



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 3 0 2016

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

RE: Elwyn – Friendship Hall  
License #: 122890

Dear Ms. Monroe:

As a result of the Department of Human Services' annual licensing inspections on September 7, 2016, September 8, 2016 and September 9, 2016 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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 12289 - 09/07/2016 - Keppel, Autumn  
 PCH Name: ELWYN FRIENDSHIP HALL

**1. REGULATION 55 Pa.Code §2600**

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

**2a. DESCRIPTION OF VIOLATION**

- On 8/12/16, at 8PM, Resident #1's Prednisolone Ace Suspension, Docusate Sodium 100mg, Advair, and Lantanoprost 0.005% was administered. Staff did not initial the resident's medication administration record (MAR) for these medications.

- On 8/29/16, at 8PM, Resident #1's Prednisone Ace Suspension, Docusate Sodium 100mg, and Clozapine 25mg was administered. Staff did not initial the resident's MAR for these medications.

- On 8/30/16, at 8AM, Resident #1's Budesonide Respules 0.5mg/2 was administered. Staff did not initial the resident's MAR.

**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 error was documented and staff was counseled, verbally and via memo, regarding following proper Medication Administration protocols. Staff are now assigned to check the MAR on each shift to ensure proper documentation has occurred after administration. The shift checklists have been Altered to add an MAR/medication review for each shift. The administrator will additionally review the MAR 2x per week and address any specific issues discovered.

Staff will be trained on the importance of initialing the MAR within 30 days receipt of POC *(M)*

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) *Patricia Monroe* Date *10-13-16*

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

The above plan of correction is approved as of *10/26/16* (Date)

Plan of correction implementation status as of *10/26/16* (Date)

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

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

Violation Report: 12289 - 09/07/2016 - Keppel, Autumn  
 PCH Name: ELWYN FRIENDSHIP HALL

**1. REGULATION 55 Pa.Code §2600**  
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**2a. DESCRIPTION OF VIOLATION**  
 The pre-admission screen form for Resident #1, admitted [redacted] 15, does not include a determination that the home can meet the 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.

The pre-admission screen was amended on 9/7/16 (during inspection) to include the determination that the home can meet the needs of the resident. All future admission paperwork will be reviewed by the administrator prior to placement in the chart. All new admission charts will be reviewed during the next regular chart review meeting to ensure any ongoing documentation issues are identified and addressed.

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) *Patricia Monroe* Date *10-13-16*

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