

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

January 8, 2025

[REDACTED]  
ELWYN OF PENNSYLVANIA AND DELAWARE  
[REDACTED]

RE: ELWYN - HARMONY HALL  
111 ELWYN ROAD  
ELWYN, PA, 19063  
LICENSE/COC#: 19085

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/31/2024 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 - HARMONY HALL* License #: *19085* License Expiration: *01/15/2025*  
 Address: *111 ELWYN ROAD, ELWYN, PA 19063*  
 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-2 LP* Date: *05/01/1980* Issued By: *Department of Labor & Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *15* Waking Staff: *11*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *10/31/2024*

**Inspection Dates and Department Representative**

10/31/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *16* Residents Served: *15*

Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:

Hospice  
 Current Residents: *0*

Number of Residents Who:  
 Receive Supplemental Security Income: *12* Are 60 Years of Age or Older: *10*  
 Diagnosed with Mental Illness: *15* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

10/31/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/02/2024*

12/04/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *12/24/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/09/2024*

Inspections / Reviews *(continued)*

12/19/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/24/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/26/2024

01/08/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/24/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Directed ( [redacted] - 12/19/2024)

[redacted], the Direct Care Staff in question file was audited by [redacted], Unit Director/ Administrator and a WES and Transcripts were Pulled and reviewed.

The WES Present in the File Indicates a US Equivalency of a bachelor's degree. and Also, Transcripts from a Regionally Accredited institution.

The Current Audit tool will be Edited/Updated by [redacted] Unit Director to include " WES Required or Not Require and if it is required that it is present in the File. The Tool will be Updated by 12/10/24

All Staff Files will be Audit By 12/13/24 to ensure all required Educational Documents are present and Labeled educational Documents for all employees.

All Staff files will indicate that they have been Audited by [redacted], Unit Director and that All Cresdentials are present by 12/13/24

When completing File Audits if any Staff file that found with non-compliant area's Staff will be immediately removed from the schedule and Placed on Administrative leave until the compliance is able to be met. This will be completed by 12/13/24 by [redacted] Unit Director.

Effective 12/9/24, When any new staff is hired, An Audit will be completed by the Unit Director Administrator [redacted] once Onboarding sends the staff credentials to the Program. A 2nd Audit will be completed by the Unit Manager/Supervisor. Once it has been confirmed that all required documents are present in the staff file then onsite Orientation to the program will be completed and once completed the staff will then be added to the Staff Schedule.

Proposed Overall Completion Date: 12/09/2024

**Directed Plan of Correction:**

Immediately, the administrator shall remove staff person A from all direct care duties until the employee meets the requirements of 54a or a waiver issued by the department (or letter stating a waiver is not needed) is granted and

**54a Direct Care Staff (continued)**

*received by the home. All staff that do not meet the qualifications shall be removed from performing direct care duties. Waivers/letters shall be present in each employee's file.*

*Within 5 days of the receipt of the acceptable plan of correction, the administrator shall provide education to all staff involved in hiring and scheduling direct care staff of the requirements of 54a.*

**Directed Completion Date:** 12/25/2024

**Implemented** [REDACTED] - 01/08/2025)