

Department of Human Services
Bureau of Human Service Licensing

July 26, 2021

██████████ DIRECTOR
ELWYN OF PENNSYLVANIA AND DELAWARE
HARTMAN HOUSE, 111 ELWYN ROAD
ELWYN, PA 19063

RE: ELWYN - FRIENDSHIP HALL
64 EAST OLD BALTIMORE PIKE
ELWYN, PA, 19063
LICENSE/COC#: 12289

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/09/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: ELWYN FRIENDSHIP HALL **License #:** 12289 **License Expiration Date:** 01/15/2022
Address: 64 EAST OLD BALTIMORE PIKE, ELWYN, PA 19063
County: DELAWARE **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** 6106270925 **Email:** [REDACTED]

Legal Entity

Name: ELWYN OF PENNSYLVANIA AND DELAWARE
Address: HARTMAN HOUSE, 111 ELWYN ROAD, ELWYN, PA, 19063
Phone: 6106270925 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-1 **Date:** 11/06/1985 **Issued By:** CWOPA

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 11 **Working Staff:** 8

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 07/09/2021

Inspection Dates and Department Representative

07/09/2021 - 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: 1

Number of Residents Who:

Receive Supplemental Security Income: 3 **Are 60 Years of Age or Older:** 4
Diagnosed with Mental Illness: 8 **Diagnosed with Intellectual Disability:** 8
Have Mobility Need: 3 **Have Physical Disability:** 3

Inspections / Reviews

07/09/2021 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/24/2021

Inspections / Reviews *(continued)*

7/23/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*

Follow-Up Date: *07/26/2021*

7/26/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 7/9/21 the home's current license, dated January 15, 2021 until January 15, 2022, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

Current license was posted in the main hallway on 7/9/21 by Administrator. The administrator will do a walkthrough of the building every 2 weeks and check to make sure the license is still posted and is current. This process will begin immediately, 7/24/21.

Completion Date: 07/09/2021

Document Submission

Implemented

Attached photo of license posted on 7/9/21.

89b Hot Water Temperature

1. Requirements

2600.

- 89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 7/9/21 at 11:50 am, the hot water temperature at the sink in the bathroom shared by residents #1 and #2 measured 125.0 degrees Fahrenheit.

Plan of Correction

Accept

Residents will use another full bathroom in the home until maintenance can adjust temperature. Maintenance will adjust the water temperature to below 120 by 7/23/21. The administrator will check the temperature every 2 weeks to make sure it is below 120. This process will begin immediately, 7/24/21.

Completion Date 07/24/2021

Document Submission

Implemented

Attached photo of water temperature adjusted and taken on 7/23/21 and form used to document temperatures 2x per week.

103e - Left Overs

1. Requirements

2600.

- 103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

103e - Left Overs (continued)

Description of Violation

On 7/9/21 at 12:38 pm, in the kitchen freezer, there was an unlabeled, undated tub of ice cream and unlabeled, undated bag of yeast rolls.

On 7/9/21 at 12:40 pm, in the kitchen pantry, there was an unlabeled, undated loaf of wheat bread, an unlabeled, undated pack of hotdog buns, and an unlabeled, undated pack of hamburger buns.

Plan of Correction

Accept

All food was labeled and dated on 7/9/21 by Program Supervisor. The administrator will check food items every 2 weeks to ensure that the labeling process is consistent. Staff will be re-trained at the staff meeting on 7/22/21. An email communication was also sent to all staff from the Administrator to all on staff on 7/9/21 and 7/22/21 reinforcing this procedure.

Completion Date: 07/09/2021

Document Submission

Implemented

Attached photo of labeled food; staff meeting minutes reflecting re-training.

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1 is prescribed [REDACTED]. However, resident #1's medication administration record does not have this medication listed.

Plan of Correction

Accept

The medication identified in the violation was written on the MAR on 7/9/21. All medications were checked on 7/9/21 by Administrator and Program Supervisor. A process has been put in place for staff to review MARs at the beginning of the month to ensure that all prescriptions are listed. The administrator will check the MAR every 2 weeks to make sure it all prescribed medications are listed. This process will begin immediately, 7/24/21.

Completion Date: 07/09/2021

187a - Medication Record (continued)**Document Submission****Implemented**

Attached copy of MAR with order written in (done on 7/9/21); attached staff meeting minutes from 7/22/21 reflecting re training on procedure.