *MJ*

Enclosure
License Inspection Summary

Violation Report: 19085 - 09/09/2015 - Keely, Jennifer
 PCH Name: ELWYN HARMONY 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 - 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 service needs of the resident

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 A will complete all trainings listed in Regulation 55 Pa. code 2600, 2600.65f as stated above as #1 through #7, by October 30th, 2015. Documentation of completion will be recorded in the training plan and training record (attached form: PCH Required Annual Trainings Training Completion Form).

All staff will completed above specified trainings annually and document on PCH Required Annual Trainings Training Completion Form (attached). Administrator will check all staff training records by June 15th annually.

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

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

The above plan of correction is approved as of

11/3/15
 (Date)

Plan of correction implementation status as of

11/3/15
 (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: 19085 - 09/09/2015 - Keelty, Jennifer
 PCH Name: ELWYN HARMONY HALL

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 On 9/11/2015, at 2:15 p.m., the water temperature at the left bathroom sink for bedroom # 8 measured 132 degrees Fahrenheit.
 On 9/11/2015, at 2:20 p.m., the water temperature at the left bathroom sink for bedroom # 2 measured 128 degrees Fahrenheit.

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.

Hot water temperature was adjusted by Elwyn maintenance department on 9/11/2015. Temperature of hot water was set to 105°F.

Water temperature will be checked daily by staff to ensure it remains below 120°F. It will also be checked twice a week by supervisor and once a week by Administrator. Documentation will be maintained on Harmony Hall: Water Temperature Check form (attached). If adjustments need to be made, maintenance will be contacted immediately.

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 *11/3/15*
 (Date)

Plan of correction implementation status as of *11/3/15*
 (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: 19085 - 09/09/2015 - Keelty, Jennifer
 PCH Name: ELWYN HARMONY HALL

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident # 1's assessment, dated 3/15/2015, indicates that the resident requires total physical assistance with securing and using transportation; managing finances, and making and keeping appointments. The support plan does not address how the home will assist the resident in meeting these needs.

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 #1's RASP was reviewed and corrected by 9/12/15 to address how the home will assist the resident in meeting resident's needs. Administrator reviewed this RASP for compliance and initialled additions with resident.

All RASPs will be reviewed and signed by the supervisor and by the Administrator in the future, effective 9/12/2015. 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 Morrow*

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

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

The above plan of correction is approved as of *11/3/15*
 (Date)

Plan of correction implementation status as of *11/3/15*
 (Date)

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