

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

December 19, 2022

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

RE: ELWYN - WHITEHOUSE
111 ELWYN ROAD
ELWYN, PA, 19603
LICENSE/COC#: 12298

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/01/2022, 12/02/2022 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,
Claire Mendez

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *ELWYN - WHITEHOUSE* License #: *12298* License Expiration: *01/15/2024*
 Address: *111 ELWYN ROAD, ELWYN, PA 19603*
 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: *06/18/1998* Issued By: *L&I*

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *12/02/2022*

Inspection Dates and Department Representative

12/01/2022 - On-Site: [REDACTED]
 12/02/2022 - 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

12/01/2022 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/17/2022*

12/16/2022 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *12/19/2022*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/21/2022*

Inspections / Reviews (*continued*)

12/16/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/19/2022

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 12/31/2022

12/19/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/19/2022

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [REDACTED], Resident #1 was chased from the dining room to [REDACTED] bedroom by staff member A, who kept yelling at the resident saying "what did you say to me?" and then cornered the resident the resident's bedroom. Resident #1 was scared. The home did not develop and implement a plan of supervision or suspend the staff member.

Plan of Correction

Accept (CM - 12/16/2022)

Staff member A is no longer working in the home. Administrator/Management retrained during [REDACTED] meeting 12/14/22 with QI on proper notification to call county and addition to email plan of supervision. Administrator, unit director or supervisor will be responsible for calling or emailing DHS for proper notification and plan of correction. Moving forward DHS will be called via phone with completion of supervision and staff member will be suspended immediately until completion of DHS investigation.

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented (CM - 12/19/2022)

42c - Treatment of Residents

2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [REDACTED], Resident #1 was chased from the dining room to [REDACTED] bedroom by staff member A, who kept yelling at the resident saying "what did you say to me?" The staff member cornered the resident in the bedroom. Resident #1 was scared. Staff member A did not leave room even after resident #1 was on [REDACTED] bed.

Plan of Correction

Accept (CM - 12/16/2022)

Staff Member A is no longer working in the home. Staff retrained 12/14/2022 during staff meeting by Unit Director/Administrator on resident's dignity and respect including reviewing resident's rights poster. Staff will check in with residents during weekly counseling start date of 12/14/2022. Counseling session will be of a minimum duration of 30 minutes to hour per session. Administrator will review weekly counseling sessions completed by staff during monthly supervisions of duration of 30 minutes. Attached documents include resident's dignity and respect poster reviewed during staff meeting and sign in sheet for meeting.

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented (CM - 12/19/2022)

54a - Direct Care Staff

3. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person C does not have a high school diploma, GED, or active registry status on the Pennsylvania

54a - Direct Care Staff (continued)

nurse aide registry.

Plan of Correction

Accept (CM - 12/16/2022)

Staff C is no longer working in the home until education qualifications are verified. Staff will obtain qualified education documentation by 12/16/2022. Moving forward administrator will review all appropriate qualification for new staff starting 12/5/2022. Administrator/Unit Director will review all present personnel files starting 12/16/2022. Personnel files will be reviewed monthly by Administrator/Unit Director for duration of approximately 2 hours.

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented (CM - 12/19/2022)

144c1 - Smoking Area Guidelines

4. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home's designated smoking area is outside of the home. The area has two wooden benches next to the smoking receptacle that are not fire resistant.

Plan of Correction

Accept (CM - 12/16/2022)

2 wooden benches were removed from property/designated smoking area completely by maintenance 12/5/2022. Moving forward unit director will make sure all furniture placed in smoking designated area are fire resistant starting 12/5/2022.

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented (CM - 12/19/2022)

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

Resident #2 is prescribed [redacted] every four days, before breakfast and two hours after dinner every four days. On November 23 for the morning [redacted] before breakfast, the [redacted] did not indicate a reading while the log read 178.

On November 26 at 7:31pm, resident's [redacted] r read 288 while the log read 200.

Plan of Correction

Accept (CM - 12/16/2022)

Staff are currently logging all [redacted] every four days, before breakfast and two hours after dinner every four days. Staff retrained by Unit Director/Administrator 12/14/2022 on [redacted] monitoring. Medication audit form will be completed weekly by nursing or administrator started on 12/14/2022. The duration for medication audit forms

185a - Implement Storage Procedures (continued)

will be approximately 30 minutes per resident. Medication audit form completed by nursing 12/14/2022. Attached is medication audit form completed by nursing 12/14/2022.

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented (CM - 12/19/2022)

202 - Prohibitions**6. Requirements**

2600.

202. The following procedures are prohibited:

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 [REDACTED], Resident #1 was chased from the dining room to [REDACTED] bedroom by staff member A, who kept yelling at the resident saying "what did you say to me?" The staff member restrained the resident by using a physical presence to prevent the resident from leaving the corner area of the bedroom.

Plan of Correction

Accept (CM - 12/16/2022)

Staff no longer working in the home. All staff retrained by administrator/unit director 12/14/2022 during staff meeting on abuse/neglect of individuals served policy and policy #804 emergency behavioral management. Administrator will review all occurrences and reports to make sure policies are followed starting 12/5/2022. Attached are staff meeting minutes and policies reviewed during staff meeting.

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented (CM - 12/19/2022)