

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

January 11, 2024

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

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/13/2023 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 - 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-3 SP* Date: *06/18/1998* Issued By: *Department of Labor & Industry*

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *12/13/2023*

Inspection Dates and Department Representative

12/13/2023 - 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: [REDACTED] Are 60 Years of Age or Older: [REDACTED]
 Diagnosed with Mental Illness: [REDACTED] Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

12/13/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/31/2023*

01/05/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *01/10/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/19/2024*

Inspections / Reviews *(continued)*

01/11/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/10/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 an unknown date prior to [REDACTED], Staff member A, reported to staff member B, The home's supervisor, that staff member C had been pointing and ordering resident [REDACTED] to [REDACTED] room. Staff member B failed to report this to department and AAA

On an unknown date prior to [REDACTED], staff member D, reported to staff member B,, [REDACTED] supervisor, that staff member C had been pointing and ordering resident [REDACTED] to [REDACTED] room. Staff member B failed to report this to the department and AAA.

Plan of Correction

Accept [REDACTED] 01/05/2024)

- The suspected abuse was reported to the local AAA and DHS, verbally and in writing, on [REDACTED] by the program supervisor. Staff member C was placed on suspension pending investigation on [REDACTED]. Staff member C's employment is being terminated as of [REDACTED] by the administrator and [REDACTED] will not be returning to the home.
- The administrator will complete supervision with staff member B (supervisor), reviewing the OAPSA and PCH regulation regarding abuse reporting as well as the behavioral health abuse policy and incident report policy on [REDACTED].
- Staff member B will be required to complete retraining on Mandatory Abuse Reporting online by [REDACTED]
- All staff members will be retrained on behavioral health abuse policy during staff monthly supervisions [REDACTED] by supervisor/administrator.
- Effective on [REDACTED], the administrator and supervisor will check in with all staff monthly, during individual supervision, to ensure that they understand the reporting requirements for abuse. Any clarifications or retraining needed, will be documented on staff's supervision forms.

Proposed Overall Completion Date: 01/05/2024

Licensee's Proposed Overall Completion Date: 01/05/2024

Implemented [REDACTED] - 01/11/2024)

16c - Written Incident Report

2. 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

Staff member's A and D, had reported to staff member B, supervisor of the home, that staff member C, was secluding resident [REDACTED] to [REDACTED] room, and causing emotional distress. Staff member B failed to report this to the department prior to [REDACTED] when the home received a phone call from a family member of resident [REDACTED] who was also concerned about resident [REDACTED] wellbeing.

16c - Written Incident Report (continued)

Plan of Correction

Accept [REDACTED] - 01/05/2024)

- The suspected abuse was reported to the local AAA and DHS, verbally and in writing, on [REDACTED] by the program supervisor. Staff member C was placed on suspension pending investigation on [REDACTED]. Staff member C's employment is being terminated as of [REDACTED] by the administrator and he will not be returning to the home.
- The administrator will complete supervision with staff member B (supervisor), reviewing the OAPSA and PCH regulation regarding abuse reporting as well as the behavioral health abuse policy and incident report policy on [REDACTED].
- Staff member B will be required to complete retraining on Mandatory Abuse Reporting online by [REDACTED].
- All staff members will be retrained on behavioral health abuse policy during staff monthly supervisions [REDACTED] by supervisor/administrator.
- Effective on [REDACTED], the administrator and supervisor will check in with all staff monthly, during individual supervision, to ensure that they understand the reporting requirements for abuse. Any clarifications or retraining needed, will be documented on staff's supervision forms.

Proposed Overall Completion Date: 01/05/2024

Licensee's Proposed Overall Completion Date: 01/05/2024

Implemented [REDACTED] - 01/11/2024)

42c - Treatment of Residents

3. Requirements

2600.

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

Description of Violation

Staff member C, caused repeated emotional distress and seclusion of resident [REDACTED], by pointing, gesturing and verbally telling the resident to go to [REDACTED] room. This was witnessed by other staff members. Resident [REDACTED] feared leaving [REDACTED] room while staff member C was on duty. Staff members noticed that resident [REDACTED] would only come out of [REDACTED] room after Staff member C's shift had ended. This caused resident [REDACTED] to have increased anxiety and agitation. When staff member C was removed from duty, resident [REDACTED] immediately began to move around the home freely at any time of day, and staff members noted a change in [REDACTED] demeanor.

Plan of Correction

Accept [REDACTED] - 01/05/2024)

- Staff member C was placed on suspension on [REDACTED]. Staff member C's employment termination was started on [REDACTED] by administrator. [REDACTED] will not be returning to the home.
- All staff will be instructed by the administrator to verbally inform [REDACTED] of any behaviors that could indicate fear or anxiety in relation to a specific staff person or pattern. All staff will review and sign a paper copy of the home's resident rights as well as the dialogue with dignity training document by [REDACTED].
- All staff will be retrained, as a group, on resident rights and dialogue with dignity training by the ARBHS Director and/ or Associate Director by [REDACTED].
- Staff will be retrained by Director of Operations and Behavioral Specialist on Trauma Informed Care by [REDACTED].
- The administrator will meet with the residents in the home and encourage them to report any future issues regarding dignity and respect to staff, by [REDACTED].

Proposed Overall Completion Date: 01/18/2024

42c - Treatment of Residents (continued)

Licensee's Proposed Overall Completion Date: 01/18/2024

Implemented [redacted] - 01/11/2024)

95 - Furniture and Equipment

4. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The seat cushion of the blue chair in resident [redacted] room was visibly soiled.

Plan of Correction

Accept [redacted] - 01/05/2024)

- Furniture (Chair) was discarded properly on [redacted] by staff and replaced with a chair that is in good repair.
- Effective 12/22/23, the 2nd shift staff checklist will be edited to add a weekly visual inspection (every Wednesday) of all areas of the home for any furniture or equipment that is not in good repair. The supervisor will review these checklists weekly to ensure they are being completed.
- Administrator/supervisor will inspect resident's rooms during monthly supervisions, starting [redacted], to ensure compliance.

Proposed Overall Completion Date: 12/22/2023

Licensee's Proposed Overall Completion Date: 12/22/2023

Implemented [redacted] - 01/11/2024)

187b - Date/Time of Medication Admin.

5. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Staff member C reported that [redacted] reviews resident's MARs regularly and adds missing information to record, including adding initials of other staff members, if the record was left blank.

Staff member E stated that the home's record review policy was to have the staff member that failed to complete the MAR at the time of medication administration come back and initial document themselves.

Plan of Correction

Accept [redacted] - 01/05/2024)

- Staff member C was placed on suspension pending investigation on [redacted]. Staff member C's employment termination was started on [redacted] by administrator.
- All staff members will review and sign the medication monitoring policy and memo from the administrator that outlines what falsification of documentation is and that all staff administering medication are the only ones that can document the administration. This will be completed by (date).
- Nurse, administrator or supervisor will continue to review MAR on weekly basis, investigating whether the missing initials are a med error or omission of initials only and then contacting appropriate staff member for initialing when missing starting [redacted]
- Nurse, administrator or supervisor will complete weekly medication audits forms, starting on [redacted], to

187b - Date/Time of Medication Admin. (continued)

include comparing handwriting of staff initials to identify any suspicious or potential falsification issues

Proposed Overall Completion Date: 12/22/2023

Licensee's Proposed Overall Completion Date: 12/22/2023

Implemented [REDACTED] - 01/11/2024)

202 - Prohibitions

6. Requirements

2600.

202. The following procedures are prohibited:

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

Staff member C continuously pointed and told resident [REDACTED] to go to [REDACTED] room. This secluded the resident from the rest of the home and lead them to believe they must stay confined to their room while staff member was working.

Plan of Correction

Accept [REDACTED] - 01/05/2024)

- Staff member C was placed on suspension pending investigation on [REDACTED] Staff member C's employment termination was started on [REDACTED] by administrator.
- Administrator or supervisor will retrain all staff members during monthly supervision on Safe Management Techniques by [REDACTED]
- The administrator and supervisor will observe staff interactions with residents, randomly, for at least 3 hours, 3 times a week to ensure that staff are not using any prohibited procedures with residents. Issues will be addressed immediately as observed. This will begin effective 12/22/23.

Licensee's Proposed Overall Completion Date: 01/08/2024

Implemented [REDACTED] - 01/11/2024)