



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 – Spring Haven
License #: 123040

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
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: OROMAALIKOR-ADELE		Region: SOUTHEAST
Legal Entity Name: ELWYN INC		
Legal Entity Address: HARTMAN HOUSE 111 ELWYN ROAD, ELWYN, PA 19063		
Certificate(s) of Occupancy C-3 01/02/1996 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 09/07/2016: Keppel, Autumn; Gray, Dean 09/08/2016: Keppel, Autumn; Gray, Dean 09/09/2016: Keppel, Autumn; Gray, Dean		
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 Served: 8 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: 6 Are 60 Years of Age or Older: 3 Have Mental Illness: 8 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 12304 - 09/07/2016 - Keppel, Autumn
 PCH Name: ELWYN SPRING HAVEN

1. REGULATION 55 Pa.Code §2600
 2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION
 Two windows located in the homes smoking area on the patio, were covered with cardboard and in need of repair.

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 maintenance department was contacted. The maintenance department completed an installation of 2 new glass windows in the smoke area patio.

A designated staff person will be responsible for completing a monthly building inspection. As part of this inspection, staff will ensure that all windows are in good repair. Designated staff will report any issues to Unit Director who will contact the maintenance department for repair and will follow up to ensure repairs are completed appropriately.

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>10-13-16</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>10/26/16</i> (Date)	Plan of correction implementation status as of <i>10/26/16</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

Violation Report: 12304 - 09/07/2016 - Keppel, Autumn
 PCH Name: ELWYN SPRING HAVEN

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 includes Humalog Kwik Pen 100/ml as needed. The resident does not have a current order for this medication.

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 prescribing physician was contacted for clarification of order. A new prescription was obtained from the physician indicating a sliding scale for Novolog. The MAR was altered to reflect this change.

A designated staff person will review the MARs prior to the beginning of each month to ensure that the new month's entries are accurate and reflective of the physician's orders.

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>10-13-16</i>
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