

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

May 13, 2025

[REDACTED] ADMINISTRATOR  
ELWYN OF PENNSYLVANIA AND DELAWARE  
[REDACTED]  
[REDACTED]

RE: ELWYN - RAINBOW HOUSE  
66 EAST OLD BALTIMORE PIKE  
ELWYN, PA, 19063  
LICENSE/COC#: 12267

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/14/2025 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 - RAINBOW HOUSE* License #: *12267* License Expiration: *01/15/2026*  
 Address: *66 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-3 SP* Date: *01/11/1995* Issued By: *CWOPA L & I*

**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: *04/14/2025*

**Inspection Dates and Department Representative**

*04/14/2025 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *6* 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: *6* Are 60 Years of Age or Older: *1*  
 Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**04/14/2025 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/08/2025*

**05/05/2025 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *05/13/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/15/2025*

Inspections / Reviews (*continued*)

05/09/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/13/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 05/14/2025

05/13/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/13/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

62 - Contact List

1. 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

The home shares staff members with another facility. The home did not have an updated staff list.

Plan of Correction

Accept (█) - 05/05/2025

On April 14, the Administrator added the missing staff person to the Rainbow House's staff list. The administrator will add any additional staff who work at RH to the staff list every time a new staff is placed on the schedule. The administrator will review the staff list monthly to ensure that it is accurate.

Licensee's Proposed Overall Completion Date: 05/02/2025

Implemented (█) - 05/13/2025

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4/14/2025 at 9:34am, there was a about one inch accumulation of dust on the vent on the 2nd floor hallway.

Plan of Correction

Accept (█) - 05/05/2025

The third shift task list was updated to include vent cleaning weekly. On April 14, overnight (11 pm-7 am), staff cleaned the vent. The supervisor will check weekly to ensure the staff complete their tasks and sign off on the task list. The administrator will review the task list monthly and check vents to ensure compliance. See attached.

Licensee's Proposed Overall Completion Date: 05/02/2025

Implemented (█) - 05/09/2025

103d - Storing Food Off Floor

3. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

On 4/14/2025 at 9:40am, 1.5 cases of water were stored on the floor in the kitchen.

Plan of Correction

Accept (█) - 05/05/2025

On April 14, staff moved the water from the floor to the kitchen counter. Staff were re-trained not to place any food items, including water, on the floor. The administrator will check the food items weekly to ensure that no food or beverages are on the floor.

Friendship / Rainbow Staff Meeting Minutes

Wednesday, April 23, 2025, 2:30 pm

**103d - Storing Food Off Floor (continued)**

Facilitator: [REDACTED]

Management Updates [REDACTED]

Minute taker: [REDACTED]

The next meeting is May 21, 2025, @ 2:30 pm

Management update:

1. Training on the shift task list and medication tracking protocol review.

Staff were re-trained not to place any food items, including water, on the floor. The administrator will check the food items weekly to ensure that no food or beverages are on the floor.

Staff were trained to check for damage medication during medication administration time to ensure that all medications do not have any puncture on the pack. Staff were advised to call the pharmacy if they noticed at any time a punched medication, they are required to call the pharmacy to replace the medication ASAP and email management. The administrator will review the medications weekly to ensure that any issues are addressed.

All staff have been trained to update the emergency binder as changes occur with residents. The administrator will check monthly to ensure the information in the binder is up to date

2. Review of RH citations of annual state inspection.

a. 85a- lint on wall vent in 2nd floor hallway near laundry area

b. 131f- fire extinguisher in the basement had not been serviced

c. 103d- case of water on the floor

d. 132 b- Annual fire safety inspection was completed late

e. 143a- did not have an emergency medical binder

f. 107 b- emergency procedures didn't include resident designated person contact information

g. 224a- [REDACTED] didn't have a preadmission screen completed at admission

h. 183e- RB blister pack of medications was punctured

i. 62- Staff was working were not on the staff list ([REDACTED])

j. 184a- medication and MAR had 2 different diagnoses and didn't match each other

3. Review of Elwyn policies

a. Policy 1500: Abuse Prevention Committee

b. Policy 1501: Abuse Prevention.pdf

c. Policy 1510: Survivor-Centered Response Plan 12.01.24.pdf

d. Policy 1520: Monitoring, Support and Supervision of Individuals 12.26.24.pdf

f. Policy 1530: Red Flags

g. Policy 1540: Reporting and Responding to Incidents and Allegations.pdf

4. [REDACTED] MAR signing sheet: encourage [REDACTED] to sign the MAR whenever [REDACTED] receives [REDACTED] med.

5. Communication (who, when to call at what shift). Call the nurse whenever it has to do with all residents' safety and health, medication issues, or vital signs.

6. Incoming Praesidium Certification inspection April 30 at 9 am. All staff are advised to wear their barge during the shift.

7. eMAR review and training. Review the new eMAR and email service desk when you have any issue.

8. Making a difference: Please nominate your co-workers by the 21st of the month.

a. Always keeping home clean, medication records, book#1 up to date

9. Care Jar- please nominate your co-workers for working above and beyond their duty

10. Relias (annual training)

[REDACTED]  
Username: [REDACTED]

Password: [REDACTED]

103d - Storing Food Off Floor (continued)

12. Training on

Maintaining training compliance is also the staff's responsibility. Please put these dates on your calendar and your phone when management schedules your training.

Program/ House Updates:

Medication Administration and Documentation: Check all Medications to ensure all Meds are on-site and available. Re-order medication as needed and write the open date when you first administer the medication and the expiration date.

Medication refill protocol review

Weekly med refill done on Thursdays (FH- [redacted] RH- [redacted])

PLEASE MAKE SURE you are doing the 4 CHECKS, do not give medication without having the eMAR open, and check each medication.

Please email [redacted] what was ordered on Thursday and any issues that come up.

ALL medication-related issues must be emailed to [redacted].

Double-check to ensure you signed off on all medication administered to avoid medication errors. All staff are responsible for reordering medication as needed.

Cleanliness and Maintenance of Vehicles. There should be no eating in the Vehicles. All Staff are responsible for ensuring that the vehicles are maintained and cleaned.

Do not leave your trash in vehicles. Do not allow the residents to leave trash in vehicles.

Car wash monthly on the activity calendar!

Please email or call [redacted] with all appliance and maintenance concerns. CC Management.

Licensee's Proposed Overall Completion Date: 05/02/2025

Implemented ([redacted] - 05/09/2025)

107b - Emergency Procedures

4. Requirements

2600.

107.b. The home shall have written emergency procedures that include the following:

Description of Violation

The home's written emergency procedures do not include contact information for each resident's designated person.

Plan of Correction

Accept ([redacted] - 05/05/2025)

On April 14, an emergency procedures binder was put in place in the staff office, which is accessible to all staff and includes contact information for the residents designated person. All staff were trained to update the binder as changes occur with residents. The administrator will check monthly to ensure the information in the binder is up to date.

Licensee's Proposed Overall Completion Date: 05/02/2025

Implemented ([redacted] - 05/13/2025)

131f - Fire Extinguisher Inspection

5. Requirements

131f - Fire Extinguisher Inspection (continued)

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in the basement has not been inspected by a fire safety expert since August 2023.

Plan of Correction

Accept ( [redacted] ) - 05/05/2025

On April 15, the Fire Extinguisher Company ( [redacted] ) FIRE PROTECTION, Fire Protection Specialists, [redacted] was contacted, and they scheduled to come on April 22 to complete the servicing/ inspection for the fire extinguisher in the basement. The Administrator has created a log where the fire extinguisher specialist will sign off that they have checked all 5 fire extinguishers in the building. The administrator will keep the extinguisher dates on a calendar and will request servicing of all extinguishers if they are not serviced within 2 weeks before the 1-year expiration date.

Licensee's Proposed Overall Completion Date: 05/02/2025

Implemented ( [redacted] ) - 05/09/2025

132b - Safety Inspection/Fire Drill

6. 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] ) - 05/05/2025

On April 14, the QI staff was reminded to maintain a calendar with dates of annual fire safety inspections so she could set up the annual drill on time. The supervisor will check with the QI staff in July as a reminder to reach out to schedule the drill. The administrator will coordinate with the supervisor and QI to ensure the drill is completed on time.

Licensee's Proposed Overall Completion Date: 05/02/2025

Implemented ( [redacted] ) - 05/09/2025

143a - Emergency Medical Plan

7. Requirements

2600.

143.a. The home shall have a written emergency medical plan that includes the following:

Description of Violation

The home's written emergency medical plan does not include the hospital or source of health care that will be used in an emergency, emergency transportation to be used and an emergency-staffing plan.

143a - Emergency Medical Plan (continued)

Plan of Correction

Accept ( [REDACTED] ) - 05/05/2025

On April 14, an emergency procedures binder was put in place in the staff office, which is accessible to all staff and updated to include the hospital or source of health care that will be used in an emergency, emergency transportation to be used, and an emergency-staffing plan. All staff were trained to update the binder as changes occur with residents. The administrator will check monthly to ensure the information in the binder is up to date.

Licensee's Proposed Overall Completion Date: 05/02/2025

Implemented ( [REDACTED] ) - 05/13/2025

183e - Storing Medications

8. 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 4/14/2025, one of the cells in a blister pack containing [REDACTED] for resident #1 was punctured on number 18.

Plan of Correction

Accept ( [REDACTED] ) - 05/05/2025

On April 14, the staff called the pharmacy to replace the punched medication. The replaced Medication was received on April 19 and was replaced. The pushed medication was disposed of by the staff and the supervisor on April 14, 2025. Staff will check daily during medication administration time to ensure that all medications do not have any puncture on the pack. Staff were advised to call the pharmacy if they noticed at any time a punched medication, they are required to call the pharmacy to replace the medication ASAP and email management. The administrator will review the medications weekly to ensure that any issues are addressed.

Licensee's Proposed Overall Completion Date: 05/02/2025

Implemented ( [REDACTED] ) - 05/09/2025

187a - Medication Record

9. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed [REDACTED]. However, resident's #2 medication administration record states the medication is prescribed for [REDACTED].

Plan of Correction

Accept ( [REDACTED] ) - 05/05/2025

On April 14, the staff corrected the eMAR with the correct diagnosis that matched the label on the medication bubble pack as a [REDACTED]. Staff will check all medication diagnoses once a month when medication is received from the pharmacy during medication tracking. The supervisor will recheck after the staff have completed medication tracking before the beginning of each month to ensure all medication diagnoses on the bubble packs match the diagnosis on the eMAR.

187a - Medication Record *(continued)*

Licensee's Proposed Overall Completion Date: 05/02/2025

Implemented (████) - 05/09/2025

224a - Preadmission Screen Form

10. 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 #2 preadmission screening form, dated ████████ does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept (████) - 05/05/2025

On April 14, the administrator corrected the information on the pre-admission screen. The administrator will review all admission paperwork, including the preadmission screen, within 12 hours of admitting any new resident to ensure everything has been completed in the regulatory timeframes and all items on the form are complete. The supervisor will check monthly during chart review to ensure all the information in the binder is correct and up to date.

Licensee's Proposed Overall Completion Date: 05/02/2025

Implemented (████) - 05/09/2025