

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

December 20, 2023

[REDACTED], DIRECTOR OF ARBHS
ELWYN OF PENNSYLVANIA AND DELAWARE
[REDACTED]
[REDACTED]

RE: ELWYN - HARMONY HALL
111 ELWYN ROAD
ELWYN, PA, 19063
LICENSE/COC#: 19085

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/19/2022, 05/24/2022, 05/24/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *ELWYN - HARMONY HALL* License #: *19085* License Expiration: *01/15/2023*
 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: *Other* Date: *05/19/1980* Issued By: *Commonwealth of PA, L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *20* Waking Staff: *15*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *05/24/2022*

Inspection Dates and Department Representative

04/19/2022 - On-Site: [REDACTED]
 05/24/2022 - On-Site: [REDACTED]
 05/24/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *16* Residents Served: *16*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *11* Are 60 Years of Age or Older: *10*
 Diagnosed with Mental Illness: *16* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *4* Have Physical Disability: *1*

Inspections / Reviews

04/19/2022 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/11/2022*

Inspections / Reviews *(continued)*

04/21/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/10/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/24/2023

12/20/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/24/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

16d - Final Incident Report

1. Requirements

2600.

16.d. The home shall submit a final report, on a form prescribed by the Department, to the Department's personal care home regional office immediately following the conclusion of the investigation.

Description of Violation

On 03/13/22, resident #1 pinned staff member A in a corner. Resident A was shouting profanities and punching staff member A until staff member B intervened. Staff member B was able to hold off resident #1 using a walker as a barrier and exit the room with staff member B. The home submitted an incident report on 03/13/22, this report did not indicate the "Type of Report: Initial, Final or Initial/Final". The home did not submit a follow-up or final report to the Department.

On 12/09/21, staff was not able to locate resident #1 and filed a statewide missing person report. The home submitted an initial incident report on 12/09/21. The home did not submit a final report to the Department.

On 07/22/21, resident #1 assaulted resident #2 by hitting and kicking resident #2. The home submitted an incident report on 07/22/21, this report did not indicate the "Type of Report: Initial, Final or Initial/Final". The home did not submit a follow-up or final report to the Department.

POC Submission

Accept

A. Review of Reporting requirements & Guidelines for Department of Human Services

B. Review of the Completion of the DHS Incident Reporting Form and Ensuring it is complete in its entirety

C. Requirements for Submitting Form to Supervisor, Unit Director, or QA to ensure all areas is correctly. Specifically Indicating the Status of the Report, Initial, Final, or Initial/ Final when reports can be finalized within 24hrs.

D. The Manager On-Call, or QA will be made aware that a DHS Incident Report has been submitted for Immediate review.

E. The DHS report will be reviewed, it will be determined if it can be Finalized immediately, if all required follow up has been implemented then the report will be submitted as Initial/ Final. During the Review if it is determined that other follow up needs to occur, then follow up actions have been satisfied then a final incident report will be submitted to DHS.

F. The Unit Director [redacted] will review all DHS incidents report and ensure that all have been Finalized in a timely manner. In the Absence of [redacted] will be the designee to ensure this happens in a timely Manner.

G. A Weekly Tracking Sheet will be Placed in the DHS Incident report binder and Both [redacted] Unit Director and [redacted] will review Binder Weekly to ensure all reports are Finalized.

DHS Reportable Incident Reports

Name Date Type of Incident Date Finalized

DHS Reportable Incident Reports

Tracking Sheet

Name

Date

Type of Incident

Date Finalized

16d - Final Incident Report (continued)

See attachments

16d - Final Incident Report (continued)

Licensee's Proposed Overall Completion Date: 06/17/2022

Implemented [REDACTED] - 04/26/2023)

202 - Prohibitions

2. Requirements

2600.

202. The following procedures are prohibited:

202 - Prohibitions (*continued*)

1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).
2. Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
3. Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.
5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.
6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

On 03/13/22, resident #1 pinned staff member A in a corner. Resident #1 was shouting profanities and punching staff member A until staff member B intervened. Staff member B was able to hold off resident #1 using a walker as a barrier and exit the room with staff member B. Both staff members then held the door shut as resident #1 was still upset, pursuing the staff members and threw a chair at the staff members as they exited the room. The staff members continued to hold the door shut, confining the resident to [REDACTED] room, until the police and security arrived.

POC Submission**Accept***Harmony Hall**Thursday 6/9/22**Friday 6/10/22**Facilitator: [REDACTED]**2:30pm- 3:30pm Restraints/ Prohibitions**Next Training Tuesday 6/28/22 Follow up Training**A. Review of what is Considered a Restraint, and Per Elwyn ARBHS We are a Hands-off Program.**B. Review of what is Prohibited Per the DHS regulation 2600. 202 Seclusion, Aversive Conditioning, Pressure Points, Chemical Restraints, Mechanical restraints, and Manual Restraints. A review of all the listed about and examples of each.**C. Staff were reminded of ways to try and stay out of harms way, Not having their backs to resident whenever possible.**D. Avoid putting ourselves in situation where we might get cornered in a space**E. Discussed Ways for Staff to be able to Safely exit a dangerous situation, while keeping themselves and residents Safe.**F. All Staff were advised that Residents are not to be prohibited from Moving from one space to another. Example Being locked in a room, or By Holding a Door closed This is Prohibited.**G. Review of De-escalation techniques, to keep everyone Safe.*

202 - Prohibitions (*continued*)

Licensee's Proposed Overall Completion Date: 06/17/2022

Implemented [REDACTED] - 04/26/2023)