



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail [leslie-eckert@elwyn.org](mailto:leslie-eckert@elwyn.org)  
Sent via e-mail [rashida-smith@elwyn.org](mailto:rashida-smith@elwyn.org)  
September 11, 2019**

Ms. Leslie Eckert  
Program Director  
Elwyn, Inc.  
Hartman House  
111 Elwyn Road  
Elwyn, Pennsylvania 19063

RE: Elwyn – Rainbow House  
License #: 122670

Dear Ms. Eckert:

As a result of the Department's Bureau of Human Services Licensing inspection on February 14, 2019 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.

Sincerely,

*Mia Johnson*

Mia Johnson  
Human Services Licensing Supervisor

Enclosure  
Violation Report

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

POH Name: ELWYN RAINBOW HOUSE		License Number: 12267
Address: 64 EAST OLD BALTIMORE PIKE, ELWYN, PA 19063		County: Delaware
Administrator: RASHIDA SMITH		Region: SOUTHEAST
Legal Entity Name: ELWYN INC		
Legal Entity Address: HARTMAN HOUSE 111 ELWYN ROAD, ELWYN, PA 19063		
<b>Certificate(s) of Occupancy</b> C-3 SP 01/11/1995 L & I		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 6	Waking Staff: 5
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
02/14/2019: Braswell, Natasha		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 6 Number of Residents Served: 6 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		<b>Number of Residents who:</b> Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 3 Have Mental Illness: 6 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 12267 - 02/14/2019 - Braswell, Natasha  
 PCH Name: ELWYN RAINBOW HOUSE

1. REGULATION 55 Pa.Code §2600  
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION  
 On 1-25-19, resident #1's, physician suggested that the resident may need to reduce her smoking intake. The resident's support plan does not address how the home will assist the resident in meeting these needs.

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.*

On 2/14/19 a review completed by DHS determined that the Resident RASP needed to be updated to reflect a suggestion made by a physician.

A review of the RASP was completed and the updates was made on 2/15/19 to reflect the recommendation that was made on 1/25/19

Tobacco use disorder was added to Medical Diagnosis on the RASP, and staff will continue to offer Judith her PRN Nicorette Nicotine Lozenger to help with her craving for nicotine.

A review of recommendations and orders will be conducted to ensure RASP are updated to reflect current orders.

Repeat Violation: No      Date(s) of Previous Violation(s): N/A

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  9/10/19

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

The above plan of correction is approved as of <u>9/10/19</u> (Date)  The above plan of correction was approved by <u>ME</u> (Initials)	Plan of correction implementation status as of <u>9/10/19</u> (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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