

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

September 14, 2026

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

RE: ELWYN - HARMONY HALL
111 ELWYN ROAD
ELWYN, PA, 19063
LICENSE/COC#: 19085

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/23/2026 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 - HARMONY HALL

License #: 19085

License Expiration: 01/15/2027

Address: 111 ELWYN ROAD, ELWYN, PA 19063

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-2 LP

Date: 05/01/1980

Issued By: Commonwealth of
Pennsylvania, L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 16

Waking Staff: 12

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Incident

Exit Conference Date: 07/23/2026

Inspection Dates and Department Representative

07/23/2026 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 16

Residents Served: 15

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 13

Are 60 Years of Age or Older: 10

Diagnosed with Mental Illness: 15

Diagnosed with Intellectual Disability: NA

Have Mobility Need: 1

Have Physical Disability: 1

Inspections / Reviews

07/23/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/23/2026

08/27/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/11/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/01/2026

Inspections / Reviews (*continued*)

09/08/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/11/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/11/2026

09/14/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/11/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

85a - Sanitary Conditions**1. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 7/23/2026 at 10:33a, there was an unlabeled shower chair in the shared bathroom between 1 and 2, the center of the chair seat was stained with brownish color that appeared to be feces..

Plan of Correction

Accept () - 09/08/2026)

On 7/23/26, the unit director removed the chair after following up to determine if the chair belonged to any of the residents. The chair was cleaned and disinfected by the housekeeping staff on 7/23/26. The direct care staff will check to ensure all shower chairs are correctly labeled with the residents name.

The unit director will conduct walk through of each bathroom at least three times weekly, starting immediately.

The direct care staff will check the bathrooms at least three times daily, starting immediately.

The unit director developed a check list on 8/23/26 to ensure the direct care staff have directions on checking for cleanliness in the bathrooms.

The unit director conducted training with the direct care staff on 7/25/26 and again on 8/24/26.

Proposed Overall Completion Date: 09/01/2026

Licensee's Proposed Overall Completion Date: 09/01/2026

Implemented () - 09/14/2026)

85d - Trash Receptacles**2. 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 7/23/2026 at 10:41am there was a partially full, uncovered, unattended trash can in the kitchen.

Plan of Correction

Accept () - 09/08/2026)

On 7/23/26 the trash can lid was directly placed by the direct care staff. The direct care staff forgot to place the lid back on the trash can following clean up.

On 7/25/26 the unit manager conducted a training with the direct care staff on the importance of keeping a lid on the trashcan and again on 8/24/26 to review the checklist the unit manager developed to help with maintaining cleanliness in the home.

The direct care staff will check the kitchen, and bathroom trashcans will be checked on each shift to ensure the lids are on securely, starting immediately.

The unit manager and site supervisor will check all trash cans at least three times weekly, starting immediately.

Proposed Overall Completion Date: 09/01/2026

85d - Trash Receptacles (continued)

Licensee's Proposed Overall Completion Date: 09/01/2026

Implemented () - 09/14/2026

90b - Staff Communication**3. Requirements**

2600.

90.b. For a home serving 9 or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.

Description of Violation

The home does not have a system that allows staff in different parts of the home to communicate with each other in an emergency. On 7/23/2026, the home served 15 residents.

Plan of Correction

Accept () - 09/08/2026

In the past the staff communicated was via phones or calling out to each other. On 7/23/26, the unit manager met with the direct care staff to develop a plan on how to communicate with each other until another method of communication is available.

On, 8/21/26, the unit manager ordered walkie talkies to improved communication between staff in an emergency. The walkies arrived on site 8/31/26 and are currently in use. The unit manager conducted a training on the use on 8/31/26.

Each day the direct care staff obtain a walkie upon arrival and recharge each evening, starting immediately.

The unit manager or site supervisor will check weekly with the staff on the ongoing use and charging of each walkie, starting immediately.

Proposed Overall Completion Date: 09/01/2026

Licensee's Proposed Overall Completion Date: 09/01/2026

Implemented () - 09/14/2026

102k - No Common Towel**4. Requirements**

2600.

102.k. Use of a common towel is prohibited.

Description of Violation

There was a used washcloth and used shower sponge in the shared bathroom between bedroom 1 and 2.

Plan of Correction

Accept () - 09/08/2026

Starting 7/24/26, Daily Bathroom Checks on all Shifts by the direct care staff:

The unit manager developed a checklist to assist the direct staff on implementing the items that require checking. The direct care staff began using the checklist on 8/24/26.

Starting immediately, no resident should have personal products kept or left in the Bathroom and each Resident

102k - No Common Towel (continued)

has a Hanging Hook and a Towel Rack in the Closet. All residents have a Personal Care Basket. The Care Basket must be labeled with their name and all of their Personal Products. (Toiletries need to be kept in their Basket/Bin.) Towels and Washcloths can be stored on the hook on the outside of the Closet in the Closet on the Towel, starting immediately.

The unit manager or shift supervisor will conduct inspection of the bathrooms at least weekly to ensure all towels and personal items are located in the resident's closet, starting immediately.

Proposed Overall Completion Date: 09/30/2026

Licensee's Proposed Overall Completion Date: 09/30/2026

Implemented (████ - 09/14/2026)

103f - Refrigerator/Freezer Temps**5. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the freezer in the kitchen.

Plan of Correction

Accept (████ - 09/08/2026)

On 7/23/26, a thermometer was placed in the refrigerator by the direct care staff. The thermometer is built in on the outside of the freezer and it was assumed that was acceptable..

The direct care staff will check the freezer on each shift to ensure the thermometer is still located on the inside of the freezer, starting immediately.

At least three times weekly, the site supervisor or unit manager will check the freezer to ensure the thermometer is still in place.

On 7/25/26, the unit manager conducted a training with the staff on the importance of a thermometer in the freezer to ensure it is operational. The unit manager developed a checklist that included the checking of the freezer, on 8/24/26.

Proposed Overall Completion Date: 09/01/2026

Licensee's Proposed Overall Completion Date: 09/01/2026

Implemented (████ - 09/14/2026)

183e - Storing Medications**6. 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.

183e Storing Medications (continued)

Description of Violation

On 7/23/2026, Tramadol HCL for Resident 1 was punctured in slot 26 and the pill remained in place.

Plan of Correction

Accept () - 09/08/2026

The puncture most likely occurred during handling of the medication packet. On 7/23/26, the medication was discarded and returned to the pharmacy.

Starting immediately, the med techs will check each blister pack of medication during the administrator to ensure each slot is intact. If it is not intact the staff will contact the pharmacy for replacement.

The unit manager conducted a training on the importance of identifying the integrity of the medication blister pack, 7/25/26 to all staff and again on 8/24/26.

The unit manager also created a checklist adding the checking of the medication blister packs at each administration, on 8/24/26. The staff will check each blister pack during medication administration daily.

The site supervisor or site nurse will conduct medication cart audits weekly, starting immediately.

Proposed Overall Completion Date: 09/01/2026

Licensee's Proposed Overall Completion Date: 09/01/2026

Implemented () - 09/14/2026

185a - Implement Storage Procedures

7. 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 2 is prescribed Mucinex D 60mg "Give 1 tablet twice dail as need and Glucose 4mg " Give 16grams 4 tablets as needed. On 7/23/2026 this medication was not available in the home.

Repeat Violation: 9/18/2025

Plan of Correction

Accept () - 09/08/2026

On 7/24/26, upon discover of the unavailable medication, the site nurse notified the residents physician and pharmacy of the missing medications. An updated prescription was obtained and the medications reordered. The medications were replaced on 9/3/26.

On 7/25/26, the site supervisor conducted a training with the med techs to ensure they observe needed medications according to the residents MAR.

The staff will review the MAR at each shift to ensure all medications are available for administration, starting immediately.

The unit supervisor or site nurse will conduct med cart audits at least monthly to ensure all medications are available according to each residents MAR, starting immediately.

185a - Implement Storage Procedures (continued)

Proposed Overall Completion Date: 09/26/2026

Licensee's Proposed Overall Completion Date: 09/26/2026

Implemented ([REDACTED] - 09/14/2026)