



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail Rashida\_Smith@elwyn.org  
April 29, 2022**

██████████, Administrator  
Elwyn, Inc.

██████████

██████████

████████████████████

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

Dear ██████████:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on July 1, 2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

████████████████████

██████████

Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *ELWYN - HARMONY HALL* License #: *19085* License Expiration Date: *01/15/2022*  
Address: *111 ELWYN ROAD, ELWYN, PA 19063*  
County: *DELAWARE* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: *05/19/1980* Issued By: *CWOPA*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *21* Waking Staff: *16*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *07/01/2021*

**Inspection Dates and Department Representative**

07/01/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *16* Residents Served: *16*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *14*  
Diagnosed with Mental Illness: *16* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *5* Have Physical Disability: *0*

**Inspections / Reviews**

**07/01/2021 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/19/2021*

Inspections / Reviews *(continued)*

8/13/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *08/19/2021*

8/23/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *09/03/2021*

20b1 - Financial Records

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages the finances for resident #1. However, the home's quarterly financial record does not match the bank statement for the same month.

The beginning balance on the home's quarterly Financial Statement dated 4/1/21 shows a balance of [REDACTED] with an ending balance on 4/30/21 as [REDACTED]. The bank statement shows a balance on 4/1/21 as [REDACTED], and an ending balance on 4/30/21 as \$3893.17.

The beginning balance on the home's quarterly Financial Statement dated 5/1/21 shows a balance of [REDACTED] with an ending balance on 5/31/21 as [REDACTED]. The bank statement shows a balance on 5/1/21 as [REDACTED] and an ending balance on 5/31/21 as [REDACTED].

Plan of Correction

Accept

Incorrect quarterly statement for resident #1 will be corrected by the Administrator on 8/25/21, to reflect the correct balance as shown on the bank statement. The Administrator will review all quarterly statements against the bank statement, for all residents, monthly using the program financial audit form, effective 9/1/21.

Completion Date: 09/01/2021 Licensee's Proposed Date of POC Implementation

Implemented 4/20/22 CM

20b6 - Interest Bearing Account

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 6. If a home is holding more than \$200 for a resident for more than 2 consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

Description of Violation

The home held money for resident #1, from January 2021 to May 2021, during which time the balance of those funds did not fall below \$200. The home has not offered the resident assistance in establishing an interest-bearing account.

The home held money for resident #2, from January 2021 to April 2021, during which time the balance of those funds did not fall below \$200. The home has not offered the resident assistance in establishing an interest-bearing account.

20b6 - Interest Bearing Account *(continued)*

**Plan of Correction**

**Accept**

*Resident's #1 and #2 will be notified by the Administrator, verbally and via written letter, that the home is holding more than \$200 for them for more than 2 consecutive months on 8/25/21. They will be offered assistance in establishing an interest-bearing account in their own name at a local Federally-insured financial institution, verbally and via written letter on 8/25/21. The Administrator will review cash on hand for all residents, monthly using the program financial audit form, effective 9/1/21, and notify residents of any cash over \$200 so that assistance can be provided.*

**Completion Date:** 09/01/2021 *Licensee's Proposed Date of POC Implementation*

**Implemented 4/20/22 CM**

107c - Food/Water 3 Day Supply

**1. Requirements**

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

**Description of Violation**

*On 07/01/21, the home served 16 residents, requiring 48 gallons of emergency drinking water. However, the home had only 24 gallons. The home does not have a contract with a local bottled water supplier.*

**Plan of Correction**

**Accept**

2600

107c Food/Water 3 Day Supply

68

*Single Gallons of water were Purchases to Restock the Emergency Water. The Emergency Water will be Checked and accounted for Weekly and will be immediately replenished if under 68 Gallons. If the Water, it determined to be under 68 gallons the Administrator will be notified, and Replacement water will be immediately Purchased.*

**Completion Date:** 07/05/2021 *Licensee's Proposed Date of POC Implementation*

**Implemented 4/20/22 CM**

141a 1-10 Medical Evaluation Information

**1. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

**Description of Violation**

*The resident #2's medical evaluation did not include medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.*

141a 1-10 Medical Evaluation Information (*continued*)**Plan of Correction****Accept**

*The medication list that was given to the program by the previous provider, for Resident #2, was located and attached to the DME on 7/1/21 by the Administrator. Each DME that is completed will be emailed to the Administrator within 24 hours, in order to verify completeness. Staff will be re-trained at the next staff meeting regarding ensuring DME completion and attachments being filed with the form on 8/31/21. Staff will review client charts 1x per month using the chart audit form and submit it to the Administrator. This process will begin effective 9/1/21.*

*Completion Date: 09/01/2021 Licensee's Proposed Date of POC Implementation*

**Implemented 4/20/22 CM**

## 162e - Menu Changes

**1. Requirements**

2600.

- 162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

**Description of Violation**

*On 7/01/21 at 5pm, Garden Salad was listed on the menu for dinner. Spaghetti was served instead. No notice was provided to the residents in advance of the meal.*

**Plan of Correction****Accept**

*The menu was corrected on the day of the inspection, 7/1/21, by the program supervisor. Menu will be created by the program supervisor, and the Administrator will review it to ensure all meals are recorded. The Menu will then be posted. If any alteration needs to be made to the meal being served the menu, the program specialist will cross out the item and make the correction on the menu posted on the client information board, immediately. The program specialist will then verbally inform clients of the menu change and direct them to review the posted menu. The Program supervisor will review meal preparations 3x per week to ensure that this protocol is being followed. This protocol will be reviewed at the staff meeting on 8/31/21 and will be implemented on immediately.*

*Completion Date: 08/31/2021 Licensee's Proposed Date of POC Implementation*

**Implemented 4/20/22 CM**