

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

April 17, 2025

[REDACTED], ADMINISTRATOR
ELWYN OF PENNSYLVANIA AND DELAWARE
[REDACTED], 111 ELWYN ROAD
ELWYN, PA, 19063

RE: ELWYN - SPRING HAVEN
111 ELWYN ROAD
ELWYN, PA, 19063
LICENSE/COC#: 12304

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/05/2025 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: *ELWYN - SPRING HAVEN* License #: *12304* License Expiration: *01/15/2026*
 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], *111 ELWYN ROAD, ELWYN, PA, 19063*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-3 SP* Date: *01/02/1996* Issued By: *Department of Labor & Industry*

Staffing Hours

Resident Support Staff: *1* Total Daily Staff: *9* Waking Staff: *7*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *03/05/2025*

Inspection Dates and Department Representative

03/05/2025 - 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: *1*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

03/05/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/31/2025*

03/31/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/10/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/10/2025*

Inspections / Reviews *(continued)*

04/17/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/10/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25a - Written Contract and Review

1. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #1, admitted [redacted] did not have a resident-home contract completed until [redacted]

Plan of Correction

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

The resident home contract for Resident #1 was signed by UD effective 3/5/25. All staff were retrained on 3/19/25 by the Administrator on 3/19/25. The Administrator will review all Resident Home Contracts within 24hrs to ensure proper and timely completion. Starting on 4/1/25, chart reviews will be conducted quarterly to review Resident Home Contract by Elwyn's Q.I department.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented ([redacted] - 04/17/2025)

25b - Contract Signatures

2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

- The resident- home contract dated [redacted] for resident #1 was not signed by the administrator or a designee, and the payer.
- The resident-home contract dated [redacted] for resident #2 was not signed by the administrator or a designee, and the payer.
- The resident-home contract dated [redacted] for resident #3 was not signed by the administrator or a designee, and the payer.

Plan of Correction

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

The resident home contract for Resident #1, Resident #2, and Resident #3 was signed by the Unit Director effective 3/5/25. All staff were retrained on 3/19/25 by the Administrator on how to properly complete Resident Home Contracts. The Administrator will review all Resident Home Contracts within 24hrs to ensure proper completion. Starting on 4/1/25, chart reviews will be conducted quarterly to review Resident Home Contract by Elwyn's Q.I department.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented ([redacted] - 04/17/2025)

25b SOPa - Rent Rebate: Contract

3. Requirements

2600.

25b SOPa - Rent Rebate: Contract (continued)

25b.a. The resident-home contract is to include whether the home collects a portion of a resident's rent rebate under § 2600.25(d) (relating to resident-home contract).

Description of Violation

- The resident- home contract dated [REDACTED], for Resident #1 does not indicate whether the home collects a portion of the resident's rent rebate benefit.
- The resident- home contract dated [REDACTED], for Resident #2 does not indicate whether the home collects a portion of the resident's rent rebate benefit.
- The resident- home contract dated [REDACTED], for Resident #3 does not indicate whether the home collects a portion of the resident's rent rebate benefit.

Plan of Correction

Accept ([REDACTED] - 03/31/2025)

The resident home contract, sectioned as Rent Rebate for Resident #1, Resident #2, and Resident #3 was included and signed by the Unit Director effective 3/5/25. All staff were retrained on 3/19/25 by the Administrator on how to properly complete Resident Home Contracts. The Administrator will review all Resident Home Contracts within 24hrs to ensure proper completion. Starting on 4/1/25, chart reviews will be conducted quarterly to review Resident Home Contract by Elwyn's Q.I department.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented ([REDACTED] - 04/17/2025)

62 - Contact List

4. Requirements

2600.

- 62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

Staff person A did not have a complete staff list to include agency staff and shared staff from other homes.

Plan of Correction

Accept ([REDACTED] - 03/31/2025)

Staff person A was updated on contact/staff list on 3/5/25 by the Administrator which includes any substitute, shared, or agency staff that work in the home. The Supervisor was trained on having an accurate list of staff working in the home. The Administrator will review the staff schedule monthly to identify any new staff, so they may be added to the roster.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented ([REDACTED] - 04/17/2025)

63b - Current First Aid Training

5. Requirements

2600.

- 63.b. Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

Description of Violation

Staff person B first aid was completed by the National CPR foundation. This training source is not certified as a trainer by a hospital or other recognized healthcare organization.

63b - Current First Aid Training (continued)

Plan of Correction

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

Staff person B was removed from the schedule by the Administrator on 3/5/25 and will not return until [redacted] provides First Aid training by a recognized Healthcare Organization. The Administrator will review all staff credentials prior, to ensure they have certified First Aid training starting on 3/5/25.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented ([redacted]) - 04/17/2025)

103i - Outdated Food

6. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was an unlabeled, undated pitcher of juice in the main kitchen refrigerator.

Plan of Correction

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

The Administrator dumped out the juice in the refrigerator on 3/5/25. All staff were retrained on labeling juice by the Administrator on 3/19/25. The Administrator will check the refrigerator daily to ensure no unlabeled or undated juice is in the refrigerator.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented ([redacted]) - 04/17/2025)

132b - Safety Inspection/Fire Drill

7. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire drill observed by a fire safety expert was conducted on 1/22/2025 and the previous fire drill observed by a fire safety expert was conducted on 1/2/2024.

Plan of Correction

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

Elwyn's Q.I Specialist will reach out to the Fire Marshall in November of 2025 to schedule for the next Fire Drill observation. The Administrator will check-in by December 15th, 2025, prior to the annual expiration of Safety Inspection/Fire Drill.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented ([redacted]) - 04/17/2025)

185a - Implement Storage Procedures

8. 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 3/5/2025, Resident's #1 [redacted]. [redacted]

Plan of Correction

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

[redacted] on 3/9/25. All staff were retrained to assure [redacted]. Nursing staff will complete an audit monthly.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented ([redacted] - 04/17/2025)

224a - Preadmission Screen Form

9. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1 was admitted to the home on [redacted]; however, the resident's preadmission screening form was completed on [redacted]

Plan of Correction

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

All staff were retrained on the requirements of the Preadmission Screening Form, by the Administrator on 3/19/25. The Administrator will review all Preadmission Screenings prior to admission of a new resident, within 24 hours of admission.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented ([redacted] - 04/17/2025)

252 - Record Content

10. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

Resident #4's record does not include a photograph of the resident that is no more than 2 years old. Resident #5's record does not include a photograph of the resident that is no more than 2 years old.

Plan of Correction

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

The outdated pictures for Resident #4 and Resident #5 were updated on 3/5/25. All staff were retrained on photos being updated every two years. The Administrator will check the photos annually to ensure photos are not expired and will be replaced if needed.

Licensee's Proposed Overall Completion Date: 03/31/2025

252 - Record Content *(continued)*

Implemented ([REDACTED] - 04/17/2025)