



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail leslie-eckert@elwyn.org
September 12, 2022**

[REDACTED]
Program Director
Elwyn, Inc.
Hartman House
111 Elwyn Road
Elwyn, Pennsylvania 19063

RE: Elwyn – Rainbow House
License #: 12267

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on September 3, 2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

[REDACTED]
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 - RAINBOW HOUSE* License #: *12267* License Expiration Date: *01/15/2022*
Address: *66 EAST OLD BALTIMORE PIKE, ELWYN, PA 19063*
County: *DELAWARE* Region: *SOUTHEAST*

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: *C-3 SP* Date: *01/11/1995* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *7* Waking Staff: *5*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/03/2021*

Inspection Dates and Department Representative

09/03/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *6* Residents Served: *6*

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: *2*
Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

09/03/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/24/2021*

Inspections / Reviews *(continued)*

9/27/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *09/28/2021*

102i - Soap Dispenser

1. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was an unlabeled used bar of soap in the shower/tub in the bathroom on the 2nd floor.

Plan of Correction

Accept

There is a dispenser of soap mounted on the wall. The bar of soap was removed from the bathroom on 9/3/21 by the administrator. All staff will be re-educated on the regulation, at the staff meeting on 9/16/21 and via email communication/ memo dated 9/15/21. Daily checklist has been changed with the addition of checking bathrooms for bar soap and will be completed daily, by staff effective 9/17/21. Administrator will review daily checklists weekly to ensure compliance.

Completion Date: 09/17/2021

Licensee's Proposed Date of POC Implementation

Implemented 9/9/22 CM

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [redacted], [redacted] prescribed for resident #1 was in the home's PRN medication drawer; however, the medication is not on the resident's current order.

Plan of Correction

Accept

Identified medication was removed and destroyed on [redacted] the administrator. All staff will be re-educated regarding removal of d/c medications, at the staff meeting on 9/16/21 and via email communication/ memo dated 9/15/21. The administrator will check medications weekly to ensure that only current prescribed medications are present, using a medication audit form, effective 9/21/21.

Completion Date: 09/21/2021

Licensee's Proposed Date of POC Implementation

Implemented 9/9/22 CM

183e - Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [redacted], [redacted], prescribed for resident #1 were not marked with open/discard after dates. According to the manufacturer's instructions, [redacted] should be discarded 42 days after opening and [redacted] 28 days after opening.

183e - Storing Medications (continued)

Plan of Correction

Accept

Identified medication was labeled with open/ discard dates on 9/3/21 by the administrator. All staff will be re-educated regarding ensuring labels are present and accurate, at the staff meeting on 9/16/21 and via email communication/ memo dated 9/15/21. This was also added to the shift checklist. The administrator will check medications weekly to ensure labels are present and accurate and include the open/ discard dates, using a medication audit form, effective 9/21/21.

Completion Date: 09/21/2021 Licensee's Proposed Date of POC Implementation

Implemented 9/9/22 CM

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 and #2 are prescribed [redacted] before dinner at 04:00 PM. On [redacted], there was no reading on either resident's [redacted]. However, resident #1's and #2's medication administration record (MAR) show a reading [redacted] at this time.

Plan of Correction

Accept

Staff that administered [redacted] on those occasions was counseled regarding the proper procedure on 9/13/21 by the administrator. That staff will be re-trained [redacted] and [redacted] on 9/14/21. All staff will be re-educated regarding [redacted], at the staff meeting on 9/16/21 and via email communication/ memo dated 9/15/21. Checking [redacted] was also added to the shift checklist. The administrator will check [redacted] MARS weekly to ensure that only current prescribed medications are present, using a medication audit form, effective 9/21/21.

Completion Date: 09/21/2021 Licensee's Proposed Date of POC Implementation

Implemented 9/9/22 CM

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 and #2 are prescribed [redacted] before dinner at 4:00 PM. [redacted] there was no reading on either resident #1's [redacted] or resident #2 [redacted] at this time.

Plan of Correction

Accept

Staff that administered [redacted] on those occasions was counseled regarding the proper procedure on 9/13/21 by the administrator. That staff will be re-trained on [redacted] on 9/14/21. All staff will be re-educated regarding [redacted], at the staff meeting on 9/16/21 and via email communication/ memo dated 9/15/21. Checking [redacted] was also added to the shift checklist. The administrator will check [redacted] and MARS weekly to ensure that only current prescribed medications are present, using a medication audit form, effective 9/21/21.

Completion Date: 09/21/2021 Licensee's Proposed Date of POC Implementation

Implemented 9/9/22 CM

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #3 was admitted to the home [redacted]; however, the resident's preadmission screening form was completed on [redacted]

Resident #4 was admitted to the home on [redacted] however, the resident's preadmission screening form was completed on [redacted]

Plan of Correction

Accept

Administrator will review all documents collected for a prospective resident prior to their admission date, specifically including the pre-admission screening form, to ensure that the needs of the resident can be met by the home and that the form was completed within the department established timeframe. Administrator will begin using a chart review form to ensure that this is being completed, effective 9/21/21.

Completion Date: 09/21/2021 Licensee's Proposed Date of POC Implementation

Implemented 9/9/22 CM