



pennsylvania
DEPARTMENT OF HUMAN SERVICES

January 24, 2020

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

RE: Elwyn – Spring Haven
License #: 123040

Dear Ms. Eckert:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 16 and 17, 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 (relating to Personal Care Homes) 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 "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *ELWYN - SPRING HAVEN* License Number: *12304*
 Address: *111 ELWYN ROAD,, ELWYN, PA 19063*
 County: *DELAWARE* Region: *SOUTHEAST*

Administrator

Name: *Benjamin Dourte* Phone: *6108912350* Email: *DAGOSTINOM@ELWYN.ORG*

Legal Entity

Name: *ELWYN INC*
 Address: *HARTMAN HOUSE, 111 ELWYN ROAD, ELWYN, PA, 19063*

Certificate(s) of Occupancy

Type: *C-3 SP* Date: *01/02/1996* Issued By: *Department of Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *9* Waking Staff: *7*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
 Reason: *Renewal*

Inspection Dates and Department Representative

09/16/2019 - On-Site: Natasha Braswell, Sabrina Freeman
09/17/2019 - On-Site: Natasha Braswell, Sabrina Freeman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* Residents Served: *8*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *6* Are 60 Years of Age or Older: *6*
 Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *1* Have Physical Disability: *0*

ELWYN - SPRING HAVEN

12304

225c - Additional Assessment

Regulations

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.

Description of Violation

Resident #1's most recent assessment was completed on 7-10-18.

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's RASP was completed on 9/16/19 as soon as it was found to be missing. The Unit Director created a tracking document listing all due dates for RASPs for the residents and will review and update the document every month to ensure that all RASPs are completed within the appropriate time frames.

Maintain documentation for Department review. 1/14/20 *MEJ*

Legal Entity Representative

Leslie Eckert

Signature

Leslie Eckert, Program Director 10/23/19

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

1/14/20
(Date)

Plan of correction implementation status as of

1/14/20
(Date)

The above plan of correction was approved by

MEJ
(Initials)

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