

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

November 12, 2025

[REDACTED], VICE PRESIDENT
ELWYN OF PENNSYLVANIA AND DELAWARE
[REDACTED]
[REDACTED]

RE: ELWYN - HARMONY HALL
111 ELWYN ROAD
ELWYN, PA, 19063
LICENSE/COC#: 19085

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/18/2025 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 - HARMONY HALL* License #: *19085* 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]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *05/01/1980* Issued By: *Commonwealth of Pennsylvania, L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *16* Waking Staff: *12*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *09/18/2025*

Inspection Dates and Department Representative

09/18/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *16* Residents Served: *16*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *13* Are 60 Years of Age or Older: *12*
 Diagnosed with Mental Illness: *16* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

09/18/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/18/2025*

10/30/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *11/09/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/09/2025*

Inspections / Reviews (*continued*)

11/12/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/09/2025

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

Two of the three chairs at the end of the hall, by the medication room, had several tears and the fabric showed to be heavily worn down and cracking. The third chair also looked to be worn down.

Plan of Correction

Accept (█) - 10/30/2025)

The Unit Direct will complete a Monthly Walk through of the building and identify any areas that need to be corrected and remove any items that are identified to not be in good condition and will replace needed items. Chairs that were identified to be in poor condition were removed from the end of the hall to be discarded on 9/19/25

Licensee's Proposed Overall Completion Date: 10/18/2025

Implemented (█) - 11/12/2025)

182b - Prescription Medication

3. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

- On 09/13/25 at 08:54 AM staff person A administered medications to resident #2 to include the following; Amlodipine Besylate-10 MG Oral Tablet, Ammonium Lactate-12% Topical Application Cream and Atorvastatin Calcium-40 MG Tablet.

- On 09/15/25 at 08:14 PM and on 09/11/25 at 08:07 PM staff person B administered medications to resident #2s to include the following; Benztropine Mesylate-0.5 MG Oral Tablet, Olanzapine-5 MG Oral Tablet and Olanzapine-20 MG Oral Tablet.

Staff persons A and B are not a physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic. Staff A and B are not a graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home or a student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home. Staff persons A and B have not completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

182b - Prescription Medication (continued)

Plan of Correction

Accept (█ - 10/30/2025)

A review of Staff file using current Audit tool was completed.

A training with the administrative assistant in reference to maintaining staff files was completed.

A retraining was completed and instruction given that all Documents received should be reviewed to ensure the Documents contain all required items.

All documents should be filed in staff files within 48hrs of receiving during working hours. A review of the Medication Administration User report for Initial Medication Observations was reviewed and all staff files requiring this document were Audited to ensure they are in the Staff file. This was completed by 9/25/25.

A review of Medication Administration Practices and ensuring compliance with DHS was reviewed with Medication Administration Trainer. The Trainer then Log in to the DHS website and completed the user report as required to complete the Observation Process and Printed the User Reports and Provided to the Administrative assistant to file in the Staff File.

Effective 9/23/25 Trainer will ensure the User Report is complete and printed out and placed in the administrative assistant filing bin for filing and scanned to the Administrative Assistant and Unit Director Once Complete. Staff will not be permitted to give Medication until the Unit Director has verified these steps have been complete.

Licensee's Proposed Overall Completion Date: 10/18/2025

Implemented (█ - 11/12/2025)

185a - Implement Storage Procedures

4. 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

- Resident #1 is prescribed Guaifenesin/Dextromethorphan HBR 20 MG/10ML-200 MG/10 ML Oral Solution as needed. On 09/18/25 this medication was not available in the home.

- Resident #3 is prescribed Aluminum Hydroxide/Magnesium Hydroxide/Simethicone 200 MG/5 ML-200 MG/5 ML-20 MG/5 ML Oral Suspension as needed. On 09/18/25 this medication was not available in the home.

Plan of Correction

Accept (█ - 10/30/2025)

On 9/19/25 a Review of the PRN Medication for Resident # 3 revealed that the PRN Medication was actually onsite but stored in the Drawer with the Back up/ Extra PRN's the Simethicone 200Mg was placed in the PRN Box with the rest Resident # 3 PRN's by the nurse. When the Nurse is completing the Audits for PRN's he will ensure that at least one of every PRN that is ordered is in the Box with other PRN's and That only Extra's will be placed in the Back up Bin if there is not room in the Regular PRN Box. See Picture of PRN.

Resident #1 A review completed by the LPN of all of the PRN orders and PRNs onsite. The Nurse Audited and updated the MAR to reflect the Current PRN's Order for cough Syrup from New Provider/ Current Provider. So, this old order was updated to indicate see New Order, as of 9/19/25.

185a - Implement Storage Procedures (continued)

An ongoing Audit of PRN's Tracked and Monitored Monthly to ensure all order are correct and up today

Proposed Overall Completion Date: 10/20/2025

Licensee's Proposed Overall Completion Date: 10/20/2025

Implemented (█) - 11/12/2025

5. 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

Resident #1 is prescribed blood sugar tests four times daily. The home uses a "Daily Medication Administration Checklist" to document resident #1's blood sugar levels at 8:00 AM, 12 & 2 PM, 4 & 5 PM and 8:00 PM. On 09/18/25, while checking resident #1's glucometer, the following readings were not recorded on the Daily Medication Administration Checklist for resident #1:

- a blood sugar reading of 132 on 09/15/25 at 4:50 PM,
- a blood sugar reading of 386 on 09/12/25 at 12:38 PM,
- a blood sugar reading of 221 on 09/11/25 at 12:24 PM,
- a blood sugar reading of 383 on 09/10/25 at 11:58 AM.

Plan of Correction

Accept (█) - 10/30/2025

Staff have been retrained on the importance of documenting all Vitals, Blood Sugar and other Orders on the Daily Medication Administration Record by the nurse by 9/22/25. A Review of this information will also be reviewed again at the Upcoming Monthly Staff Meeting on 10/21/25.

A New Audit tool will be developed to cover Monitoring and Auditing all areas of Medication administration and documentation and Shift Supervisor will be trained on it and start Implementation on 10/23/25

Proposed Overall Completion Date: 10/23/2025

Licensee's Proposed Overall Completion Date: 10/23/2025

Implemented (█) - 11/12/2025

190c - Record of Training

6. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for staff persons A and B was not available for review during the inspection completed on 09/18/25.

Plan of Correction

Accept (█) - 10/30/2025

A review of Staff file using current Audit tool was completed, by 10/18/25 by the business office.

190c - Record of Training (continued)

A training with the administrative assistant in reference to maintaining staff files was completed by the administrator on 9/25/25.

A retraining was completed and instruction given that all Documents received should be reviewed to ensure the Documents contain all required items.

All documents should be filed in staff files within 48hrs of receiving during working hours. A review of the Medication Administration User report for Initial Medication Observations was reviewed and all staff files requiring this document were Audited to ensure they are in the Staff file. This was completed by 9/25/25.

Proposed Overall Completion Date: 10/18/2025

Licensee's Proposed Overall Completion Date: 10/18/2025

Implemented ([REDACTED] - 11/12/2025)

224a - Preadmission Screen Form

7. 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 #3 was admitted to the home on [REDACTED] however, the resident's preadmission screening form was completed on [REDACTED].

Plan of Correction

Directed ([REDACTED] - 10/30/2025)

A Review of all New Admission Documents will be reviewed by the Unit Director and Associate Director 5 Days before an Admission and if it determined that the 30day Prior for the Pre-admission has pasted a New Pre-admission Assessment will be completed before admission to the Program.

Directed Plan of Correction (slw 10/30/25):

1. In addition to the steps noted in the submitted Plan of Correction the associate director will audit all current resident records to ensure all required documents have been submitted timely, at least monthly, for the next 6 months and bi-annually thereafter.

Proposed Overall Completion Date: 10/23/2025

Directed Completion Date: 11/09/2025

Implemented ([REDACTED] - 11/12/2025)

225a - Assessment 15 Days

8. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for resident #3, who was admitted to the home on [REDACTED]

Plan of Correction

Accept ([REDACTED] - 10/30/2025)

A New Admission Required Document Checklist has been developed and will be used to track and Document All New Admission Assessments, by the director by 10/23/25.

Also, All Assessments and Support Plan will be printed from our Electronic Health Record and Placed in Charts, so they are easily accessible, starting immediately.

This Process will be reviewed with Shift Supervisor and Documented on a Training Form by 10/23/25.

Proposed Overall Completion Date: 10/23/2025

Licensee's Proposed Overall Completion Date: 10/23/2025

Implemented ([REDACTED] - 11/12/2025)

227a - Support Plan 30 Days

9. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #3 was admitted on [REDACTED] however, the resident's initial support plan was not completed.

Plan of Correction

Accept ([REDACTED] - 10/30/2025)

A New Admission Required Document Checklist has been developed and will be used to track and Document All New Admission Support Plans on 10/23/25 by the Director.

Also, All Assessments and Support Plan will be printed from our Electronic Health Record and Placed in the Charts, so they are easily accessible. Resident #3's initial support plan was developed electronically and placed in [REDACTED] chart by the unit director on 10/23/25.

This Process will be reviewed with Shift Supervisor and Documented on a Training Form. by 10/23/25.

Proposed Overall Completion Date: 10/23/2025

Licensee's Proposed Overall Completion Date: 10/23/2025

Implemented ([REDACTED] - 11/12/2025)