



Sent via e-mail [REDACTED]
September 12, 2022

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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 28, 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: [REDACTED]
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-3 SP* Date: *01/11/1995* Issued By: *Common of PA Dept. L&I*

Staffing Hours

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

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *09/28/2021*

Inspection Dates and Department Representative

09/28/2021 - 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: *6* Are 60 Year of Age or Older: *3*
Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

09/28/2021 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/05/2021*

Inspections / Reviews *(continued)*

11/2/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*

Follow-Up Date: *11/15/2021*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] /21, at [redacted] pm, [redacted]

Plan of Correction

Accept

The home verbally reported the incident to [redacted] on [redacted] /21 and completed an ACT 13 form and faxed to [redacted] on [redacted] /21. Administrator and Supervisor were re-trained on the requirement for contacting [redacted] and the procedure for that [redacted] on [redacted] /21. All staff will be re-trained on Older Adult protective services act, which include reporting abuse, by [redacted] /21 through [redacted] training department. Administrator will ensure completion of trainings.

Completion Date: 11/12/2021 Licensee's Proposed Date of POC Implementation Implemented 9/9/22 CM

201 - Positive Interventions

1. Requirements

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

[redacted]

Plan of Correction

Accept

[redacted]

Completion Date: 11/12/2021 Licensee's Proposed Date of POC Implementation Implemented 9/9/22 CM