

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

May 5, 2026

[REDACTED]
ELWYN OF PENNSYLVANIA AND DELAWARE
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/21/2026 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: 8	Waking Staff: 6

Inspection Information		
Type: Partial	Notice: Unannounced	BHA Docket #:
Reason: Monitoring	Exit Conference Date: 01/21/2026	

Inspection Dates and Department Representative	
01/21/2026 - 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: 4	
Diagnosed with Mental Illness: 8		Diagnosed with Intellectual Disability: 1	
Have Mobility Need: 0		Have Physical Disability: 0	

Inspections / Reviews		
01/21/2026 Partial		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 02/21/2026
02/20/2026 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: 04/13/2026	
Reviewer: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 02/25/2026

Inspections / Reviews *(continued)*

03/05/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/13/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/26/2026

05/05/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/13/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
 - 1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 - 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 - 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 - 4. Special health or dietary needs of the resident.
 - 5. Allergies.
 - 6. Immunization history.
 - 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 - 8. Body positioning and movement stimulation for residents, if appropriate.
 - 9. Health status.
 - 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident [redacted]'s medical evaluation did not include a general physical examination by a physician, physician’s assistant or nurse practitioner.

Resident [redacted]'s medical evaluation did not include a medical diagnosis including physical or mental disabilities of the resident, if any.

Resident [redacted]'s medical evaluation did not include a medical diagnosis including physical or mental disabilities of the resident, if any, medical information pertinent to diagnosis and treatment in case of an emergency, body positioning and movement stimulation for residents, if appropriate.

Plan of Correction

Directed ([redacted] - 03/04/2026)

All resident DME's have been reviewed for potential missing information/errors on 2/24/2026 and all corrections identified by the Supervisor will be submitted to primary care physicians to be amended by 3/18/2026.

DMEs for residents [redacted] and [redacted] will be amended to include the missing information by 3/18/26. The information will be amended by their primary care physicians to include medical diagnosis and treatment and will be checked for accuracy and completeness by the Operations Manager with in 24 hours of amendment.

Operations Manager will ensure that all staff are retained on how to complete the DME per regulation 2600, 1a, on 3/11/26. Training will be completed by the Operations Manager.

The Operations Manager will review DME after every DME appointment completion with in 24 hours of appointment, starting on 2/25/2026. This will continue indefinitely.

Quality Improvement Specialist will do random chart reviews monthly which will include checking DME's for completeness starting on 3/23/2026.

Proposed Overall Completion Date: 04/01/2026

Directed Plan of Correction ([redacted] 3/4/2026)

141a 1 10 Medical Evaluation Information (continued)

Only the overall completion date has been directed to 3/25/2026.

Directed Completion Date: 03/25/2026

Implemented () - 05/05/2026)

162e - Menu Changes

2. Requirements

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

On (), grilled ham and cheese with chips and juice were listed on the menu for the lunch meal. Wraps with meat and cheese with fruit cups and juice was served instead. No notice was provided to the residents in advance of the meal.

Plan of Correction

Accept () - 03/04/2026)

Staff will be updating the menu in advance. A whiteboard has been purchased and installed by the supervisor on 2/24/2026. The whiteboard is located in the kitchen will document all menu changes, prior to the meal being served.

Staff will be retrained on 3/11/26 by supervisor about procedures for menu changes, Operations Manager will ensure the training occurs.

Residents will be updated at the March House Meeting on 3/5/2026 about procedural expectations for future menu changes by Community Inclusion Specialist.

Staff will notify Supervisor of menu changes to ensure nutritional adequacy in accordance with regulation 2600.161

Licensee's Proposed Overall Completion Date: 03/18/2026

Implemented () - 05/05/2026)

183e - Storing Medications

3. 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 () Capsule "Give 1 capsule by mouth twice daily at 7am and 7pm" for Resident () was punctured in slot 29 and remained in the medication cart.

183e - Storing Medications (continued)

Plan of Correction

Accept () - 03/04/2026)

On 1/21/26 the [redacted] was disposed of and reordered by Supervisor for replacement. Replacement Loxapine was received by Household Coordinator on 1/23/26 and placed in resident's bin.

All staff will be retrained by Operations Manager on 3/11/26 to notify management and nursing of any changes in medication availability, so all medications can be reordered in a timely manner.

Starting 2/17/26, Medication audits will be conducted weekly by a designated Household Coordinator; Audits will include inspection of blister packs for punctures as well as medication label accuracy. These audits will continue indefinitely.

Operations Manager will review medication audits weekly, starting on 3/16/2026 and these will continue indefinitely. Supervisor will reorder any medications and ensure replacement of any medications that have been disposed of during the weekly audit, on the day the audit occurs.

Licensee's Proposed Overall Completion Date: 03/25/2026

Implemented [redacted] - 05/05/2026)

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

On [redacted] at 11:50am. the glucometer for Resident [redacted] was not calibrated with the correct time, with the time on the glucometer displaying 12:47pm.

Resident [redacted] is prescribed "Check fasting blood sugar before breakfast, lunch and dinner".

- On [redacted] a glucometer reading of [redacted] at 12:53pm was not documented on the Medication Administration Record (MAR).
- On [redacted] a glucometer reading of [redacted] at 12:13pm was not documented on the MAR.
- On [redacted], Resident [redacted] glucometer displayed readings of [redacted] at 8:30am, [redacted] at 1:02pm, 345 at 5:13pm and [redacted] at 8:19pm. The readings were incorreced documented on the MAR as [redacted] at 8:30a, [redacted] at 12:23pm and [redacted] at 4:17pm.

On [redacted] at 11:31am, the glucometer for Resident [redacted] was not calibrated with the correct time, with the time on glucometer displaying 12:31pm.

Resident [redacted] is prescribed "Check blood sugar four times daily with meals and at bedtime".

- On [redacted] a glucometer reading of [redacted] at 5:05pm was not documented on the MAR.
- On [redacted] a glucometer reading of [redacted] at 5:13pm was not documented on the MAR.
- On [redacted], Resident [redacted] glucometer displayed readings of [redacted] at 1:09pm, [redacted] at 5:15pm, [redacted] at 7:53pm and [redacted] at 8:42pm. The readings documented on the MAR were incorrecly documented as [redacted] at 7:53am, [redacted] at

185a - Implement Storage Procedures (continued)

4:08pm, and [REDACTED] at 7:18pm.

Plan of Correction**Accept [REDACTED] - 03/04/2026)**

On 1/21/26 the glucometer for resident # [REDACTED] and [REDACTED] was calibrated properly by Supervisor.

A review was conducted by nursing about ensuring calibration of glucometers for both residents on starting 2/18/26.

All staff will be retrained on 3/11/26 by the Operations Manager on glucometer maintenance and proper documentation of glucometer readings.

Glucometer checks will be completed weekly during medication audit by designated Household Coordinator beginning 2/17/26. These checks will continue indefinitely.

Operations Manager will review medication audits for accuracy weekly and on an ongoing basis starting 3/18/2026

Licensee's Proposed Overall Completion Date: 03/25/2026

Implemented [REDACTED] - 05/05/2026)