



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail dagostinom@elwyn.org  
April 29, 2022**

[REDACTED], Administrator  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

RE: Elwyn – Whitehouse  
111 Elwyn Road  
Elwyn, Pennsylvania 19603  
License #: 122980

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on September 8, 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 - WHITEHOUSE* License #: *12298* License Expiration Date: *01/15/2022*  
 Address: *111 ELWYN ROAD, ELWYN, PA 19603*  
 County: *DELAWARE* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *C-3 SP* Date: *06/18/1998* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *5* Waking Staff: *4*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *09/08/2021*

**Inspection Dates and Department Representative**

09/08/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *5* Residents Served: *5*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *3*  
 Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**09/08/2021 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/25/2021*

Inspections / Reviews (*continued*)

9/27/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

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

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [REDACTED], began providing unsupervised ADL services in late July. However, the staff person did not complete the Department-approved direct care training course and pass the competency test until 01/25/2021.

Plan of Correction

Accept

The training was completed by staff on 1/25/21. Moving forward, the administrator will ensure that the Department-approved direct care training course is completed and passed on the first day that the new employee works in the home. The administrator will use the Inspection file-ARBHS checklist to ensure this is done, effective immediately, 9/21/21.

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

Implemented 4/21/22 CM

91 - Telephone Numbers

1. Requirements

2600.

- 91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the foyer at the front entrance.

Plan of Correction

Accept

Emergency telephone numbers were placed on the phone on 9/8/21 by the Administrator. Third shift staff will check for emergency telephone numbers on all telephones and record on the third shift checklist daily. Checklists will be reviewed by the administrator weekly. A memo communication went out to all staff, on 9/16/21, putting this procedure into place.

Completion Date: 09/16/2021 Licensee's Proposed Date of POC Implementation

Implemented 4/21/22 CM

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

1. Requirements

2600.

- 102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

There is no grab bar, hand rail or assist bar in the shower in the bathroom on the 2nd floor.

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface *(continued)***Plan of Correction****Accept**

*Grab bars were installed in the shower of the 2nd floor bathroom on 9/13/21 by Elwyn maintenance department. Third shift staff will check for grab bars in bathrooms daily. Checklists will be reviewed by the administrator weekly. A memo communication went out to all staff, on 9/16/21, putting this procedure into place.*

**Completion Date:** 09/16/2021 *Licensee's Proposed Date of POC Implementation*

Implemented 4/21/22 CM

## 141a - Medical Evaluation

**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.

**Description of Violation**

*Resident #1 was admitted to the home on [REDACTED] 0. The medical evaluation was completed on [REDACTED]*

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

*A newer medical evaluation, signed by the physician, on [REDACTED] was found in the clients purged records. Moving forward, the administrator will use the chart review form to ensure that all admission documents are collected in a timely manner and that they are filled out appropriately. Additionally, direct care staff will do monthly chart audits with their assigned primary clients and share their audit results with the administrator. Staff were informed of this new procedure via memo date 9/16/21. This process will begin immediately.*

**Completion Date:** 09/16/2021 *Licensee's Proposed Date of POC Implementation*

Implemented 4/21/22 CM

## 227a - Support Plan 30 Days

**1. Requirements**

2600.

- 227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

**Description of Violation**

*Resident #1 was admitted on [REDACTED]; however, the date the resident's initial support plan was finalized is not indicated on the resident's assessment-support plan (RASP).*

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

*RASP was corrected with the missing date on [REDACTED]. Moving forward, the administrator will use the chart review form to ensure that all admission documents are completed in a timely manner and that they are filled out appropriately. Additionally, direct care staff will do monthly chart audits with their assigned primary clients and share their audit results with the administrator. Staff were informed of this new procedure via memo date 9/16/21. This process will begin immediately, 9/21/21.*

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

Implemented 4/21/22 CM

## 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.

## 227g -Support Plan Signatures (continued)

**Description of Violation**

*Resident #1 participated in the development of his/her support plan. However, the resident did not sign or date the support plan.*

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

*Resident reviewed the plan and signed it on [REDACTED]. The administrator will review every RASP that is created to ensure all information, including client signatures, is present. This process will be effective immediately, 9/21/21. Additionally, direct care staff will do monthly chart audits with their assigned primary clients and share their audit results with the administrator. Staff were informed of this new procedure via memo date 9/16/21.*

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

Implemented 4/21/22 CM