

Department of Human Services  
Bureau of Human Service Licensing

April 4, 2022

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

RE: SKYLINE MANOR  
76 SKYLINE DRIVE  
GLEN MILLS, PA, 19342  
LICENSE/COC#: 13487

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 03/31/2022 of the above facility, no regulatory citations have been identified as a result of this inspection.

Sincerely,  
Claire Mendez

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: *SKYLINE MANOR* License #: *13487* License Expiration: *12/09/2022*  
Address: *76 SKYLINE DRIVE, GLEN MILLS, PA 19342*  
County: *DELAWARE* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: *6104590110* Email: [REDACTED]

**Legal Entity**

Name: *ELWYN OF PENNSYLVANIA AND DELAWARE*  
Address: *HARTMAN HOUSE, 111 ELWYN ROAD, ELWYN, PA, 19063*  
Phone: *6104590110* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *R-4* Date: *08/19/2009* Issued By: *Thornberry TWP*

**Staffing Hours**

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

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *03/31/2022*

**Inspection Dates and Department Representative**

*03/31/2022 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *6* 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: *1* Are 60 Years of Age or Older: *4*  
Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *0* Have Physical Disability: *1*

**Inspections / Reviews**

*03/31/2022 - Partial*

Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND