

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

February 27, 2026

[REDACTED], ADMINISTRATOR  
ELWYN OF PENNSYLVANIA AND DELAWARE  
HARTMAN HOUSE, 111 ELWYN ROAD  
ELWYN, PA, 19063

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/22/2026 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 - WHITEHOUSE* License #: *12298* License Expiration: *01/15/2027*  
 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: *HARTMAN HOUSE, 111 ELWYN ROAD, ELWYN, PA, 19063*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-3 SP* Date: *06/18/1998* Issued By: *CWOPA Dept of L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *5* Waking Staff: *4*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *01/22/2026*

**Inspection Dates and Department Representative**

*01/22/2026 - 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: *3*  
 Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**01/22/2026 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/13/2026*

**02/13/2026 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *02/27/2026*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/02/2026*

Inspections / Reviews (*continued*)

02/27/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/27/2026

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED] for resident #1 was not signed by the administrator or a designee.

Plan of Correction

Accept ([REDACTED] - 02/13/2026)

Resident #1s home contract was signed by the administrator on 1/22/26.

Effective on 2/13/2026, all resident-home contracts will be reviewed by the administrator to ensure required signatures are obtained prior to or within 24 hours of admission

The administrator will review every home contract for all new residents on the last Monday of each month to ensure that they are filled out completely and accurately starting on 2/23/2026.

Licensee's Proposed Overall Completion Date: 02/13/2026

Implemented ([REDACTED] - 02/27/2026)

95 - Furniture and Equipment

2. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 1/19/2026, at approximately 9:11 am, the doorknob to resident #2's door was loose and hanging.

On 1/19/2026, at approximately 9:27 am, the kitchen closet storage doors were off their track mechanism.

Plan of Correction

Accept ([REDACTED] - 02/13/2026)

On 1/23/26 a work order was completed by the supervisor for resident #2's doorknob to be fixed by maintenance. It is anticipated that it will be fixed by 2/11/2026. On 2/13/2026, it was added to staff daily checklist for staff to perform daily checks of all residents' doorknobs in their bedrooms and inform supervisor of any issues immediately so repairs can be made.

Supervisor will complete additional weekly checks to ensure residents' furniture and equipment are in good working order starting on 2/20/2026. On 1/23/26 a work order was submitted by the supervisor for the kitchen closet storage doors to be fixed by maintenance. It is anticipated that it will be fixed by 2/11/2026.

On 2/13/2026, it was added to staff daily checklist for staff perform daily checks to ensure that the kitchen door is intact and inform supervisor of any issues immediately so repairs can be made.

Supervisor will complete additional weekly checks to ensure resident furniture and equipment are in good working order starting on 2/20/2026 to ensure door is intact.

Licensee's Proposed Overall Completion Date: 02/13/2026

95 - Furniture and Equipment (continued)

Implemented (█) - 02/27/2026

101j7 - Lighting/Operable Lamp

3. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #2 does not have access to a source of light that can be turned on/off at bedside.

Resident #3 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept (█) - 02/13/2026

On 2/12/2026 a lighting source was purchased and secured to the headboard of the bed by supervisor.

On 2/13/2026, it was added to staff daily checklist for staff to complete daily checks to ensure lighting remains in required area to ensure compliance.

Supervisor will complete additional weekly walk through to ensure lighting is in required area starting on 2/20/2026.

Licensee's Proposed Overall Completion Date: 02/13/2026

Implemented (█) - 02/27/2026

141a 1-10 Medical Evaluation Information

4. 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 #4's medical evaluation dated (█) did not include advance directives.

Plan of Correction

Accept (█) - 02/13/2026

On 2/10/2026, resident #4's medical evaluation was corrected to answer the question regarding advance directives.

Staff were retrained on completion of an assessment by the administrator during a staff meeting on 2/11/26

An audit of all medical evaluations will be completed by the supervisor prior to new admissions and any time a

141a 1-10 Medical Evaluation Information (continued)

DME is redone.

Licensee's Proposed Overall Completion Date: 02/13/2026

Implemented (█) - 02/27/2026

141b1 - Annual Medical Evaluation

5. Requirements

2600.

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

Description of Violation

Resident #5's medical evaluation dated █ did not include cognitive functioning.

Plan of Correction

Accept (█) - 02/13/2026

On 2/10/2026, resident #4's medical evaluation was corrected to answer the question regarding cognitive functioning.

Staff were retrained on completion of an assessment by administrator during a staff meeting on 2/11/26

An audit of all medical evaluations will be completed by the supervisor prior to new admissions and any time a DME is redone.

Licensee's Proposed Overall Completion Date: 02/13/2026

Implemented (█) - 02/27/2026

162c - Menus Posted

6. 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

The home's menu for the week of 1/5/2026 through 1/18/2026 was posted. However, the menu for the week of 1/19/2026 through 2/1/2026 was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (█) - 02/13/2026

The Menu was posted in a conspicuous and public place in the home (the refrigerator) by the supervisor on 1/22/2026.

On 2/13/2026, it was added to staff daily checklist for staff to perform daily checks to ensure that the menu is posted and inform supervisor if the menu is missing so it can be reposted.

Supervisor will complete additional weekly checks starting on 2/20/2026 to ensure the menu is posted in a conspicuous and public place in the home (the refrigerator)

Licensee's Proposed Overall Completion Date: 02/13/2026

Implemented (█) - 02/27/2026

171b5 - First Aid Kit

7. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the 2024 Kia used to transport residents does not include a thermometer.

Plan of Correction

Accept ( ) - 02/13/2026

On 2/12/2026 a thermometer was purchased and placed in the Kia vehicle's first aid kit by the administrator.

On 2/11/2026 staff will be retrained by the administrator on the requirements of every first aid kit and how to complete an audit of the first aid kits.

An audit form for the emergency First Aid kit was created and implemented by the administrator on 2/13/2026 and will be completed monthly by staff.

The supervisor will review these forms as they are completed and do random audits to ensure the kits are complete.

Licensee's Proposed Overall Completion Date: 02/13/2026

Implemented ( ) - 02/27/2026

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 1/22/2026, [redacted] prescribed to resident #5 was dated with an open date of [redacted] was available in the medication cabinet. According to the manufacturer's instructions, the medication should be discarded 6 weeks after opening [redacted]

Plan of Correction

Accept ( ) - 02/13/2026

On 1/31/2026 [redacted] was ordered by direct support staff for resident #5 from the pharmacy and received on 1/31/2026.

Staff were retrained on the requirement for discarding medications per the manufacturer instructions on 2/11/2026 by the administrator. They were also reminded of the procedures for getting expired medications replaced.

Medication audits will be conducted monthly on 3/1/2026, 1st Monday of every month by nurse case manager to ensure compliance.

Licensee's Proposed Overall Completion Date: 03/01/2026

Implemented ( ) - 02/27/2026

185a - Implement Storage Procedures

9. 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 #4 is prescribed [redacted] The pharmacy instructions read: [redacted] [redacted] On 1/15/2026, the count on the [redacted] sheet for 7am-3pm was not documented. However, resident #4's medication administration record for January 2026 indicates the medication was administered by staff person A. On 1/21/2026, the count [redacted] for 3pm-11pm was not documented, however the resident's medication administration record for January 2026 indicates the medication was administered by staff person B.

On 1/22/2026, resident #4's [redacted] for the administration of 8:00 am remaining count was 37. Resident #4's [redacted] for the administration of 8:00 pm remaining count was 38. The medication was administered on 1/22/2026 at 8:00 am with the remaining count of 75, however the count documented on the [redacted] sheet was 76 due to the home not documenting the administration on the [redacted] sheet.

According to the medication monitoring policy and procedures of the administration and storage of [redacted] the home should:

Immediately following the administration [redacted], the administrator must document the [redacted] sheet, date and time of administration, dose administer and signature on the line representing the specific dose.

Plan of Correction

Accept ( [redacted] - 02/13/2026)

Resident #4's [redacted] medication sheet was corrected by the administering staff persons on 1/23/2026 to reflect an accurate accounting of the medications.

Staff were retrained on 2/11/26 on documentation of [redacted] medications by the administrator.

Supervisor will conduct weekly checks to ensure ongoing compliance starting on 2/20/2026.

Monthly medication audits will be completed starting on 3/1/2026 by the nurse case manager.

Licensee's Proposed Overall Completion Date: 02/13/2026

Implemented ( [redacted] - 02/27/2026)

227g -Support Plan Signatures

10. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #5 participated in the development of [redacted] support plan on [redacted] However, the assessor did not sign the support plan.

Plan of Correction

Accept ( [redacted] - 02/13/2026)

On 1/27/26 resident #5's support plan was signed by assessor.

All support plans were reviewed to ensure signatures of those involved were present.

**227g -Support Plan Signatures (continued)**

*On 2/11/26 staff were retrained by the administrator on the expectations for support plan documentation. The administrator will review every support plan that is completed to ensure that no items are missed starting on 3/1/2026 and on every new plan completed.*

**Licensee's Proposed Overall Completion Date: 02/13/2026**

**Implemented (█ - 02/27/2026)**