

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

May 6, 2024

[REDACTED], VP OPERATIONS  
ELWYN OF PENNSYLVANIA AND DELAWARE  
[REDACTED]

RE: CLARK'S MANOR  
2978 NORTH PROVIDENCE ROAD  
MEDIA, PA, 19063  
LICENSE/COC#: 14802

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/01/2024, 02/02/2024 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: CLARK'S MANOR License #: 14802 License Expiration: 09/13/2024  
 Address: 2978 NORTH PROVIDENCE ROAD, MEDIA, 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: R-3 Date: 08/18/2020 Issued By: Upper Providence Township

**Staffing Hours**

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

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 02/02/2024

**Inspection Dates and Department Representative**

02/01/2024 - On-Site: [REDACTED]  
 02/02/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 8 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: 0 Are 60 Years of Age or Older: 1  
 Diagnosed with Mental Illness: 5 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

02/01/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/07/2024

03/08/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 04/22/2024  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/13/2024

Inspections / Reviews *(continued)*

03/11/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/22/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/19/2024

05/06/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/22/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home does not have any staff who are ServSafe certified. The PA Department of Agriculture Food Employee Certification Act, 3 Pa C.S.A. 6501 – 6510, effective January 22, 2011, requires one employee per licensed food facility to obtain a nationally recognized food manager certification. National exam programs are those that have been approved by ANSI using the Conference of Food Protection certified food protection manager standards. The Food Employee Certification Act requires one supervisory employee per food facility to obtain a food safety certification by taking an ANSI-CFP nationally recognized food safety class. The certified employee must be available during all hours of operation. The certified employee is the Person-in-Charge (PIC) when in the facility.

Plan of Correction

Accept ( ) - 03/08/2024

Administrator will complete ServSafe manager online course and exam 3/8/2024. Food Manager Certification will be posted in the kitchen of the home, by the administrator after completion of exam. Administrator will review schedule monthly to ensure that herself or supervisor is available during kitchen operation hours beginning on 3/11/2024.

Licensee's Proposed Overall Completion Date: 03/11/2024

Implemented ( ) - 05/06/2024

25b SOPa - Rent Rebate: Contract

2. Requirements

2600.

25b.a. The resident-home contract is to include whether the home collects a portion of a resident's rent rebate under § 2600.25(d) (relating to resident-home contract).

Description of Violation

The resident-home contract, dated 09/28/23, for Resident #1 does not indicate whether the home collects a portion of the resident's rent rebate benefit.

Plan of Correction

Accept ( ) - 03/08/2024

Administrator will review and complete the resident rent rebate addendum with current resident meeting the age requirement for senior citizen rebates on 3/1/2024. Administrator will review rent rebate addendum with all residents prior to admission if they meet or will meet the age requirements for the senior rent rebate.

Licensee's Proposed Overall Completion Date: 03/04/2024

Implemented ( ) - 05/06/2024

65a - FS Orientation 1st Day

3. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.

65a - FS Orientation 1st Day (*continued*)

3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

**Description of Violation**

Staff person A, whose first day of work was [REDACTED] did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

**Plan of Correction**

Accept ([REDACTED] - 03/08/2024)

All new hires do and will receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services. Staff person A documentation was not properly presented to the inspector as required and administrator will enter all new hire orientation documentation into One Drive protected record to ensure all documentation is properly saved and available in a timely manner for inspection as of 3/1/2024.

Licensee's Proposed Overall Completion Date: 03/04/2024

Implemented ([REDACTED] - 05/06/2024)

## 65d - Initial Direct Care Training

**4. Requirements**

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
  - i. Safe management techniques.
  - ii. ADLs and IADLs
  - iii. Personal hygiene.
  - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
  - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - vi. Implementation of the initial assessment, annual assessment and support plan.
  - vii. Nutrition, food handling and sanitation.
  - viii. Recreation, socialization, community resources, social services and activities in the community.
  - ix. Gerontology.

### 65d - Initial Direct Care Training (*continued*)

- x. Staff person supervision, if applicable.
- xi. Care and needs of residents with special emphasis on the residents being served in the home.
- xii. Safety management and hazard prevention.
- xiii. Universal precautions.
- xiv. The requirements of this chapter.
- xv. Infection control.
- xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

#### Description of Violation

Direct care staff person A, hired on [REDACTED] began providing unsupervised ADL services on [REDACTED]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

#### Plan of Correction

Accept ( [REDACTED] - 03/08/2024)

Staff A had completed the Department-approved direct care training course and pass the competency on [REDACTED] prior to providing unsupervised ADL services on [REDACTED]. Staff person A documentation was not properly presented to the inspector as required and administrator will enter all new hire orientation documentation into One Drive protected record to ensure all documentation is properly saved and available in a timely manner for inspection as of 3/1/2024.

Licensee's Proposed Overall Completion Date: 03/04/2024

Implemented ( [REDACTED] 05/06/2024)

### 65f - Training Topics

#### 5. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

#### Description of Violation

Direct care staff person B did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments or personal care service needs of the resident during training year 07/01/22 to 06/30/23.

Direct care staff person C did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments or personal care service needs of the resident during training year 07/01/22 to 06/30/23.

65f - Training Topics (continued)

Plan of Correction

Accept [redacted] - 03/08/2024)

Staff member B and all Clark's Manor staff will receive annual training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments or personal care service needs of the resident during training year by 3/18/2024 and updated annually in the new Relias Training Platform for each subsequent training year.

Staff member C documentation of training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments or personal care service needs of the resident during training year 07/01/22 to 06/30/23 was not properly presented to the inspector as required and administrator will enter all new hire orientation documentation into One Drive protected record to ensure all documentation is properly saved and available in a timely manner for inspection as of 3/4/2024.

Licensee's Proposed Overall Completion Date: 03/18/2024

Implemented [redacted] - 05/06/2024)

65g - Annual Training Content

6. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person C did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert during training year 07/01/22 to 06/30/23.

Plan of Correction

Accept [redacted] - 03/08/2024)

Staff person C documentation of training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert during training year 07/01/22 to 06/30/23 was not properly presented to the inspector as required and administrator will enter all new hire orientation documentation into One Drive protected record to ensure all documentation is properly saved and available in a timely manner for inspection as of 3/4/2024.

Licensee's Proposed Overall Completion Date: 03/04/2024

Implemented [redacted] - 05/06/2024)

85a - Sanitary Conditions

7. Requirements

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 02/02/24, at 12:55 PM, multiple toiletry items were strewn throughout the shared bathroom for rooms 7 and 8. These items included liquid soaps, lotions, toothbrushes, razors and a loofa, none of which were labeled with the resident's name or separated in any way to determine to whom they belonged.

On 02/02/24, at 2:05 PM, an unlabeled shower brush was found in the shared bathroom for residents of bedrooms 3 and 4.

Plan of Correction

Accept (████) - 03/08/2024)

On 2/3/2024 Clark's Manor staff provided labeled baskets for each resident sharing bathrooms to store their own toiletries. Towel racks were confirmed as individually labeled for each resident sharing a bathroom. All new residents will be provided individually labeled toiletry baskets and towel racks when sharing a bathroom as part of the admissions packet monitored by the administrator.

Licensee's Proposed Overall Completion Date: 03/04/2024

Implemented (████) - 05/06/2024)

91 - Telephone Numbers

8. Requirements

2600.  
91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in resident room number 3.

Plan of Correction

Accept (████) - 03/11/2024)

On 2/3/2024 all resident bedrooms have posted telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline. To ensure ongoing adherence, the emergency telephone posting has been added to the monthly environment of care audit completed by Clark's Manor staff and monitored by Administrator.

Proposed Overall Completion Date: 03/08/2024

Licensee's Proposed Overall Completion Date: 03/08/2024

Implemented (████) - 05/06/2024)

103f - Refrigerator/Freezer Temps

9. Requirements

2600.  
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 02/02/24, the temperature in the basement refrigerator was 44

103f - Refrigerator/Freezer Temps (continued)

degrees Fahrenheit and in the basement freezer it was 10 degrees Fahrenheit.

Plan of Correction

Accept (█) - 03/08/2024)

On 2/3/2024 the basement refrigerator settings were adjusted to maintain a temperature at or below 40 degrees Fahrenheit. A new replacement freezer was purchased and set for temperature not to exceed 0 degrees Fahrenheit. Staff will document temperature settings daily and report any fluctuations above the required settings to the administrator immediately.

Licensee's Proposed Overall Completion Date: 03/04/2024

Implemented (█) - 05/06/2024)

107d - Procedure Emergency Management Agency Submission

10. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home could not provide documentation regarding submission of their emergency procedures to their local emergency management agency.

Plan of Correction

Accept (█) - 03/08/2024)

On 2/1/24 the Clark's Manor updated and reviewed emergency procedures were submitted to the Delaware County Emergency Services Director. The administrator will address this annually on or before December 31st of each calendar year.

Licensee's Proposed Overall Completion Date: 03/04/2024

Implemented (█) - 05/06/2024)

132a - Monthly Fire Drill

11. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

In a letter dated (█) resident #2's physician requested resident #2 be provided advanced warning of fire drills due to resident #2's diagnoses. The home complied starting with the fire drill held in August 2023 and in every fire drill since.

Plan of Correction

Directed (█) - 03/11/2024)

On 3/4/2024 a waiver with supporting documentation from resident #2's physician was submitted to the Department. Administrator will follow recommendations of Department response to waiver request regarding an unannounced fire drill shall be held at least once a month.

Resident #2 is actively working with her trauma therapist and psychiatrist on coping strategies for fire alarms and "sudden loud noises" to promote her safety and quality of life. Alternative interventions require therapeutic strategies, and documentation from both providers has been requested in support of this plan. Please allow 60 days for the development and implementation alternative interventions beginning 3/8/24.

Proposed Overall Completion Date: 03/08/2024

132a Monthly Fire Drill (continued)

**Directed**

Immediately: Until such waiver is approved no resident will be made aware of any fire drill in advance. All staff persons and residents will be educated on the fire drill requirements of 2600.132(a) including all fire drills will be unannounced. All staff will educated on the required documentation of fire drills in 2600.132(c). Documentation of education shall be kept. MJ

Directed Completion Date: 03/08/2024

Implemented (█ - 05/06/2024)

12. Requirements

2600.  
132.a. An unannounced fire drill shall be held at least once a month.

**Description of Violation**

An unannounced fire drill was not held during the month of December 2022.

**Plan of Correction**

Directed (█ - 03/11/2024)

On 3/4/2024 a waiver with supporting documentation from resident #2's physician was submitted to the Department. Administrator will follow recommendations of Department response to waiver request regarding an unannounced fire drill shall be held at least once a month.  
Resident #2 is actively working with her trauma therapist and psychiatrist on coping strategies for fire alarms and "sudden loud noises" to promote her safety and quality of life. Alternative interventions require therapeutic strategies, and documentation from both providers has been requested in support of this plan. Please allow 60 days for the development and implementation alternative interventions beginning 3/8/24.

Proposed Overall Completion Date: 03/08/2024

**Directed**

Immediately: Until such waiver is approved no resident will be made aware of any fire drill in advance. All staff persons and residents will be educated on the fire drill requirements of 2600.132(a) including all fire drills will be unannounced. All staff will educated on the required documentation of fire drills in 2600.132(c). Documentation of education shall be kept. MJ

Directed Completion Date: 03/08/2024

Implemented (█ 05/06/2024)

132b - Safety Inspection/Fire Drill

13. Requirements

2600.  
132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

**Description of Violation**

The last fire safety inspection and drill observed by a fire safety expert was conducted on 11/29/22. The home had a fire safety inspection scheduled for 02/01/24, the first day of this renewal inspection.

**Plan of Correction**

Accept (█ - 03/08/2024)

The annual fire safety inspection and fire drill conducted by a fire safety expert shall be completed on 11/20/2024

132b - Safety Inspection/Fire Drill (continued)

to ensure compliance with the annual timeline. The documentation will be stored in the Clark's Manor One Drive for timely access.

Licensee's Proposed Overall Completion Date: 03/04/2024

Implemented (████) - 05/06/2024)

132c - Fire Drill Records

14. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill records for the drills conducted between 03/01/23 to 01/30/24 do not include the number of residents evacuated.

Plan of Correction

Accept (████) - 03/08/2024)

On 2/2/2024 administrator adopted the Department Fire Drill form to track and document the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Licensee's Proposed Overall Completion Date: 03/04/2024

Implemented (████) - 05/06/2024)

132i - Testing Fire Alarm

15. Requirements

2600.

132.i. A fire alarm or smoke detector shall be set off during each fire drill.

Description of Violation

During the fire drill on 12/09/23, the fire alarm was not sounded. The reports states "no" under "Location of Smoke Detector or Pull Station Activated:".

Plan of Correction

Accept (████) 03/08/2024)

2/2/24 Clark's Manor Staff were re-trained on the fire alarm or smoke detector shall be set off during each fire drill section of the fire drill forms. Administrator will review all fire drill forms and cross reference with Department Fire Drill form.

Licensee's Proposed Overall Completion Date: 03/04/2024

Implemented (████) - 05/06/2024)

190c - Record of Training

16. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

190c Record of Training (continued)

**Description of Violation**

The home's medication administration training record for staff person C does not include documentation of successful completion of the training.

**Plan of Correction**

Accept (█ - 03/08/2024)

Beginning 2/5/2024 The home will store all medication administration training records on One Drive to ensure timely access to supportive documentation of the record of the training for each staff person trained, the date, source, name of trainer and documentation that the course was successfully completed. The documentation for staff person C is now present on site.

Licensee's Proposed Overall Completion Date: 03/05/2024

Implemented (█ - 05/06/2024)

225a - Assessment 15 Days

**17. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**Description of Violation**

Resident #1 was admitted on █ however, the resident's assessment was not completed until █.

**Plan of Correction**

Accept (█ - 03/08/2024)

On 2/2/2024 Clark's Manor Clinical Staff reviewed the initial assessment timeline requirements and updated the admission checklist to ensure all subsequent initial assessments are written and documented on the Department's assessment form within 15 days of admission.

Licensee's Proposed Overall Completion Date: 03/05/2024

Implemented (█ - 05/06/2024)