

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

March 5, 2024

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

RE: SKYLINE MANOR
76 SKYLINE DRIVE
GLEN MILLS, PA, 19342
LICENSE/COC#: 13487

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/06/2024 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: SKYLINE MANOR License #: 13487 License Expiration: 12/09/2024
 Address: 76 SKYLINE DRIVE, GLEN MILLS, PA 19342
 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-4 Date: 08/19/2009 Issued By: Thornbury 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: 02/06/2024

Inspection Dates and Department Representative

02/06/2024 - 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: 2 Are 60 Years of Age or Older: 3
 Diagnosed with Mental Illness: 5 Diagnosed with Intellectual Disability: 2
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

02/06/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/26/2024

02/22/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/04/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/04/2024

Inspections / Reviews *(continued)*

03/05/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/04/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The bedside rail for resident #1 was not installed and maintained according to the manufacturer's instructions. Bedside mobility devices that slide under the mattress and are not securely attached to the structure of the bed can move and create entrapment zones not always present upon inspection. These types of devices are not permitted under any circumstance."

Plan of Correction

Accept [redacted] - 02/22/2024)

- On 2/6/24 administrator removed bedside rail.
- Administrator will review regulation 2600.81.b and the importance of maintaining personal equipment that is in good repair and free of hazards. This will be done via email (2/22/24) and during staff meeting (2/28/24).
- Beginning on 2/7/24 direct care staff will do daily shift safety checks in resident #1's bedroom.
- On 2/22/24, direct care staff will begin to document on "DB Safety Check" document that resident #1's room is free from any hazards.
- Supervisor or Unit Director will review document weekly to ensure completion immediately.

Proposed Overall Completion Date: 02/28/2024

Licensee's Proposed Overall Completion Date: 02/28/2024

Implemented [redacted] - 03/05/2024)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted], the glucometer machine for resident #1 had brownish red stains on the device.

Plan of Correction

Accept [redacted] - 02/22/2024)

- 2/6/24 Administrator cleaned glucometer with germicidal wipes
- Administrator will review regulation 2600.85.a and the importance of maintaining sanitary conditions with resident glucometers. This will be done via email (2/22/24) and during staff meeting (2/28/24).
- On 2/7/24, direct care staff will sanitize the glucometer device, case and work area after each use.
- Beginning 2/23/24, staff will sign off to verify that the task was complete on "Glucometer Monitoring Record" that will be added to that Medication Administration Record for each resident who uses a glucometer.
- Supervisor or Unit Director will review document weekly to ensure completion immediately.

Proposed Overall Completion Date: 02/28/2024

Licensee's Proposed Overall Completion Date: 02/28/2024

85a - Sanitary Conditions *(continued)*

Implemented (████) - 03/05/2024)

95 - Furniture and Equipment

3. Requirements

2600.

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

Description of Violation

The cord for the oxygen machine in the room of resident #1, presents a tripping hazard on the floor for resident #1.

Plan of Correction

Accept (████) - 02/22/2024)

- On 2/6/24 cord was wrapped and stored for safety while not in use.
- On 2/22/24, a cord holder was ordered as a long term solution for cord storage.
- Administrator will review regulation 2600.95 and the importance of maintaining an environment clean and free of hazards for our residents. This will be done via email (2/22/24) and during staff meeting (2/28/24).
- Beginning 2/23/24, direct care staff will document on "DB Safety Check" that resident #1's room is free of any tripping hazard on the floor.
- Supervisor or Unit Director will review document weekly to ensure completion, immediately.

Licensee's Proposed Overall Completion Date: 02/28/2024

Implemented (████) - 03/05/2024)

101j1 - Mattress Fire Retardant

4. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

Description of Violation

The mattress for resident #2 did not have good support and was compressed.

Plan of Correction

Accept (████) - 02/22/2024)

- On 2/9/24 a new headboard, frame, mattress and box spring were ordered.
- Delivery is scheduled for 3/1/24. Old headboard, frame, mattress and box spring will be discarded on 3/1/24.
- Administrator will review regulation 2600. 101.j and the importance of maintaining beds and mattresses that are clean, safe, in good repair and that properly support the resident. This will be done via email (2/22/24) and during staff meeting (2/28/24).
- Beginning 2/23/24, direct care staff will document on "DB Safety Check" that mattress is in clean and in good repair.
- Supervisor or Unit Director will review document weekly to ensure completion immediately.

Proposed Overall Completion Date: 03/01/2024

Licensee's Proposed Overall Completion Date: 03/01/2024

101j1 - Mattress Fire Retardant (continued)

Implemented (████) - 03/05/2024)

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

On ██████ the glucometer for resident #1 was not calibrated to the correct time. The glucometer was checked at ██████. The time displayed on the glucometer was ██████.

Plan of Correction

Accept (████) - 02/22/2024)

- On 2/6/24 administrator corrected the time on the glucometer for resident #1.
- Administrator will review regulation 2600. 185.a and the importance of proper use of medications and medical equipment. This will be done via email (2/22/24) and during staff meeting (2/28/24).
- Beginning 2/7/24, direct care staff will verify that the time on the glucometer is correctly calibrated to the current time on the clock.
- Beginning 2/22/24, this will be documented on the "Glucometer Monitoring Record" that will be added to that Medication Administration Record for each resident who uses a glucometer.
- Supervisor or Unit Director will review document weekly to ensure completion, immediately.

Proposed Overall Completion Date: 02/28/2024

Licensee's Proposed Overall Completion Date: 02/28/2024

Implemented (████) - 03/05/2024)