

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

June 9, 2026

[REDACTED], QUALITY IMPROVEMENT SPECIALIST
ELWYN OF PENNSYLVANIA AND DELAWARE
[REDACTED]
[REDACTED]

RE: SKYLINE MANOR
76 SKYLINE DRIVE
GLEN MILLS, PA, 19342
LICENSE/COC#: 13487

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/24/2026 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: SKYLINE MANOR License #: 13487 License Expiration: 12/09/2026
 Address: 76 SKYLINE DRIVE, GLEN MILLS, PA 19342
 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: 07/03/2022 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 6 Waking Staff: 5

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 02/24/2026

Inspection Dates and Department Representative

02/24/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 6 Residents Served: 6
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 6
 Diagnosed with Mental Illness: 6 Diagnosed with Intellectual Disability: 2
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

02/24/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/19/2026

03/25/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 06/02/2026
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/30/2026

Inspections / Reviews *(continued)*

03/31/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/13/2026

06/09/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

132d - Evacuation

1. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home's maximum evacuation time is 4 minutes according to the fire safety inspection letters dated 03/05/2024 and 03/14/2025 by the township fire marshal. During the fire drill held on 02/25/2025 at 03:30 AM, the evacuation time was 4 minutes and 5 seconds, exceeding the maximum evacuation time of 4 minutes.

Plan of Correction

Accept (█) - 03/31/2026

On 02/26/2025, the fire evacuation procedures and staff responsibilities were reviewed by the administrator with all overnight staff to ensure that they understand that the home's maximum evacuation time is 4 minutes and that they are responsible to immediately contact the administrator if a drill exceeds the acceptable time. The administrator will be responsible to ensure that the drill is repeated and successful within 24 hours.

- The Administrator and/or supervisor will review evacuation times within 72 hours following each fire drill date (on a monthly basis) to ensure compliance with the 4-minute evacuation requirement and address any barriers identified.
- On 3/17/206, regulation 2600.132.d regulation 2600.183.e. was reviewed by the administrator with all staff during a staff meeting along with proper protocol for efficient resident evacuation.
- Fire drill documentation will continue to be maintained and monitored by administrator and supervisor to ensure ongoing compliance with evacuation time requirements as specified by the township fire marshal. Beginning on 3/17/2026 fire drill forms will be placed in the administrator mailbox by staff administering the drills and reviewed by the administrator within 72 hours of the drill completion. The administrator will review the drills and document them on the Fire Drill form, checking to ensure that they are within acceptable time limits and were completed on varying times and days of the week. Any drills that exceed the approved time of 4 minutes will be reported to the administrator, verbally, by staff immediately and repeated within 24 hours by staff under the direction of the administrator.

Licensee's Proposed Overall Completion Date: 04/01/2026

Implemented (█) - 06/09/2026

132g - Fire Drills Days/Times

2. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds fire drills on Fridays as evidenced by the following drills: June 20, July 18, and August 22, 2025.

Repeat Violation: 01/14/2025

Plan of Correction

Accept (█) - 03/31/2026

On 02/26/2026, the fire drill schedule and regulatory requirements for conducting drills on varying days and times

132g Fire Drills Days/Times (continued)

were reviewed by administrator with supervisory staff responsible for completing fire drills.

- On 02/26/2026, the annual fire drill calendar was reviewed by administrator to ensure drills are scheduled on different days of the week and different times of day and night, in accordance with 2600.132.g.
- Beginning March 1, 2026, fire drills will be scheduled across varying shifts (day, evening, and overnight) and on rotating days of the week to ensure compliance with regulatory requirements. These will be scheduled by the supervisor.
- Beginning on 3/17/2026, the Administrator or supervisor will review the fire drill logs monthly to verify that drills are conducted on different days and times and that documentation reflects compliance. This will be ongoing and will occur within 72 hours of the drills scheduled completion date.
- Beginning on 3/17/2026, fire drill documentation and tracker will be maintained by supervisor monitored monthly by administrator to ensure continued compliance and prevent continued violations. The supervisor will record drill details on the tracker form on the 2nd Monday of each month and share them with the Administrator to review within 72 hours of completion. If issues are identified, they will be immediately addressed with staff by the administrator. This will allow the staff to re train staff as needed and to re do any drills that may have identified issues.

Licensee's Proposed Overall Completion Date: 04/01/2026

Implemented ([redacted] - 06/09/2026)

141b1 - Annual Medical Evaluation

3. Requirements

2600.

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

Description of Violation

Resident #1's most recent medical evaluation was completed on [redacted]

Resident #2's most recent medical evaluation was completed on [redacted] The resident's previous medical evaluation was completed on [redacted]

Resident #3's most recent medical evaluation was completed on [redacted] The resident's previous medical evaluation was completed on [redacted]

141b1 - Annual Medical Evaluation (continued)

Plan of Correction

Accept (█) - 03/31/2026

- On 3/3/2026, the Administrator and supervisor reviewed all resident medical records to determine compliance with annual medical evaluation requirements.
- On 3/3/2026, Administrator called for an appointment to be scheduled for Resident #1 & #3 to obtain an updated annual medical evaluation. Medical evaluations were scheduled for █ and residents will be taken to the appointments on those dates by assigned primary staff.
- Beginning 3/3/2026, a Medical Evaluation Tracking Log was implemented by administrator to track annual medical evaluation due dates monthly for all residents. On an ongoing basis, Assigned Primary Staff will update the tracker weekly on Thursdays to ensure that all medical evaluations are recorded and scheduled.
- Beginning on 3/17/2026, the supervisor will review the tracking log weekly on Fridays to ensure annual medical evaluations are scheduled and completed prior to the due date. This will be ongoing. Administrator will check log quarterly on the first business day of each quarter on an ongoing basis as well.

Licensee's Proposed Overall Completion Date: 04/01/2026

Implemented (█) - 06/09/2026

183e - Storing Medications

4. 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 02/24/2026, resident #3's █ was found broken and taped over at the back on slot #25.

Plan of Correction

Directed (█) - 03/31/2026

- On 2/24/2026, a sign was posted by the administrator in the medication area describing the process of what to do when a blister card is broken
- On 3/18/2026, regulation 2600.183.e. was reviewed by the administrator with all staff during a staff meeting along with proper protocol for medication administration.
- On 3/18/2026, proper procedures for when a blister pack is broken was reviewed with all staff present at staff meeting. The procedure includes staff or nursing identifying if any blister pack is torn and disposing of tainted medication, then staff reordering and receiving replacement medication.
- Starting on 3/27/2026, on an ongoing basis, the nurse will do a weekly audit every Friday to ensure that no blister pack was open and replace pills as needed. The nurse will inform the supervisor immediately if any issues are discovered and the assigned medication administering staff or supervisor will reorder pills immediately as needed.

Proposed Overall Completion Date: 04/01/2026

Directed Plan of Correction (█ 3/31/26):

To clarify the above plan of correction, within 5 days of the receipt of the acceptable plan of correction the administrator or designee shall perform weekly audits of medication carts to ensure that no blister pack was open and remove exposed pills or pills present in a broken seal/blister. Pills may not be returned to slots previously

183e - Storing Medications (continued)

exposed. the home shall request replacement of the entire blister pack from the pharmacy or by another method that keeps the medication stored as per the manufacturer's instructions.

Within 10 days from the receipt of the acceptable plan of correction, the administrator shall review the home's medication policies and revise, where needed, to align with the above directed instruction.

Directed Completion Date: 04/10/2026

Implemented () - 06/09/2026

187d - Follow Prescriber's Orders

5. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #4 was not administered [redacted] prescribed by the doctor. The same resident was not administered [redacted] on 02/20/2026 at 12:00 PM.

Plan of Correction

Accept () - 03/31/2026

On 2/24/2026 - Signs were posted by the administrator in the medication area to remind staff of the 4 check of medication of administration and what to do when there are internet and system outages with eMAR
• On 3/18/2026, regulation 2600.187.d. was reviewed by administrator with all staff during a staff meeting along with proper protocol for medication administration
• On 3/18/2026, staff were re-trained by the administrator on proper medication administration procedure including documentation of administration at the end of a medication pass along with when there are internet and system outages with eMAR.
• Starting on 3/27/2026, on an ongoing basis, the nurse will do a weekly audit every Friday to ensure that all medications are administered as prescribed and documentation is completed per DHS medication administration training standards. Audits will include reviews of medication administration records, reviews of medication supply and observations of staff administration. The nurse will inform the involved staff and supervisor immediately if any issues are discovered and the supervisor will ensure that the issues are resolved and retraining is provided as required.

Licensee's Proposed Overall Completion Date: 04/01/2026

Implemented () - 06/09/2026

225c - Additional Assessment

6. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

Resident #1's current assessment was completed on [redacted]. However, the resident's previous assessment was

225c - Additional Assessment (continued)

completed on [REDACTED]

Resident #2's current assessment was completed on [REDACTED] However, the resident's previous assessment was completed on [REDACTED]

Plan of Correction

Accept ([REDACTED] - 03/31/2026)

On 3/2/2026, the medical records of all residents were reviewed by the administrator to identify due dates for annual medical evaluations.

Beginning 3/2/2026, a Medical Evaluation Tracking Log was implemented by administrator to track annual medical evaluation due dates monthly for all residents. On an ongoing basis, Assigned Primary Staff will update the tracker weekly on Thursdays to ensure that all medical evaluations are recorded and scheduled.

Beginning on 3/20/2026, the supervisor will review the tracking log weekly on Fridays to ensure annual medical evaluations are scheduled and completed prior to the due date. This will be ongoing. Administrator will check log quarterly on the first business day of each quarter an ongoing basis as well.

Licensee's Proposed Overall Completion Date: 04/01/2026

Implemented ([REDACTED] - 06/09/2026)