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

July 8, 2026

[redacted], QUALITY IMPROVEMENT
ELWYN OF PENNSYLVANIA AND DELAWARE
[redacted]

RE: ELWYN - RAINBOW HOUSE
66 EAST OLD BALTIMORE PIKE
ELWYN, PA, 19063
LICENSE/COC#: 12267

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/04/2026 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 - RAINBOW HOUSE* **License #**: *12267* **License Expiration**: *01/15/2027*

Address: *66 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-3 SP* **Date**: *01/11/1995* **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**: *06/04/2026*

Inspection Dates and Department Representative

06/04/2026 - 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: *4* **Are 60 Years of Age or Older**: *4*

Diagnosed with Mental Illness: *6* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *0* **Have Physical Disability**: *1*

Inspections / Reviews

06/04/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/06/2026*

07/01/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/07/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *07/08/2026*

Inspections / Reviews *(continued)*

07/08/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/07/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

65a - FS Orientation 1st Day

1. Requirements

2600.
65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Agency staff person A, whose first day of work was [redacted], did not receive orientation on the following topics:

1. Evacuation procedures.

2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.

3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.

4.

Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.

5. The location and use of fire extinguishers.

6. Smoke detectors and fire alarms.

7. Telephone use and notification of emergency services.

Plan of Correction ***Accept ([redacted] - 07/01/2026)***

Staff member A will be trained on evacuation procedures, fire drill and emergency procedures, smoking safety, fire extinguishers, smoke detectors and alarms, and telephone use and emergency services as outlined in 65.a on 7/3/26 by Supervisor. [redacted] will sign the orientation sheet indicating that this training occurred. Operations manager, supervisor and administrator were retrained on 6/15/26 by the program director on regulation 65.a. Starting on 6/15/26 all new staff that work at the program will receive this training from the Supervisor prior to working in the home. The operations manager will review every new hire packet within 24 hours of their start in the home, to ensure that the orientation sheet was completed in full and signed by the staff and the supervisor.

Licensee's Proposed Overall Completion Date: *07/03/2026*

Implemented ([redacted] - 07/08/2026)

82a - Poisonous Materials

2. Requirements

2600.
82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On 06/04/2026, an unlabeled spray bottle with a yellowish liquid was observed in the home's sink base cabinet. According to staff B, the liquid contained in the bottle is Mr. Clean multi surface cleaner. Original product labeling at the home says "HAZARDS TO HUMANS AND DOMESTIC ANIMALS. CAUTION."

82a Poisonous Materials *(continued)*

Plan of Correction ***Accept (- 07/01/2026)***

spray bottle was immediately dumped out and thrown away on 6/4/26 by the Administrator. Staff will be retrained on regulation 82.a regarding storage of poisonous materials in original containers by the supervisor on 7/7/26. A daily review of stored cleaning products/ poisonous materials was added to the shift checklist on 6/30/26 by supervisor, and direct care staff will check supplies daily to ensure that there are no unlabeled bottles. Beginning on 6/30/26 the supervisor will review the shift checklists weekly and spot check the poisonous materials to ensure compliance.

Licensee's Proposed Overall Completion Date: *07/07/2026*

Implemented (- 07/08/2026)

85a - Sanitary Conditions

3. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 06/04/2026 at 09:45 AM, the paper towel dispenser in the home's 2nd floor common bathroom was not working and there was no other means of hand drying available.

Plan of Correction ***Accept (- 07/01/2026)***

on 6/4/2026 paper towels were placed in the bathroom by the administrator. by 7/7/26 staff will be retrained by the supervisor on the requirement for sanitary conditions and the need for paper towels to always be available to residents in the bathroom. A daily review to look for paper towels in all bathrooms was added to the shift checklist on 6/30/26 by supervisor, and direct care staff will check supplies daily to ensure that there are paper towels available. Beginning on 6/30/26 the supervisor will review the shift checklists weekly and spot check the bathrooms to ensure compliance.

Licensee's Proposed Overall Completion Date: *07/07/2026*

Implemented (- 07/08/2026)

85d - Trash Receptacles

4. Requirements

2600.
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 06/04/2026 at 09:45 AM, the trash can in the home's 2nd floor common bathroom, shared by 5 residents, was missing a cover.

Plan of Correction ***Accept (- 07/01/2026)***

On 6/4/26, the lid was placed on the bathroom trash can by the administrator. On 7/7/26 staff will be retrained by the supervisor on the requirement for sanitary conditions and the need for lids to be on all bathroom and kitchen trash cans. A daily review to look for lids on trash cans was added to the shift checklist on 6/30/26 by supervisor

85d Trash Receptacles (continued)

and direct care staff will check daily to ensure that there are lids on the trash cans. Beginning on 6/30/26 the supervisor will review the shift checklists weekly and spot check the trash cans to ensure compliance.

Licensee's Proposed Overall Completion Date: *07/07/2026*

Implemented ([redacted] - 07/08/2026)

101j7 - Lighting/Operable Lamp

5. 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 #1 does not have access to a source of light that can be turned on/off at bedside. The lamp was placed on top of the dresser which was not within reach of the resident and was not plugged in. Resident #2 does not have access to a source of light that can be turned on/off at bedside. The lamp was placed on top of the dresser which was not within reach of the resident and the bulb was missing. Resident #3's bedside lamp was placed on the floor at the foot of the resident's bed.

Plan of Correction ***Accept ([redacted] - 07/01/2026)***

On 6/4/2026 lamps were placed in the correct locations (within arm's reach of bed), plugged in, provided working lightbulbs, and tested by the administrator. On 7/7/26 staff will be retrained by supervisor on the requirement for an operable lamp or other source of lighting that can be turned on at bedside. A daily review to look at the lighting in all bedrooms was added to the shift checklist on 6/30/26 by supervisor and direct care staff will check bedside lamps daily to ensure that they are operable and in the correct place. Beginning on 6/30/26 the supervisor will review the shift checklists weekly and spot check the lamps to ensure compliance.

Licensee's Proposed Overall Completion Date: *07/07/2026*

Implemented ([redacted] - 07/08/2026)

102h - Toilet Paper

6. Requirements

2600.
102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On 06/04/2026 at 09:45 AM, there was no toilet paper for the toilet in the common bathroom on the 2nd floor.

Plan of Correction ***Accept ([redacted] - 07/01/2026)***

On 6/4/26, toilet paper was placed in the bathroom by the administrator. On 7/7/26 staff will be retrained by the supervisor on the requirement for toilet paper to be provided with every toilet and for toilet paper to always be available to residents in the bathroom. A daily review to look for toilet paper in all bathrooms was added to the shift checklist on 6/30/26 by supervisor, and direct care staff will check supplies daily to ensure that there is toilet paper available. Beginning on 6/30/26 the supervisor will review the shift checklists weekly and spot check the bathrooms to ensure compliance.

Licensee's Proposed Overall Completion Date: *07/07/2026*

102h - Toilet Paper *(continued)*

Implemented (- 07/08/2026)

183c - Refrigerated Meds Locked

7. Requirements

2600.
183.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

Description of Violation

On 06/04/2026, prescribed for resident #4 were unlocked and accessible in .

Plan of Correction ***Accept (- 07/01/2026)***

On 6/4/26, a lockbox was purchased by the administrator for storage of On 7/7/26 staff will be retrained by supervisor on the requirement for Prescription medications, OTC medications and CAM stored shall be kept in an area or container that is locked. A daily review to look and check the lockbox was added to the shift checklist on 6/30/26 by supervisor, and direct care staff will check all medications daily to ensure that they are in a locked container. Beginning on 6/30/26 the supervisor will review the shift checklists weekly and spot check the office lockbox to ensure compliance.

Licensee's Proposed Overall Completion Date: *07/07/2026*

Implemented (- 07/08/2026)

183d - Prescription Current

8. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 06/04/2026, resident #4's (discontinued 05/29/2026), (discontinued on 05/22/2026), and (discontinued 05/22/2026) were still in the home's medication cabinet.

Plan of Correction ***Accept (- 07/01/2026)***

On 6/4/26, the discontinued medications were removed from the home by the Elwyn nurse and destroyed. On 6/25/26 staff were retrained by the supervisor on the requirement for removal and destruction of discontinued medications. Starting on 6/30/26 staff and the supervisor will destroy medications or give medications to nursing to remove from the site within 24 hours of medication being discontinued. A weekly medication audit will be completed by staff on Wednesdays starting on 7/1/26. Beginning on 7/1/26 the supervisor will review the med audits weekly and spot check the medications to ensure compliance

Licensee's Proposed Overall Completion Date: *07/01/2026*

Implemented (- 07/08/2026)

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.

185a - Implement Storage Procedures *(continued)*

Description of Violation

Resident #4 is prescribed [redacted] not documented. [redacted]

Plan of Correction ***Accept ([redacted] - 07/01/2026)***

On 6/4/26 corrections were made to the MAR to document [redacted]. By 7/7/26 all staff will be re-trained on the procedure for [redacted] documentation by the supervisor. A weekly medication audit will be completed by staff on Wednesdays starting on 7/1/26. Beginning on 7/1/26 the supervisor will review the med audits weekly and spot check the medications to ensure compliance

Licensee's Proposed Overall Completion Date: *07/07/2026*

Implemented ([redacted] - 07/08/2026)