

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

March 31, 2025

[REDACTED], -
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 02/27/2025 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: *09/13/2025*
 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]
 Phone: [REDACTED] Email: [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: *6* Waking Staff: *5*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *02/27/2025*

Inspection Dates and Department Representative

02/27/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* Residents Served: *6*

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: *0*
 Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

02/27/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/23/2025*

03/21/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *03/28/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/31/2025*

Inspections / Reviews (*continued*)

03/31/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/28/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 2/27/25, the home's most recent licensing inspection summary, dated 2/20/24, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept ([redacted] - 03/21/2025)

On 2/27/25 the home's most recent license inspection summary dated 2/20/24 was presented to the Department inspector and promptly posted in a conspicuous and public place in the home by the Administrator. The location of the current license and inspection summary will be audited monthly by the Administrator during the monthly Environment of Care audit to ensure ongoing compliance. See attached P.3 "Licensure"

Licensee's Proposed Overall Completion Date: 03/18/2025

Implemented ([redacted] - 03/31/2025)

65d - Initial Direct Care Training

2. Requirements

2600.

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

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person B, hired on [redacted], began providing unsupervised ADL services on or around [redacted]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test until 9/24/23.

Repeat Violation Date: 2/1/24 et al

Plan of Correction

Accept ([redacted] - 03/21/2025)

Effective 3/18/2025 all Clark's Manor staff will complete the PA Direct Care Staff Training and Competency Test on Day 1 of New Staff Orientation and tracked by the Administrator or direct supervisor on the New Staff Orientation Checklist, upon hire. See P.2 of the attached checklist.

Per telephone conference with administrator to add additional steps ([redacted] 3/22/25):

1. In addition to the steps noted in the submitted plan of correction the following steps will also be completed:

a. The administrator or direct supervisor will conduct an audit of all current staff to ensure they have all completed the required Direct Care Staff training and Competency Test within the next 10 days of receipt of this plan of correction.

b. The administrator or direct supervisor will monitor all staff training at least bi-annually to ensure all required training is complete, starting immediately.

c. The administrator will discuss this violation at the QA meeting at least annually.

65d - Initial Direct Care Training (continued)

Proposed Overall Completion Date: 03/28/2025

Licensee's Proposed Overall Completion Date: 03/28/2025

Implemented (█) - 03/31/2025

65f - Training Topics

3. Requirements

2600.

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

- 1. Medication self-administration training.
- 6. Safe management techniques.

Description of Violation

Direct care staff person A did not receive training in safe management techniques or medication self administration during training year 7/1/23 through 6/30/24.

Repeat Violation Date: 2/1/24 et al

Plan of Correction

Accept (█) - 03/21/2025

All staff are assigned a training plan each year. Staff are responsible for completing the assigned training within the annual timeframe. Staff will receive reminders from the Clark's Manor new training tool, Relias when training is coming due. The supervisor will review training with the staff during supervision to ensure there are no barriers for completion. Some incomplete training may require that the staff be removed from the schedule until completion. For example, Med Assistance training.

Per telephone conference with administrator to add additional steps (█) 3/22/25):

- 1. In addition to the steps noted in the submitted plan of correction the following steps will also be completed:
 - a. The administrator or direct supervisor will ensure staff A complete the required training within the next 10 days.
 - b. The administrator or direct supervisor will conduct an audit of all current staff to ensure they have all completed the required annual training within the next 10 days of receipt of this plan of correction.
 - c. The administrator or direct supervisor will monitor all staff training at least bi-annually to ensure all required training is complete, starting immediately.
 - d. The administrator will discuss this violation at the QA meetings at least annually.

Proposed Overall Completion Date: 03/18/2025

Proposed Overall Completion Date: 03/28/2025

Licensee's Proposed Overall Completion Date: 03/28/2025

Implemented (█) - 03/31/2025

65g - Annual Training Content

4. 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.

Description of Violation

Staff person A did not receive training in resident rights or emergency preparedness during training year 7/1/23 to 6/30/24.

Staff persons A and B did not receive in person fire safety training during training year 7/1/23 to 6/30/24.

Repeat Violation Date: 2/1/24 et al

Plan of Correction

Accept (█ - 03/21/2025)

All staff are assigned a training plan each year. Staff are responsible for completing the assigned training within the annual timeframe. Staff will receive reminders from the Clark's Manor new training tool, Relias when training is coming due. The supervisor will review training with the staff during supervision to ensure there are no barriers for completion. Some incomplete training may require that the staff be removed from the schedule until completion. For example, Med Assistance training.

Per telephone conference with administrator to add additional steps (█ 3/22/25):

1. In addition to the steps noted in the submitted plan of correction the following steps will also be completed:

- a. The administrator or direct supervisor will ensure staff A and B will complete the required training within the next 10 days.
- b. The administrator or direct supervisor will conduct an audit of all current staff to ensure they have all completed the required annual training within 10 days of receipt of this plan of correction.
- c. The administrator or direct supervisor will monitor all staff training at least bi-annually to ensure all required training is complete, starting immediately.
- d. The administrator will discuss this violation at the QA meetings at least annually.

Licensee's Proposed Overall Completion Date: 03/28/2025

Implemented (█ - 03/31/2025)

103f - Refrigerator/Freezer Temps

5. 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.

103f - Refrigerator/Freezer Temps (continued)

Description of Violation

On 2/27/25 at 2:29pm the temperature in the house freezer was 10 degrees Fahrenheit and at 2:55pm it was 10 degrees Fahrenheit.

Repeat Violation Date: 2/1/24 et al

Plan of Correction

Accept (█ - 03/21/2025)

On 2/27/25 the refrigerator/freezer was reset to the coldest setting option and has been holding at 0 degrees Fahrenheit. The refrigerator/freezer is scheduled for a service check on 3/19/25 to ensure proper temperatures ongoing.

Per telephone conference with administrator to add additional steps (█ 3/22/25):

- 1. In addition to the steps noted in the submitted plan of correction the following steps will also be completed:
 - a. The administrator scheduled a repair person to evaluate the workings of the refrigerator/freezer to ensure it is holding at 0 degrees Fahrenheit by 3/10/25.
 - b. The direct care staff will document the refrigerator/freezer temperature daily to ensure it is within the required temperature, starting immediately.
 - c. The supervisor will review the temperature log, at least weekly, starting immediately, for the next 3 months.
 - d. The administrator will review the temperature log, at least monthly, starting immediately for the next 3 months.

Proposed Overall Completion Date: 03/28/2025

Licensee's Proposed Overall Completion Date: 03/28/2025

Implemented (█ - 03/31/2025)

132g - Fire Drills Days/Times

6. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds fire drills at the end of the month and has their overnight drills at approximately 11pm as evidenced by the following drills:

- 1/30/24 at 9:54pm
- 2/27/24 at 2:56pm
- 3/29/24 at 11:09pm "overnight"
- 4/21/24 at 4:30pm
- 5/24/24 at 11:15am
- 6/28/24 at 1:35pm
- 7/26/24 at 7:30pm
- 8/23/24 at 11:07pm "overnight"
- 9/27/24 at 2:20pm

132g - Fire Drills Days/Times (continued)

- 10/28/24 at 11:00am
- 11/21/24 at 11:55am
- 12/27/24 at 11:00pm "overnight"
- 1/29/24 at 2:10pm

Plan of Correction

Accept ([redacted] - 03/21/2025)

Beginning 2/27/25 the Administrator will instruct overnight staff to conduct overnight drills at different times during that shift.

Per telephone conference with administrator to add additional steps ([redacted] 3/22/25):

- a. The administrator will ensure all fire drills are unannounced by randomly calling or showing up at the home unexpectedly to announce a fire drill, starting immediately.
- b. The administrator will review the fire drill logs monthly to ensure the drills are held on different times of the day, weeks, hours, starting immediately.
- c. The administrator will review this violation at the QA meetings at least annually.

Proposed Overall Completion Date: 03/28/2025

Licensee's Proposed Overall Completion Date: 03/28/2025

Implemented ([redacted] - 03/31/2025)

183e - Storing Medications

7. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 2/27/25, the following medication card was observed to have a punctured blister foil with the medication still present in the spot- exposing it to contamination or improper sanitation: Resident #1's [redacted]

Plan of Correction

Accept ([redacted] - 03/21/2025)

Effective 2/28/25 our Clinical Director added a weekly review of all blister packs to the weekly medication audit sheet (attached) and all staff were re-educated on monitoring self-administering residents for safety.

Per telephone conference with administrator to add additional steps ([redacted] 3/22/25):

- 1. In addition to the steps noted in the submitted plan of correction the following steps will also be completed:
 - a. The supervisor immediately disposed of the resident #1's medication and contacted the pharmacy for a replacement.
 - b. The supervisor met with resident #1, who has some dexterity challenges on how to open the medication, since they self-administer their medications on 2/28/25.
 - c. The supervisor will conduct a chart audit of all medication to ensure there are not accidentally open medication packs, starting immediately. A copy of the audit will be maintained for the Departments review.

183e - Storing Medications (continued)

- d. The administrator will meet with the supervisor monthly for the next six months to review the outcome of the audits, starting immediately.
- e. The administrator will review this violation at the QA meetings at least monthly.

Proposed Overall Completion Date: 03/28/2025

Licensee's Proposed Overall Completion Date: 03/28/2025

Implemented (█) - 03/31/2025

191 - Resident Right to Refuse

8. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #2, admitted █, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept (█) - 03/21/2025

On 2/28/25 Resident #2 reviewed Addendum A (attached) which was added to Resident #2 file. The correct Addendum A has been confirmed in all resident files by the Administrator and is the template for future residents.

Per telephone conference with administrator to add additional steps (█ 3/22/25):

- 1. In addition to the steps noted in the submitted plan of correction the following steps will also be completed:
 - a. The administrator will review all resident files, at least bi-annually, to ensure all required documents are maintained, starting immediately.

Proposed Overall Completion Date: 03/28/2025

Licensee's Proposed Overall Completion Date: 03/28/2025

Implemented (█) - 03/31/2025