

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

October 8, 2025

[REDACTED]  
ELWYN OF PENNSYLVANIA AND DELAWARE  
[REDACTED]

RE: ELWYN - WHITEHOUSE  
111 ELWYN ROAD  
ELWYN, PA, 19603  
LICENSE/COC#: 12298

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/28/2025 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 - WHITEHOUSE* License #: *12298* License Expiration: *01/15/2026*  
 Address: *111 ELWYN ROAD, ELWYN, PA 19603*  
 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: *06/18/1998* Issued By: *CWOPA L & I*

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *5* Waking Staff: *4*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *08/28/2025*

**Inspection Dates and Department Representative**

08/28/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *5* Residents Served: *5*  
 Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: *0*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *2*  
 Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

08/28/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/27/2025*

09/24/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *10/03/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/27/2025*

Inspections / Reviews *(continued)*

09/29/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/03/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/03/2025

10/08/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/03/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 42b - Abuse

**1. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

On [REDACTED] at approximately 8:15 A.M. Staff Member A was in the kitchen and heard a loud noise upstairs. Staff Member A went upstairs and saw Resident [REDACTED] coming down the stairs holding their face. Resident [REDACTED] reported that they were laying in their bed, when Resident [REDACTED] entered and asked Resident [REDACTED] to roll a cigarette for them. Resident [REDACTED] refused which made Resident [REDACTED] become agitated and aggressive and Resident [REDACTED] then hit Resident [REDACTED] causing a laceration to their face. Resident [REDACTED] reported to staff that Resident [REDACTED] also hit them however, Resident [REDACTED] did not have any injuries. Both residents went to the hospital on [REDACTED]. Resident [REDACTED] was treated for a laceration on their left eye and discharged on [REDACTED]. Resident [REDACTED] went for psychiatric treatment and was discharged on [REDACTED]. During interview Resident [REDACTED] did not want to speak about the incident and only reported being scared of Resident [REDACTED]. Resident [REDACTED] currently has 24/7 supervision until discharge from the home.

Resident [REDACTED]'s resident assessment and support plan dated [REDACTED] identified this resident has a minimal need related to irritability, poor judgment, agitation and aggression needs, however the description of the resident needs does not specify any triggers or contributing factors, nor does the plan to meet the needs of the resident specify any specific actions to be taken by staff to prevent or mitigate the residents behaviors when they are exhibited. The documented plan to meet the needs of the resident is to provide counseling and feedback. As stated by direct care staff of the home, Resident [REDACTED] has had verbal outbursts due to frustration at other residents or staff, prior to this incident.

**Plan of Correction**

Accept ([REDACTED] - 09/29/2025)

*Plan of Correction***1. Immediate Response & Supervision**

Action Taken: Resident [REDACTED] was placed on 24/7 1:1 supervision starting 8/19/25 to ensure safety of other residents and staff.

Responsible Person: Program Supervisor

Completion Date: Implemented 8/19/25 – Ongoing until discharge or behavior stabilizes.

Shape

**2. Revision of Resident [REDACTED]'s Support Plan**

Action: Resident [REDACTED]'s support plan and assessment was fully revised to:

Clearly identify behavioral triggers.

Outline specific early warning signs.

Include detailed and actionable staff interventions to de-escalate behavior.

Responsible Person: Program Supervisor & Behavior Specialist

Target Completion Date: 09/06/2025

Follow-up Review Date: 09/13/2025

Shape

**3. Behavioral Health Follow-up**

Action: Resident [REDACTED] received an emergency psych evaluation at Riddle Hospital on 8/19/25. [REDACTED] then had a follow up session with [REDACTED] psychiatrist to reassess current mental health status and appropriateness of placement.

**42b Abuse (continued)**

*Responsible Person: Program Supervisor*

*Appointment Date: Completed 8/19/25, Follow up scheduled for 8/21/25*

*Ongoing Monitoring: Biweekly Behavior Specialist review until discharge or stabilization*

*Shape*

**4. Staff Training and Re Education**

*Action: All staff will complete a mandatory in service training on the following topics:*

*Managing resident to resident aggression*

*Early identification of behavioral triggers*

*De escalation strategies and crisis intervention*

*Accurate documentation and communication protocols*

*Training Dates: 09/05/2025 & 09/06/2025*

*Trainer: Behavior Specialist*

*Responsible Person: Program Manager*

*Attendance Logs: Will be retained in training files and submitted upon request*

*Shape*

**5. Resident Support Plan Audit**

*Action: All resident assessments and support plans will be reviewed for accuracy in:*

*Level of need*

*Behavioral triggers*

*Staff interventions*

*Frequency: Initial audit completed by 09/15/2025*

*Ongoing Audit: Quarterly review of all support plans*

*Responsible Person: Program Director*

*Shape*

**6. Resident Engagement and Safety Protocol**

*Action: House meeting was held to discuss positive peer relationships and promote respectful communication.*

*Meeting included:*

*Conflict resolution activities*

*Communication skills workshops*

*Resident feedback forum*

*Meeting Date: 09/12/2025*

*Facilitator: House Supervisor or CI Specialist*

*Documentation: Minutes from meeting*

*Shape*

**7. Monitoring and Oversight**

*Action: The Program Director will review all incident reports involving behavioral concerns weekly to ensure:*

*Proper documentation*

*Correct follow up*

*Timely support plan updates*

*Start Date: 09/05/2025*

*Responsible Person: Program Director*

**Licensee's Proposed Overall Completion Date: 09/27/2025**

**Implemented (█) - 10/08/2025)**

225c - Additional Assessment

2. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [REDACTED]'s assessment, dated [REDACTED] does not include the need of physical aggression after a physical altercation with another resident on [REDACTED]

Plan of Correction

Accept ([REDACTED] - 09/29/2025)

Corrective Actions:

1. Immediate Update of Assessment

Action Taken: Resident [REDACTED]'s assessment was updated on 9/5/2025 to include physical aggression as a behavioral need, with specific triggers and staff interventions outlined.

Responsible Person: Program Supervisor

Completion Date: 09/05/2025

Shape

2. Full Clinical Review of Resident [REDACTED]'s Support Plan

Action: Resident [REDACTED]'s Support Plan was revised to align with the updated assessment. New interventions and supervision protocols were added, including increased observation, prompt redirection, and documentation of behavioral escalation patterns.

Responsible Person: Program Supervisor & Behavior Specialist

Completion Date: 09/06/2025

Shape

3. Training of Staff on Assessment Triggers and Reporting Changes

Action: An in-service training was conducted for all staff covering:

Recognizing significant behavioral or medical changes

Timely reporting of changes to supervisors and clinical team

How and when to trigger an updated resident assessment

Procedures for documenting behavioral incidents in Avatar

Training Dates: 09/07/2025 & 09/08/2025

Trainer: Program Supervisor

Documentation: Sign-in sheets and training content retained in compliance files

Shape

4. Internal Audit of All Resident Assessments

Action: All active residents' assessments were reviewed to ensure that:

Behavioral, psychiatric, and medical conditions are accurately reflected

Changes in condition have been captured since the last annual review

Interventions are appropriate and up to date

Audit Completion Date: 09/15/2025

Responsible Person: Program Director

Documentation: Audit checklist retained with follow-up plan for any assessments requiring updates

Shape

5. Ongoing Monitoring & Quality Assurance

225c - Additional Assessment (continued)

Action: Monthly QA reviews will include:

Random sampling of recent incident reports compared to assessment updates

Verification that significant behavioral or medical changes are reflected in support plans and assessments

Start Date: 09/20/2025

Responsible Person: Program Director

Frequency: Monthly

Licensee's Proposed Overall Completion Date: 09/27/2025

Implemented [REDACTED] - 10/08/2025)