

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

September 8, 2023

[REDACTED], DIRECTOR OF ADULT RESIDENTIAL BEHAVIORAL HEALTH
ELWYN OF PENNSYLVANIA AND DELAWARE
[REDACTED]

RE: ELWYN - FRIENDSHIP HALL
64 EAST OLD BALTIMORE PIKE
ELWYN, PA, 19063
LICENSE/COC#: 12289

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/10/2023 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 - FRIENDSHIP HALL	License #: 12289	License Expiration: 01/15/2024
Address: 64 EAST OLD BALTIMORE PIKE, ELWYN, PA 19063		
County: DELAWARE	Region: SOUTHEAST	

Administrator		
Name: [REDACTED]	Phone: [REDACTED]	Email: [REDACTED]

Legal Entity	
Name: ELWYN OF PENNSYLVANIA AND DELAWARE	
Address: [REDACTED]	

Certificate(s) of Occupancy		
Type: C-1	Date: 11/06/1985	Issued By: DOH

Staffing Hours		
Resident Support Staff: 0	Total Daily Staff: 9	Waking Staff: 7

Inspection Information		
Type: Full	Notice: Unannounced	BHA Docket #:
Reason: Renewal	Exit Conference Date: 08/10/2023	

Inspection Dates and Department Representative	
08/10/2023 - 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: 8		Are 60 Years of Age or Older: 3	
Diagnosed with Mental Illness: 8		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 1		Have Physical Disability: 1	

Inspections / Reviews		
08/10/2023 Full		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 08/31/2023
08/29/2023 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: 09/05/2023	
Reviewer: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 09/03/2023

Inspections / Reviews (*continued*)

09/05/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/05/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/15/2023

09/08/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/05/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] at [redacted], resident #1 was not administered his/her prescribed [redacted] medication error was identified on [redacted]. However, the home did not report this incident to the department.

Plan of Correction

Accept [redacted] - 09/05/2023)

Medication incident report from [redacted] was reported to the department inspector on [redacted] by the administrator and emailed to DHS on [redacted]. All staff were re-trained on the process for reporting incidents to DHS on [redacted], at staff meeting for the home, by the administrator. The administrator or the home supervisor will review every incident report that is completed and instruct staff to send the reports to DHS as required by regulations, beginning immediately, on [redacted]. A review of the monthly incidents and comparison to the reporting to DHS will be conducted every month by QI specialist and the Administrator, during the last week of each month, starting on [redacted] and continuing indefinitely, to ensure compliance is occurring.

Licensee's Proposed Overall Completion Date: 08/29/2023

Implemented [redacted] - 09/08/2023)

17 Record Confidentiality

2. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [redacted] at [redacted], the medication room was unlocked. Inside the room was the home's medication cart on which the medication administration record for all the residents was left unattended and accessible.

Plan of Correction

Accept [redacted] - 09/05/2023)

The medication room was locked immediately after staff were notified of the issue on 8/10/23. The staff person who left the medication room unlocked was counseled on 8/11/23, by the Administrator, regarding confidentiality and access to resident information. That staff person also reviewed and signed the HIPAA/ Confidentiality policy on 8/11/23 as acknowledgement of the counseling. All staff were re-trained in confidentiality and proper practices for the medication room, by the administrator, at the staff meeting on 8/23/23. The administrator and/ or supervisor will check the medication room/ office doors daily, at random times, to ensure they remain locked when unoccupied by staff, beginning on 8/11/23. These checks will be documented on a form and will continue indefinitely.

Licensee's Proposed Overall Completion Date: 08/29/2023

Implemented [redacted] - 09/08/2023)

89b Hot Water Temperature

3. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 08/10/2023, the hot water temperature at the sink in the common bathroom measured 124.4 degrees Fahrenheit and at the sink in the Jack&Jill bathroom shared by 4 male residents 123.4 degrees Fahrenheit

Plan of Correction

Accept ([redacted] - 08/29/2023)

Maintenance came to the home on 8/10/23 and adjusted the mixing valves on the water supply then re-tested the temperatures at all faucets. The temperatures were all re-tested and found to be below 120 degrees. Staff were all educated on the regulation regarding water temperatures at the staff meeting on 8/23/23. Moving forward, the water temperature will be taken weekly on the third shift and be recorded. If it is over 120 degrees at any faucet, staff will email maintenance, the administrator, and the supervisor immediately. The administrator will follow-up with maintenance to ensure the temperatures are adjusted.

Licensee's Proposed Overall Completion Date: 08/28/2023

Implemented ([redacted] - 09/08/2023)

141b1 Annual Medical Evaluation

4. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent medical evaluation was completed on [redacted] The resident's previous medical evaluation was completed on [redacted]

Plan of Correction

Accept ([redacted] - 08/29/2023)

The resident's medical evaluation was completed on [redacted] Staff were re-trained at the staff meeting on [redacted] regarding timeframe for resident medical evaluation and processes for contacting PCP with enough time to get an appointment that will maintain compliance with the regulation. Going forward, all resident PCP offices will be contacted in advance, by staff, to ensure that the appointment does not go beyond 365 days from the previous medical evaluation date. The administrator will maintain a list of all DME dates and check this list weekly, effective [redacted]

Licensee's Proposed Overall Completion Date: 08/28/2023

Implemented ([redacted] - 09/08/2023)

224c Preadmission Screening

5. Requirements

2600.

224.c. The preadmission screening shall be completed by the administrator or designee. If the resident is referred by a State operated facility, a county mental health and intellectual disability program, a drug and alcohol program or an area agency on aging, a representative of the referral agent may complete the preadmission screening.

Description of Violation

It is not clear who completed the preadmission screening form for resident #3, admitted [redacted]

224c - Preadmission Screening (continued)

Plan of Correction

Accept (██████ 08/29/2023)

The wrong incomplete form was given to the inspector on ████████. The correct/ completed form from ████████ was found in the resident's chart in the incorrect section. The administrator will check the charts monthly to ensure that forms are in the correct section, using the chart review form effective ████████. The administrator and the Quality Improvement Specialist will both review the preadmission screening before the person is admitted to the facility. If there are issues with the screening, the person completing it will be asked to make corrections before moving forward with admission.

Licensee's Proposed Overall Completion Date: 08/28/2023

Implemented ████████ - 09/08/2023