

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

December 30, 2024

[REDACTED]  
ELWYN OF PENNSYLVANIA AND DELAWARE  
[REDACTED]

RE: ELWYN - FRIENDSHIP HALL  
64 EAST OLD BALTIMORE PIKE  
ELWYN, PA, 19063  
LICENSE/COC#: 12289

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/21/2024 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 - FRIENDSHIP HALL License #: 12289 License Expiration: 01/15/2025  
Address: 64 EAST OLD BALTIMORE PIKE, 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-1 Date: 11/06/1985 Issued By: Commonwealth of Pennsylvania, L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 8 Waking Staff: 6

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal Exit Conference Date: 11/21/2024

**Inspection Dates and Department Representative**

11/21/2024 - On-Site: [Redacted]

**Resident Demographic Data as of Inspection Dates**

General Information				
License Capacity:	8	Residents Served:	8	
Secured Dementia Care Unit				
In Home:	No	Area:	Capacity:	Residents Served:
Hospice				
Current Residents:	0			
Number of Residents Who:				
Receive Supplemental Security Income:	8	Are 60 Years of Age or Older:	5	
Diagnosed with Mental Illness:	8	Diagnosed with Intellectual Disability:	0	
Have Mobility Need:	0	Have Physical Disability:	1	

**Inspections / Reviews**

11/21/2024 Full  
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 12/26/2024

Inspections / Reviews *(continued)*

12/30/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/30/2024

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

12/30/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/30/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

95 - Furniture and Equipment

1. Requirements

2600.

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

Description of Violation

The handle to the soap dispenser in the common bathroom is broken with a sharp edge that presents a cutting hazard.

Plan of Correction

Accept [redacted] - 12/30/2024)

On [redacted], the maintenance department was notified that FH had a broken soap dispenser in the guest bathroom and needed replacement immediately. The maintenance department replaced the broken soap dispenser on the same day of the email, [redacted]. On [redacted], management updated the third shift task list to include checking all the restrooms/bathrooms to ensure the soap dispenser is working properly in all restaurants and not broken. If not, the staff is to inform the supervisor ASAP of a replacement. The supervisor will review the checklist and do a walkthrough to verify accuracy weekly.

Proposed Overall Completion Date: 12/23/2024

Licensee's Proposed Overall Completion Date: 12/23/2024

Implemented [redacted] - 12/30/2024)

101r - Bedroom - shades/drapes/window covering

2. Requirements

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

The window in bedroom [redacted] has blinds that are broken.

Plan of Correction

Accept [redacted] - 12/30/2024)

On Nov 21, 2024, the maintenance department was notified that FH had broken blinds in room #6 and needed replacement immediately. The maintenance department replaced the broken blinds on Nov 21, 2024. On Nov 22, 2024, management updated the first shift task list to include checking primary bedrooms and living rooms to make sure all blinds are in good ship and working properly (not broken). If broken, inform the supervisor ASAP of replacement. The supervisor will review the checklist and do a walkthrough to verify accuracy weekly.

Proposed Overall Completion Date: 12/23/2024

Licensee's Proposed Overall Completion Date: 12/23/2024

Implemented (MJ - 12/30/2024)

144c1 - Smoking Area Guidelines

3. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

144c1 Smoking Area Guidelines (continued)

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home's designated smoking area has pillows used for seat cushions on three chairs. These cushions are not listed as fire resistant.

Plan of Correction

Accepted (████ - 12/30/2024)

The Director removed the cushion from the smoke room immediately during the inspection on █████. Effective █████, management updated the second and third shift task lists to include "Removing any flammable material (cushions) from the smoke room. It was added to the shift task list for staff to check that no flammable material is in the smoke room daily. The management will review the shift task list weekly to ensure that the documentation is done, and no flammable material is found in the smoke area.

Proposed Overall Completion Date: 12/23/2024

Licensee's Proposed Overall Completion Date: 12/23/2024

Implemented (████ 12/30/2024)

227d - Support Plan Medical/Dental

4. Requirements

2600.

- 227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident █████ medical evaluation dated █████ indicates the resident requires a chopped diet. The assessment for resident █████ dated █████, indicates the resident does not have a need for a special diet. The resident's support plan, dated 08/20/24, does not document how a chopped diet need will be met.

Plan of Correction

Accepted (████ - 12/30/2024)

Staff were retrained on █████ on how to prepare/write resident RASP correctly by inputting all necessary information from the DME to the RASP and submitting it to the administrator for review before filing it. The staff corrected the RASP on █████, and it was reviewed by the administrator on █████. The administrator will check every time a new RASP is completed to ensure it is correct. A reminder has been posted in the staff office of residents who require special dietary preparation.

Proposed Overall Completion Date: 12/23/2024

Licensee's Proposed Overall Completion Date: 12/23/2024

Implemented (████ - 12/30/2024)

227g -Support Plan Signatures

5. Requirements

227g -Support Plan Signatures (continued)

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

**Description of Violation**

Resident [redacted] participated in the development of [redacted] support plan on [redacted]. However, neither the resident nor the Assessor signed the support plan.

**Plan of Correction**

Accept [redacted] - 12/30/2024)

Staff were retrained on [redacted] on how to prepare/write resident RASP correctly by making sure the resident signed off their rasp right after it was reviewed with the resident. If the resident cannot sign or refuses, the staff is to check the correct box indicating the resident state of mind or decision. Then they can come back to review the rasp later. The staff corrected the RASP on [redacted] by checking in the right box and signing the support plan on [redacted], [redacted]. The support Plan was reviewed by the administrator on [redacted]. The administrator will check every time a new RASP is completed to ensure it is correct.

Proposed Overall Completion Date: 12/23/2024

Licensee's Proposed Overall Completion Date: 12/23/2024

Implemented [redacted] - 12/30/2024)