

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

September 24, 2024

[REDACTED], VICE PRESIDENT
ELWYN OF PENNSYLVANIA AND DELAWARE
HARTMAN HOUSE, 111 ELWYN ROAD
ELWYN, PA, 19063

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 08/22/2024 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: *ELWYN - WHITEHOUSE* License #: *12298* License Expiration: *01/15/2025*
 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: *Department of Labor and Industry*

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *08/22/2024*

Inspection Dates and Department Representative

08/22/2024 - 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

08/22/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/07/2024*

09/17/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *09/19/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/27/2024*

Inspections / Reviews *(continued)*

09/24/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/19/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

183b Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [redacted] at [redacted], Resident 1's [redacted] medications including [redacted], [redacted] tablet left were unlocked, unattended, and accessible in on the desk in the main office. According to an interview with staff person A, the office door was open and unlocked, and the medication closet was closed but not locked. Resident 2, was then able to enter the office and took the medications that were left on the counter.

Plan of Correction

Accept [redacted] - 09/17/2024)

- Resident 2 was transported to [redacted] Hospital on [redacted] by staff member A for medical clearance. Follow up with PCP was completed on [redacted].
- On 7/22/2024, sign please keep door locked when office isn't occupied, was posted on office door by administrator. The sign was posted on medication door, please keep door locked by administrator.
- The administrator completed supervision with staff member A on 7/22/2024, verbal counseling was completed on medication error, making sure to follow the 5 checks including making sure medication is given when resident is present. The nurse completed medication administration review with staff member A.
- All staff were retrained by administrator on Elwyn regulations/policy #611 medication monitoring on 8/28/2024, medication monitor memos were signed by staff members 8/28/2024.
 - The administrator will conduct a medication review and monitor to ensure medications are locked, at least weekly for the next 4 months, then monthly thereafter, starting immediately. [redacted] 9/17/24)

Proposed Overall Completion Date: 09/03/2024

Licensee's Proposed Overall Completion Date: 09/03/2024

Implemented [redacted] - 09/24/2024)

183f Discontinued Medications

2. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

On [redacted] at [redacted], the following medications [redacted] tablet and [redacted], belonging to resident 3 were on the top shelf of the medication closet. According to resident 3's August 2024 medication administration record, these medications were discontinued on [redacted]. This is not an approved method of destroying medications according to the Department of Environmental Protection and Federal and State regulation.

183f Discontinued Medications (continued)

Plan of Correction

Accept [redacted] - 09/17/2024)

- Medication was discarded on [redacted] by a staff member.
- All staff were retrained by administrator on [redacted] all prescription medication that are discontinued and expired at the home shall be destroyed in a safe manner; medication monitor memos were signed by staff members 8/28/2024.
- Starting 8/22/2024 staff will continue to complete medication disposal form for any discontinued and expired medications.

Licensee's Proposed Overall Completion Date: 09/03/2024

Implemented [redacted] - 09/24/2024)

185a - Implement Storage Procedures

3. 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 [redacted] at [redacted], staff person A left the following medications for resident 1 unlocked and unattended in the office::

[redacted] tablet. The medication had been popped into a medication cup, and blister packs left out next to it. Staff member A then left the office to find resident 1. Resident 2 entered the office and took all the medication that had been popped into the medication cup. When this was discovered resident 2 was taken to the emergency room.

Plan of Correction

Accept [redacted] - 09/17/2024)

- On 7/22/2024, sign please keep door locked when office isn't occupied, was posted on office door by administrator. The sign was posted on medication door, please keep door locked by administrator.
- The administrator completed supervision with staff member A on 7/22/2024, verbal counseling was completed on medication error, making sure to follow the 5 checks including making sure medication is given when resident is present. The nurse completed medication administration review with staff member A.
- All staff were retrained by administrator on Elwyn regulations/policy #611 medication monitoring on 8/28/2024, medication monitor memos were signed by staff members including OTC, CAM and syringes shall be kept in an area or container that is locked 8/28/2024.

Licensee's Proposed Overall Completion Date: 09/03/2024

Implemented [redacted] - 09/24/2024)

186b - Medication Used by Resident

4. Requirements

2600.

186.b. Prescription medications shall be used only by the resident for whom the prescription was prescribed.

Description of Violation

On [redacted] [redacted], resident 2

186b - Medication Used by Resident (continued)

self-administered medications belonging to resident 1 including,

. Resident 2 was able to do this because these medications were left unattended and accessible while staff member A left the medication storage area with the medications unlocked.

Plan of Correction

Accept [redacted] - 09/17/2024)

- On 7/22/2024, sign please keep door locked when office isn't occupied, was posted on office door by administrator. The sign was posted on medication door, please keep door locked by administrator.
- The administrator completed supervision with staff member A on 7/22/2024, verbal counseling was completed on medication error, making sure to follow the 5 checks including making sure medication is given when resident is present. The nurse completed medication administration review with staff member A.
- All staff were retrained by administrator on Elwyn regulations/policy #611 medication monitoring on 8/28/2024, medication monitor memos were signed by staff members including prescription medications shall be used only by the resident for whom the prescription was prescribed 8/28/2024.

Licensee's Proposed Overall Completion Date: 09/03/2024

Implemented [redacted] - 09/24/2024)

187a - Medication Record

5. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident 1 is prescribed [redacted] tablet once daily. However, resident's 1 July 202 medication administration record does not indicate diagnosis or purpose for the medication.

Plan of Correction

Accept [redacted] - 09/17/2024)

- Diagnosis for resident 1 was completed on MAR on [redacted] by staff member, staff member contacted the pharmacy for correction of the MAR moving forward on 8/22/2024.
- All staff were retrained by administrator 8/28/2024 on all medication records having diagnosis labeled on documentation.
- Starting 9/3/2024, medication audit forms the 1st of the month will be completed by staff member for

187a - Medication Record (continued)

verification of correct individual, dosage, time, medication, route and diagnosis.

Licensee's Proposed Overall Completion Date: 09/03/2024

Implemented ([REDACTED] - 09/24/2024)