

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

December 8, 2022

[REDACTED]  
ELWYN OF PENNSYLVANIA AND DELAWARE  
HARTMAN HOUSE, 111 ELWYN ROAD  
ELWYN, PA, 19063

RE: ELWYN - SPRING HAVEN  
111 ELWYN ROAD  
ELWYN, PA, 19063  
LICENSE/COC#: 12304

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/31/2022 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 SPRING HAVEN* License #: *12304* License Expiration: *01/15/2024*  
 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: *HARTMAN HOUSE, 111 ELWYN ROAD, ELWYN, PA, 19063*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C 3 SP* Date: *01/12/1996* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *8* Waking Staff: *6*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *10/31/2022*

**Inspection Dates and Department Representative**

*10/31/2022 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: *0*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *7* Are 60 Years of Age or Older: *5*  
 Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**10/31/2022 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/19/2022*

**11/15/2022 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *12/05/2022*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/20/2022*

Inspections / Reviews *(continued)*

11/21/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/05/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 12/15/2022

12/08/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/05/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED] 2022, for resident #1 was not signed by the payer.

Plan of Correction

Accept ( [REDACTED] - 11/21/2022)

The resident's payer has signed contract on [REDACTED]/22. All residents' contracts will be reviewed by administrator upon admission or any contractual change. The administrator ensured the resident's contract was signed by the payer [REDACTED]/22. 11/1/22 resident contracts were audited and completed, administrator or supervisor will continue review of resident's charts monthly during chart review first Tuesday of every month.

Licensee's Proposed Overall Completion Date: 11/18/2022

Implemented ( [REDACTED] - 12/08/2022)

132e - Fire Drill Sleeping Hours

2. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 08/24/2022 at 12:00 AM. The previous sleeping hours fire drill was conducted on 01/19/2022 at 11:50 PM.

Plan of Correction

Accept ( [REDACTED] - 11/21/2022)

Moving forward administrator will check fire drills to make sure fire drills are completed overnight every six months. Administrator will review fire drill documentation monthly to ensure accurate completion. Security department completed overnight fire drill was completed 8/24/22 at 12AM, security department will complete the next overnight fire drill proposed completion will be between November 21, 2022 to November 25, 2022 during the time frame of 5AM to 6AM. Fire drill schedule has been completed up to June of 2023 by [REDACTED] security department, with fire drills being completed once a month.

Licensee's Proposed Overall Completion Date: 11/18/2022

Implemented ( [REDACTED] - 12/08/2022)

141a 1-10 Medical Evaluation Information

3. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 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. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #2's medical evaluation dated [redacted]/2021 did not include (4) [redacted] and (8) [redacted].

Plan of Correction

Accept (CM - 11/21/2022)

Current medical evaluation has been completed [redacted] 22 in entirety by resident's nurse practitioner. All future medical evaluations will be reviewed by administrator or supervisor and nursing staff when completed by PCP or nurse practitioner. Administrator or supervisor will complete future audits monthly during chart review every first Tuesday of the month started 11/2/2022. Staff have been retrained by Unit Director/Administrator 11/3/22 during staff meeting on reviewing completion of medical evaluations.

Licensee's Proposed Overall Completion Date: 11/18/2022

Implemented [redacted] - 12/08/2022)

183e Storing Medications

4. 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]/2022, an opened Basaglar 100 insulin pen [redacted] was in the medication cart without an open/discard after date. According to the manufacturer's instructions, the pen should be discarded 28 days after the open date.

Plan of Correction

Accept ([redacted] 11/21/2022)

Prior pen discarded 11/1/2022 by program specialist II. Staff are using current insulin pen open date 11/6/2022, with expiration date of 12/3/2022. Medication audits will be completed weekly by nursing, supervisor or administrator, including checking open insulin pens for dates started 11/1/2022. Staff retrained by Unit Director/Administrator 11/3/22 on insulin pen labeled with open date and discard date 28 days after the open date.

Licensee's Proposed Overall Completion Date: 11/18/2022

Implemented [redacted] 12/08/2022)

185a Implement Storage Procedures

5. 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

██████████ is prescribed accuchecks 4 times a day. The number on the resident's glucometer at lunch on ██████████/2022 was ██████████ while the log read 1. The number on the resident's glucometer at ██████████ PM on ██████████/2022 was ██████████ while the log read ██████████

Plan of Correction

Accept (██████████ - 11/21/2022)

Staff are currently logging all glucose sugar levels on sheet inside MAR, including any additional readings, start date of MAR logging 10/31/2022. Staff retrained by Unit Director/Administrator 11/3/22 on glucose monitoring. Log sheet will be reviewed weekly by nursing, supervisor, or administrator started 11/1/2022.

Licensee's Proposed Overall Completion Date: 11/18/2022

Implemented (██████████ - 12/08/2022)

227d - Support Plan Medical/Dental

6. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #2, dated ██████████ 2022, indicates the resident has a need for ██████████. The resident's support plan, dated ██████████ 2022, does not document how this need will be met.

Plan of Correction

Accept (██████████ - 11/21/2022)

Moving forward administrator or supervisor will review all resident s support plan for full completion. Support plans will be reviewed monthly during chart review the first Tuesday of every month. Staff were retrained by Unit Director/Administrator 11/3/22 during staff meeting on full completion of resident s support plan.

Licensee's Proposed Overall Completion Date: 11/18/2022

Implemented (██████████ - 12/08/2022)

252 - Record Content

7. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:  
3. A photograph of the resident that is no more than 2 years old.

Description of Violation

The pictures on file for resident ██████████, ██████████, and ██████████ were taken in ██████████ 2020.

Plan of Correction

Accept (██████████ - 11/21/2022)

Residents photo was updated on ██████████/2022 by behavior specialist. Supervisor and administrator will ensure pictures are updated every two years, chart reviews first Tuesday of every month starting 11/2/2022. Staff was retrained by Unit Director/Administrator 11/3/2022 during staff meeting on residents' pictures updated every two years.

252 - Record Content *(continued)*

Licensee's Proposed Overall Completion Date: 11/18/2022

Implemented [REDACTED] - 12/08/2022)