



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail [leslie\\_eckert@elwyn.org](mailto:leslie_eckert@elwyn.org)  
Sent via e-mail [benjamin\\_dourte@elwyn.org](mailto:benjamin_dourte@elwyn.org)  
June 3, 2019**

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

RE: Elwyn – Whitehouse  
111 Elwyn Road  
Elwyn, Pennsylvania 19603  
License #: 122980

Dear Ms. Eckert:

As a result of the Department's Bureau of Human Services Licensing inspection on March 27, 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,

*Shawn Parker*

Shawn Parker  
Human Services Licensing Supervisor

Enclosure  
Violation Report

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 56 Pa.Code Chapter 2600**

PCH Name: ELWYN WHITEHOUSE		License Number: 12298
Address: 111 ELWYN RD, ELWYN, PA 19603		County: Delaware
Administrator: Benjamin Dourte		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 06/18/1998 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> 03/27/2019: Chung, Youn Hie		
<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: 5 Number of Residents Served: 5 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: 4 Are 80 Years of Age or Older: 3 Have Mental Illness: 5 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 12298 - 03/27/2019 - Chung, Youn Hie  
 PCH Name: ELWYN WHITEHOUSE

**1. REGULATION 65 Pa.Code §2600**  
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**  
 On 03/16/2019, a verbal allegation of abuse was made against staff member A, relating to resident # 1. The home did not submit an incident report to the Department until 03/18/2019.

**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 supervisory staff were instructed on timeframes for DHS incident reporting procedure on 3/28/19, including the need to complete and submit an incident report within 24 hours. Administrator will ensure that all new hire supervisory staff will be trained on the appropriate incident reporting procedure before working in the program.

Administrator or designee will ensure all reportable incidents are submitted to the Department within 24 hours. Within 15 days receipt of this POC staff will be trained on abuse reporting guidelines. Documentation to be kept for Department review.  
 SP 05-15-19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *5-14-19*

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

The above plan of correction is approved as of <u>05-15-19</u> (Date)	Plan of correction implementation status as of <u>05-15-19</u> (Date)
The above plan of correction was approved by <u>SP</u> (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: 12298 - 03/27/2019 - Chung, Youn Hie  
PCH Name: ELWYN WHITEHOUSE

**1. REGULATION 56 Pa.Code §2600**

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**2a. DESCRIPTION OF VIOLATION**

On 03/16/2019, resident #1 asked for his soda and chocolate eggs that were purchased previously during an evening outing. Staff person A refused to give resident # 1 his snacks because he had been acting disruptively all afternoon and he was not asking respectfully for the items. Resident #1 kept going back to staff person A for the same request and started to display agitation and became verbally abusive. Staff person A responded to resident # 1 in a matching voice and manner by yelling at him and calling him names. The staff member told the resident that she was running the home and decided what he gets and when he gets it. Instead of trying to defuse the situation, the staff member kept fueling the residents anger and agitation until he left the home to seek refuge in another Elwyn home within walking distance. Afterwards the resident was admitted to a residential crisis program.

**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.*

Staff Person A was immediately suspended from work on 3/16/19 pending investigation outcome. The Elwyn investigation determined that the allegation of verbal and emotional abuse by Staff Person A had been substantiated. Staff Person A's employment with Elwyn was terminated on 3/25/19 and at no point did Staff Person A return to the personal care home.

All staff working in the home were re-trained on Elwyn's policy on Abuse/Neglect of Individuals Served as well as the Elwyn Adult Residential Behavioral Health Services Individual Rights and Responsibilities and signed to document that the training occurred. These policies were also reviewed at a staff meeting on 4/11/19.

Appropriate use of de-escalation techniques were reviewed at the April 11<sup>th</sup> staff meeting. A training, Dialogue With Dignity, was presented at the May 9<sup>th</sup> staff meeting. On both dates, staff were reminded that denying a resident access to their possessions is a rights violation and is not permitted.

Resident # 1 was referred to and admitted to a sub acute crisis residential program to address increase of symptoms and to process the incident. Upon discharge from that program back to the personal care home on 4/2/19, staff began offering supportive counseling a minimum of twice a week and also as needed upon request from Resident # 1.

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 *5-14-19*

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(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by SP  
(Initials)

Violation Report: 12298 - 03/27/2019 - Chung, Youn Hie  
 PCH Name: ELWYN WHITEHOUSE

**1. REGULATION 55 Pa.Code §2600**  
 2600.43(b) - A resident's rights may not be used as a reward or sanction.

**2a. DESCRIPTION OF VIOLATION**  
 On 03/16/2019, staff member A denied resident #1's right to his possessions by withholding his snacks purchased with his own money, as a sanction because the resident had been acting disruptively all afternoon and he did not ask for them respectfully.

**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.*

Staff Person A was immediately suspended from work on 3/16/19 pending investigation outcome. The Elwyn investigation determined that the allegation of verbal and emotional abuse by Staff Person A had been substantiated. Staff Person A's employment with Elwyn was terminated on 3/25/19 and at no point did Staff Person A return to the personal care home.

All staff working in the home were re-trained on Elwyn's policy on Abuse/Neglect of Individuals Served as well as the Elwyn Adult Residential Behavioral Health Services Individual Rights and Responsibilities and signed to document that the training occurred. These policies were also reviewed at a staff meeting on 4/11/19.

Appropriate use of de-escalation techniques were reviewed at the April 11<sup>th</sup> staff meeting. A training, Dialogue With Dignity, was presented at the May 9<sup>th</sup> staff meeting. On both dates, staff were reminded that denying a resident access to their possessions is a rights violation and is not permitted.

Resident # 1 was referred to and admitted to a sub acute crisis residential program to address increase of symptoms and to process the incident. Upon discharge from that program back to the personal care home on 4/2/19, staff began offering supportive counseling a minimum of twice a week and also as needed upon request from Resident # 1.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Leslie Eckert</i>	Date <i>5-14-19</i>
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Violation Report: 12298 - 03/27/2019 - Chung, Youn Hie  
 PCH Name: ELWYN WHITEHOUSE

**1. REGULATION 66 Pa.Code §2600**

2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

**2a. DESCRIPTION OF VIOLATION**

On 03/16/2019, resident #1 displayed agitation by hitting furniture and things in the home. He also smacked and slapped his face several times. The home has not implemented positive interventions to modify or eliminate the behavior.

**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.*

Resident # 1 was referred to and admitted to a sub acute crisis residential program to address increase of symptoms and to process the incident. Upon discharge from that program back to the personal care home, staff began offering supportive counseling a minimum of twice a week and also as needed upon request from Resident # 1.

Appropriate use of de-escalation techniques were reviewed at the April 11<sup>th</sup> staff meeting. A training, Dialogue With Dignity, was presented at the May 9<sup>th</sup> staff meeting. On both dates, staff were reminded that denying a resident access to their possessions is a rights violation and is not permitted.

Administrator or designee will ensure staff are using positive interventions to deescalate and defuse potential emergency situations.

SP 05-15-19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Leslie Eckert</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Leslie Eckert</i>	<i>5-14-19</i>

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