



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: June 27, 2018 to Attn: [REDACTED]

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE:

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

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

Dear Ms. Monroe:

As a result of the Department's Bureau of Human Services Licensing inspection on March 15, 2018 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,

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 13487 - 03/15/2018 - Parker, Shawn
 PCH Name: SKYLINE MANOR

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

On 02/27/18 resident # 1 reported drinking a half of cup of Pine Sol. Staff checked residents breath and confirmed it smelled like Pine Sol. The resident reported to DHS representatives she was feeling "down and depressed". The resident was treated at the hospital and released. The RASP, completed 05-05-17, was not updated to reflect the resident's suicidal attempt.

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 RASP was updated and signed by the resident on 3/20/18 to include that the resident cannot safely avoid poisonous materials during the period of her depression. The annual RASP completed on 4/6/18 also included this information. When the resident is re-evaluated by a medical professional to change this status, her RASP will be updated once again. Staff was all informed of the requirement to update the RASP every time there is a significant change in a resident's status. The Administrator will follow-up with staff to ensure that this is done for all significant changes on an ongoing basis.

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>4/25/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>06-27-18</u> (Date) The above plan of correction was approved by <u>SP</u> (Initials)	Plan of correction implementation status as of _____ (Date) <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
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