



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 23 2019

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

RE: Elwyn – Harmony Hall
111 Elwyn Road
Elwyn, Pennsylvania 19063
License #: 190850

Dear Ms. Monroe:

As a result of the Department's Bureau of Human Services Licensing annual inspection on November 28, 2018 and November 29, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

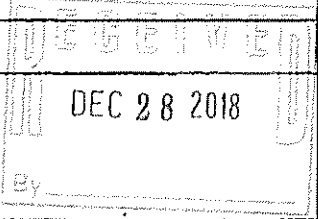
Sincerely,

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

Jacqueline L. Rowe
Director

Enclosure
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: ELWYN HARMONY HALL		License Number: 19085
Address: 111 ELWYN ROAD, ELWYN, PA 19063		County: Delaware
Administrator: Diane Gallagher		Region: SOUTHEAST
Legal Entity Name: ELWYN INC		
Legal Entity Address: HARTMAN HOUSE 111 ELWYN ROAD, ELWYN, PA 19063		
Certificate(s) of Occupancy Other 05/19/1980 CWOPA/Dept of LI		
Staffing Hours Resident Support: 32 Total Daily Staff: 48 Waking Staff: 36		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/28/2018: Freeman, Sabrina 11/29/2018: Freeman, Sabrina		
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: 16 Number of Residents Served: 16 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: 13 Are 80 Years of Age or Older: 13 Have Mental Illness: 16 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 19085 - 11/28/2018 - Freeman, Sabrina
 PCH Name: ELWYN HARMONY HALL

1. REGULATION 65 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 On 11/29/18, at 12:30 pm, the temperature in the kitchen refrigerator was 80 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.

Following our inspection, a new thermometer was purchased and placed in the refrigerator. After approximately one hour, the temperature was checked and the reading was 36°F. Two additional thermometers have been purchased as replacements should the current thermometer malfunction. To keep this from happening in the future, a thermometer checklist has been developed. (see attached) This will assign the task of checking the thermometer daily, recording the temperature, and replacing the thermometer if needed to a specific staff. Follow-up that this task is completed daily will be done by the supervisor.

During this check, if it is determined that it is the refrigerator malfunctioning and not a broken thermometer, maintenance will be contacted immediately.

Documentation submitted pursuant to [Signature]

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

Signature of Legal Entity Representative (Required on EVERY Page) *Leslie Eckert*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Leslie Eckert* Date *12-28-18*

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

The above plan of correction is approved as of 1/2/19 (Date)

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

Plan of correction implementation status as of 1/2/19 (Date)

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

Violation Report: 19085 - 11/28/2018 - Freeman, Sabrina
 PCH Name: ELWYN HARMONY HALL

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident # 1's Sulfacetamide Ophth Soln was discontinued; however, on 11/29/18 the medication was still on the medication cart.

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.

Following the inspection the above noted eye drops were appropriately disposed of. To prevent this from happening in the future, a Memo was distributed to all staff, clarifying the responsible staff member. This Memo is to be signed by staff and remain in their employee file. The medication disposal form was distributed with this memo, as well as several forms on a clipboard placed in the med room. (see both attached) As an additional check, a medication checklist was created for use by Wellness Coordinator (nurse), supervisor and Unit Director. (see attached)

While currently implemented, this will also be reviewed in our January Staff Meeting (January 22nd.)

submitted documents reviewed (u)

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

Signature of Legal Entity Representative (Required on EVERY Page) *Leslie Eckert*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Leslie Eckert* Date *12/28/18*

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

The above plan of correction is approved as of *1/2/19*
 (Date)

Plan of correction implementation status as of *1/2/19*
 (Date)

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

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