

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

May 5, 2026

[REDACTED], ARBHS ASSISTANT DIRECTOR
ELWYN OF PENNSYLVANIA AND DELAWARE
[REDACTED]
[REDACTED]

RE: ELWYN - FRIENDSHIP HALL
64 EAST OLD BALTIMORE PIKE
ELWYN, PA, 19063
LICENSE/COC#: 12289

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/20/2025 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 - FRIENDSHIP HALL License #: 12289 License Expiration: 01/15/2026
 Address: 64 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-1 Date: 11/06/1985 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 7 Waking Staff: 5

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint, Incident Exit Conference Date: 10/20/2025

Inspection Dates and Department Representative

10/20/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 8 Residents Served: 7
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 3
 Diagnosed with Mental Illness: 7 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

10/20/2025 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/15/2025

11/17/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/11/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/22/2025

Inspections / Reviews *(continued)*

11/25/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/11/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/11/2025

05/05/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/11/2025

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 10/20/2025, the home's current license inspection summary, dated 09/11/2025, and a copy of this chapter were not posted in a conspicuous and public place in the home.

Plan of Correction

Accept ([redacted] - 11/25/2025)

Plan of Correction:

- The current DHS license was posted in the main hallway area, clearly visible to residents, visitors, and staff on 11/2/2025.
- The Administrator verified that the posted license is the most recent issued by DHS.
- A monthly compliance checklist has been implemented on 11/2/25 to ensure the license remains properly displayed and will be completed by 3rd shift staff at Friendship Hall and reviewed by the administrator monthly for 12 months.

Completion Date: 11/2/2025

Responsible Person: Administrator

Licensee's Proposed Overall Completion Date: 11/19/2025

Implemented ([redacted] - 05/05/2026)

42b - Abuse

2. 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

Resident #1 and #2 shared a bathroom. Resident #1 tends to make a mess in the bathroom at [redacted] behavioral moments and resident #2 did not like it. Resident #1's presence in the home triggers resident #2. On [redacted] resident #1 came back [redacted]. Resident #2 complained of anxiety and was administered a medication [redacted] around [redacted] the resident asked for additional dose of medication but was told to wait until [redacted] Resident #2 went back to a couch to lie down. Around [redacted] resident #2 was walking towards the home's designated smoking area along with the resident's [redacted] for a cigarette. Resident #1 was walking towards the dining room area. Resident #2 reached behind [redacted] and pushed resident #1 from behind without any provocation. Resident #2 fell to the floor, resulting in [redacted]

Resident #2 was admitted to the home on [redacted] The resident's preadmission screening indicates a history of physical violence toward others. The assessment and support plan, dated [redacted], indicates that [redacted] requires [redacted] The home's plan states that "staff will provide supervision in the home by doing hourly check in the day [redacted] and 30 minutes check at bed time". The plan also indicates that the resident is agitated easily and becomes aggressive at times, with the home's plan to provide supportive counseling and re-direction as a plan to meet these needs. The

42b - Abuse (continued)

home issued a 30 day notice to resident #2 on [REDACTED] and discharged the resident to another licensed home [REDACTED]

Plan of Correction

Directed ([REDACTED] - 11/25/2025)

Plan of Correction:

- Resident #2 was given a 30-day notice of intent to discharge on [REDACTED]
- Resident #2 was discharged from Friendship Hall on [REDACTED]
- Direct care staff were retrained on abuse, supportive counseling and re-direction by Supervisor on 11/11/25
- Supervisor will complete RCG Compliance Form to monitor compliance of 42b- Abuse citation monthly beginning 11/24/25

Completion Date: 11/11/2025

Responsible Person: Director/Supervisor

Proposed Overall Completion Date: 11/24/2025

Directed Plan of Correction ([REDACTED] - 11/25/25)

Within 10 days of the receipt of the acceptable plan of correction, the administrator shall observe at least three resident interactions with staff and other residents at least three times per weeks for three months and biannually thereafter to ensure no residents are neglected, intimidated, physically or verbally abused, mistreated or disciplined in any way, at any time. Documentation of observations and any remediation efforts shall be maintained for Department review.

Directed Completion Date: 12/10/2025

Implemented ([REDACTED] - 05/05/2026)

141b1 - Annual Medical Evaluation

3. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's annual medical evaluation dated [REDACTED] was incomplete. The resident's (12) Cognitive Functioning was not indicated.

Resident #3's annual medical evaluation dated [REDACTED] was incomplete. The resident's (12) Cognitive Functioning was not indicated.

Plan of Correction

Accept ([REDACTED] - 11/25/2025)

Plan of Correction:

- The missing medical information (Cognitive Functioning) for Resident #3 was completed on 10/31/25 by [REDACTED]

141b1 Annual Medical Evaluation (continued)

PCP and placed in the resident's file on 10/31/25

- The missing medical information (Cognitive Functioning) for Resident #2 was completed on 11/10/25 by ■■■ PCP and placed in ■■■ file on 11/10/25
- Direct care staff will review all documentation to ensure all sections are complete and accurate before the appointment ends.

- Primary consumer duties have been reviewed with direct care staff to ensure they understand that evaluations are to be completed at least 30 days before expiration. Direct care staff will meet with their Primary consumer on a weekly basis, and their charts will be reviewed at that time. Starting 11/24/25

Primary Counselor duties include:

1. Assignment of residents with whom staff will be Primary Counselor for is completed by either the Unit Director and/or Supervisor.

2. The Primary Counselor will complete the following clinical programming:
 - a. Complete all assessments as stated in chart order.
 - b. Complete Recovery Action Plan with resident.
 - c. Complete weekly counseling sessions/goal skill building.
 - d. Designate a day and time for the weekly meeting.
 - e. Document weekly meetings and goal attainment on the Recovery Action Plan Review Sheet.
 - f. Make sure that all documentation is completed within correct time frames.
 - g. Make sure that all documentation is placed in the correct section of the chart.

3. The Primary Counselor will complete the following Personal Care Home Documentation, if appropriate within the home:
 - a. Responsible to ensure that the MA 51/MA 55 appointment is made within the same month every year. You may not be responsible to attend the appointment, depending on shift, but need to make sure the appointment is made.
 - b. Responsible to ensure that the MA 51/MA 55 is completed correctly and that all the needed information is on the form. If it is not it must be sent back to the Doctor for proper completion.
 - c. Complete Annual PCH Assessment Form within the same month of the MA 51.
 - d. Complete the Annual PCH Support Plan 15 days after the Assessment form is completed. These documents should be reflective of each other.

141b1 - Annual Medical Evaluation (continued)

- e. Make sure that updated copies of all are placed in the resident chart and in the resident binder that is taken on outings. Both documents should be in the binder.
- f. Update the PCH Assessment Form and Support Plan if there is a change in the mental, medical, or physical status of a resident.
- 4. Ensure that the Confidential/Transfer form is completed and updated as needed.
- 5. Complete chart reviews periodically to ensure that all documentation is accurate and complete.
- 6. Review medical documentation to ensure that all appointments have been kept and that all follow up appointments, labs, and tests have been scheduled.
- 7. Review and sign the rights and responsibilities with resident annually.
- 8. Review, sign, and update all releases of information yearly with resident.
- 9. Schedule the resident for a yearly psychiatric evaluation. This is either done through the ICM or at their outpatient clinic.
- 10. Develop a behavior plan with the resident if appropriate. Both Unit Director and/or Supervisor will work on staff with this
 - Supervisor/Director will check all DME's for completion and accuracy within 3 days of completion by Health Care Provider. Starting 11/24/25

Completion Date: 10/31/2025, 11/10/2025
 Responsible Person: Supervisor/Director

Licensee's Proposed Overall Completion Date: 11/24/2025

Implemented (█) - 05/05/2026

162c - Menus Posted

4. Requirements

- 2600.
- 162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 10/20/2025, the home's menu posted was for the week of 09/28/2025. However, the current week and 1 week in advance menu was not posted.

Plan of Correction

Accept (█) - 11/25/2025

Plan of Correction:

- - Weekly menus are now posted in the main hallway on the Resident's board and kitchen on 10/20/25

162c - Menus Posted (continued)

-The Direct care staff will update postings weekly, ensuring there are 2 weeks of menus at the start of each week. updated menu was posted on 10/20/25

- - The Administrator will verify posting during monthly facility inspections. Start date for monthly facility inspections 11/24/25 for 12 months.

Completion Date: 10/20/2025

Responsible Person: Supervisor/Unit Director

Licensee's Proposed Overall Completion Date: 11/24/2025

Implemented ([redacted]) - 05/05/2026)

183e - Storing Medications

5. 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 10/20/2025, [redacted] prescribed for resident #1 [redacted] [redacted] were observed in the home's medication cart. However, these medications were discontinued [redacted] on 10/07/2025.

Plan of Correction

Accept ([redacted]) - 11/25/2025)

Plan of Correction:

- - On 10/20/2025 the following medications were disposed of: [redacted] [redacted] by Direct care staff and witnessed by Supervisor. The medications that were disposed were not replaced since they were discontinued by the physician
- - All Staff were retrained on Medication Disposal and Documentation on 10/29/25 by Supervisor.
- -Supervisor will conduct bi-weekly medication reviews. Review includes inspection of PRN and cycle meds for expiration, refills, and MAR accuracy. Starting 11/24/25
- -Elwyn LPN assigned to Friendship Hall will conduct monthly medication audits on the 1st Wednesday of the month starting 12/3/25 (ongoing)
- Administrator will review all medications and documents on the 1st Friday of the month starting 12/5/25 to ensure audits were conducted and ongoing completion

Completion Date: 10/20/2025 and 10/29/25

Responsible Person: Supervisor, Nursing, and Administrator

Licensee's Proposed Overall Completion Date: 12/05/2025

183e Storing Medications (continued)

Implemented () - 05/05/2026

185a Implement Storage Procedures

6. 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 #3 is prescribed [redacted]

[redacted]

When a resident leaves the home for a visit with relatives or friends, the home's medication policy/procedures states, Medications will be sent home with the individual in their original containers." and "Staff will complete a Medication Release form and have the responsible party sign for the medication(s) upon pick-up." Resident #4 [redacted] Rather than following the home's medication procedures, staff pours the resident's standing order medications [redacted] and provides [redacted] to the resident's [redacted] to administer. On [redacted] the home documented the medications provided for [redacted] and dispensed the following medications into [redacted] Resident #4:

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

Though not documented on the Medication Release Form, the resident's "Shift Count Sheet for Controlled Substances" indicate that [redacted] were withdrawn from the [redacted] inventory for the resident to "take [redacted] Because this medication is not on shown as being passed to Resident #4's [redacted] on [redacted] it is not known if this controlled substance was included with the medications placed in the [redacted] holder.

Plan of Correction

Accept () - 11/25/2025

Plan of Correction:

- - Resident #3 [redacted] on 10/27/25
- -Staff were retrained on [redacted] Documentation on 10/29/2025
- -Staff were trained on Medication Packaging for LOA on 10/29/25
- - The Mental Health Supervisor will conduct weekly spot checks to ensure procedures are followed consistently. Weekly spot checks include Control Substance, and [redacted] tracking documentation review of signatures and

185a Implement Storage Procedures (continued)

counts, EMAR review and Proper storage of medications for 50% of Residents starting 11/24/25

- Direct care staff will print the [REDACTED] for all PCP and [REDACTED] appointments.
- Elwyn LPN assigned to Friendship Hall will conduct monthly medication audits on the 1st Wednesday of the month starting 12/3/25 (ongoing)
- Administrator will review all medications and documents on the 1st Friday of the month starting 12/5/25 to ensure audits were conducted and ongoing completion

Completion Date: 10/27/2025 & 10/29/2025

Responsible Person: All Med Admin Trained Staff, Supervisor, Administrator and Nursing

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented ([REDACTED] - 05/05/2026)

187a - Medication Record**7. Requirements**

2600.

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

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #3 is prescribed [REDACTED] However, the resident's October medication administration record does not indicate the purpose of this medication.

Repeat Violation: 09/11/2025

Plan of Correction

Accept ([REDACTED] - 11/25/2025)

Plan of Correction:

- Resident #3 MAR has been updated to indicate the purpose of the medication 11/7/2025

187a Medication Record (continued)

- Staff retrained to review all medication administration records (MARs) for accuracy and completeness on 10/29/2025 by Supervisor
- Supervisor will work with Elwyn LPN to implement a double check protocol at Friendship Hall for entry of medications. Direct care staff will enter the medication into the MAR, and a second direct care staff will double check the entry for accuracy. Direct care staff will contact supervisor or Elwyn LPN to double check the entry accuracy if a coworker is not present to assist. Double check protocol will be implemented 12/1/25. Direct care staff will be notified in writing and training will be held 11/24/25 11/30/25. Protocol will be added to the site orientation for Friendship Hall Program.
- Elwyn LPN assigned to Friendship Hall will conduct monthly medication audits on the 1st Wednesday of the month starting 12/3/25 (ongoing)
- Administrator will review all medications and documents on the 1st Friday of the month starting 12/5/25 to ensure audits were conducted and ongoing completion

Completion Date: 10/29/2025 and 11/7/2025

Responsible Person: All Medication Trained Staff, Nursing and Administrator

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented ([redacted]) - 05/05/2026

187b - Date/Time of Medication Admin.

8. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #5 is prescribed [redacted]

[redacted] Resident #5's October medication administration record does not include the initials of the staff person who administered these medications on 10/02/2025 at 08:00 PM.

Repeat Violation: 09/11/2025

Plan of Correction

Accept ([redacted]) - 11/25/2025

Plan of Correction:

- Resident #5 MAR Signature for 10/2/25 has been updated 11/7/2025
- Direct care staff were retrained on accurate MAR documentation, including the requirement to record both date and time immediately after administration on 11/11/25
- Direct care staff will audit MAR daily for missed documentation starting 11/11/25

187b Date/Time of Medication Admin. (continued)

- Elwyn LPN assigned to Friendship Hall will conduct monthly medication audits on the 1st Wednesday of the month starting 12/3/25 (ongoing)
- Administrator will review all medications and documents on the 1st Friday of the month starting 12/5/25 to ensure audits were conducted and ongoing completion

Completion Date: 11/7/2025

Responsible Person: All Medication Admin Trained Staff, Nursing, Supervisor and Administrator

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented (████) - 05/05/2026)

9. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #3 is prescribed ██████████ The resident was administered this medication

- at ██████████ on 10/17/2025 but was not documented until 11:25 PM same day
- at ██████████ on 10/16/2025 but was not documented until 10:51 PM same day
- at ██████████ on 10/13/2025 but was not documented until 10/14/2025 at 07:26 AM.

Plan of Correction

Accept (████) - 11/25/2025)

Plan of Correction:

- Resident #5 MAR Signature for 10/2/25 has been updated 11/7/2025
- Direct care staff were retrained on accurate MAR documentation, including the requirement to record both date and time immediately after administration.
- Direct care staff were retrained on accurate MAR documentation, including the requirement to record both date and time immediately after administration.
- Direct care staff will audit MAR daily for missed documentation starting 11/11/25
- Elwyn LPN assigned to Friendship Hall will conduct monthly medication audits on the 1st Wednesday of the month starting 12/3/25 (ongoing)
- Administrator will review all medications and documents on the 1st Friday of the month starting 12/5/25 to ensure audits were conducted and ongoing completion

Completion Date: 11/7/2025

187b Date/Time of Medication Admin. (continued)

Responsible Person: All Medication Admin Trained Staff, Nursing, Supervisor and Administrator

Licensee's Proposed Overall Completion Date: 12/05/2025

Implemented ([REDACTED] - 05/05/2026)