

Department of Human Services
Bureau of Human Service Licensing

October 25, 2022

[REDACTED]
ELWYN OF PENNSYLVANIA AND DELAWARE
[REDACTED]
[REDACTED]

RE: ELWYN - SPRING HAVEN
111 ELWYN ROAD
ELWYN, PA, 19063
LICENSE/COC#: 12304

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/14/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *ELWYN - SPRING HAVEN* License #: *12304* License Expiration: *01/15/2022*
Address: *111 ELWYN ROAD, ELWYN, PA 19063*
County: *DELAWARE* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *ELWYN OF PENNSYLVANIA AND DELAWARE*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-3 SP* Date: *01/12/1996* Issued By: *Commonwealth of PA, L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *8* Waking Staff: *6*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *07/14/2021*

Inspection Dates and Department Representative

07/14/2021 - On-Site: [REDACTED]

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: *na*

Number of Residents Who:

Receive Supplemental Security Income: *7* Are 60 Years of Age or Older: *6*
Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

07/14/2021 - Full

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

08/13/2021 - POC Submission

Inspections / Reviews *(continued)*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *08/16/2021*

10/25/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

53a - Qualifications

1. Requirements

2600.

53.a. The administrator shall have one of the following qualifications:

1. A license as a registered nurse from the Department of State.
2. An associate's degree or 60 credit hours from an accredited college or university.
3. A license as a licensed practical nurse from the Department of State and 1 year of work experience in a related field.
4. A license as a nursing home administrator from the Department of State.
5. For a home serving 8 or fewer residents, a general education development diploma or high school diploma and 2 years direct care or administrative experience in the human services field.

Description of Violation

On 7/14/21, the home was serving 8 of residents. Staff person A the administrator does not have a license from the Pennsylvania Department of State as a registered nurse, or a licensed practical nurse with one year of work experience in a related field, an associate's degree, 60 or more credits from an accredited college or university, or a license as a nursing home administrator from the Pennsylvania Department of State, a high school diploma or a general education development diploma and two years of direct care or administrative experience in a human service field.

Plan of Correction

Accept

The current administrator has re-applied for [redacted] WES (evaluation of foreign education credentials.) as of 7/28/21. [redacted] previous WES is unable to be located. [redacted] will not work in the personal care home until this evaluation has been obtained. The program supervisor has administrator certification and will serve as the interim administrator until the appropriate evaluation of credential is obtained effective immediately, 8/4/21.

Completion Date: 08/04/2021

Document Submission

Implemented

Documents were submitted.

102k - No Common Towel

1. Requirements

2600.

102.k. Use of a common towel is prohibited.

Description of Violation

There was a towel on the towel bar left behind by a resident in one of the shared bathrooms on the second floor.

Plan of Correction

Accept

All towels were removed from the bathroom on 7/14/21. Staff has been re-educated via memo dated 7/30/21. Memo will also be reviewed at staff meetings on 8/2 & 8/5. The daily checklist has been amended to add in staff checking for common towels in the bathroom on 1st shift. This checklist was put into place on 7/30/21.

Completion Date: 07/14/2021

Document Submission

Implemented

Documents were submitted.

191 - Resident Right to Refuse

1. Requirements

2600.

191 - Resident Right to Refuse (continued)

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error. the home could not provide signed documentation.

Plan of Correction

Accept

Resident #1 was educated on his right to refuse medication on [REDACTED]. [REDACTED] signed the appropriate resident's rights document. Staff has been re-educated regarding making sure they are reviewing the proper version of the rights document with residents and educating them on the right to refuse medication at admission, via memo dated 7/30/21. Memo and procedure will also be reviewed at staff meetings on 8/2 & 8/5. Management will check rights form in charts monthly to ensure the proper form is being used effective [REDACTED]

Completion Date: 07/14/2021

Document Submission

Implemented

Documents were submitted.

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1 participated in the development of his/her support plan on [REDACTED]. However, the resident did not sign the support plan.

Plan of Correction

Accept

Resident #1 signed [REDACTED] RASP on [REDACTED]. Staff has been re-educated regarding checking RASP for completion and signatures each time it is completed, via memo dated [REDACTED]. Memo and procedure will also be reviewed at staff meetings on 8/2 & 8/5. Management will review every RASP, upon completion, to ensure the all signatures are obtained in a timely manner, effective [REDACTED]

Completion Date: 07/15/2021

Document Submission

Implemented

Documents were submitted.