



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 19 2016

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


Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 19085 - 09/07/2016 - Keppel, Autumn
 PCH Name: ELWYN HARMONY HALL

1. REGULATION 55 Pa.Code §2600
 2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION
 The blinds on the window in room#3 do not cover the entire window and do not provide adequate privacy.

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.

Custom horizontal blinds for all bedrooms have been ordered through Budget Blinds (see attached). Appointment is scheduled for Monday, October 24th, for final measurements. Blinds will be installed approximately 4 weeks later.

Following installation, blinds will be checked on a weekly basis as noted on the Room Cleaning checklist (attached) to proper function and any damage. Budget Blinds will be notified immediately if there are any issues.

Until the blinds are installed, the windows in Room #3 have been covered with contact paper which allows some daylight through but does not allow visibility from the outside (see photos attached).

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Patricia Monroe Director*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Patricia MONROE Director* Date *10/19/16*

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The above plan of correction is approved as of *10/28/16*
 (Date)

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

Plan of correction implementation status as of *10/28/16*
 (Date)

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

Violation Report: 19085 - 09/07/2016 - Keppel, Autumn
 PCH Name: ELWYN HARMONY HALL

1. REGULATION 65 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 On 9/2/16 at 4PM, it was documented that Resident #1's blood sugar was 130. There was no reading found in their glucometer.

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.

All of our diabetic residents have their own glucometers. The cases that the glucometer and strips are kept in were marked with the resident's initials. We have two residents (Resident #1 being one) with the same first and last initial. To distinguish, we included the middle initial for one of these residents. The staff doing the blood sugar check used the wrong glucometer, that specific reading was found on the other resident's glucometer (see photo.) To correct this confusion, we have re-labeled the cases with first initial, last name. (see photo). The staff who made the error was individually counselled and the importance of ensuring accuracy with taking and documenting blood sugars was discussed in Harmony Hall's September staff meeting (see minutes). To avoid further concerns, Harmony's Wellness Co. coordinator will check case labels to make sure they are clear, readings and documentation weekly using attached form.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Patricia Monroe, Director*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *PATRICIA MONROE, Director* Date *10/19/16*

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

The above plan of correction is approved as of *10/28/16* (Date) Plan of correction implementation status as of *10/28/16* (Date)

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

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