

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to DEVEREUX FOUNDATION, INC.

LEGAL ENTITY

To operate DEVEREUX WHITLOCK PERSONAL CARE HOME - HILLTOP COTTAGE

NAME OF FACILITY OR AGENCY

Located at 237 LEOPARD ROAD, BERWYN, PA 19312

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 18

(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from February 17, 2010 until February 17, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 198190

*Robert E. Robinson*

ISSUING OFFICER

*Kevin T. Casey*

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

FEB 17 2010

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Ms. Carol A. Oliver  
Devereux Foundation, Inc.  
139 Leopard Road  
Berwyn, Pennsylvania 19312

RE: Devereux Whitlock Personal Care Home – Hilltop Cottage  
237 Leopard Road  
Berwyn, Pennsylvania 19312

Dear Ms. Oliver:

As a result of the Department of Public Welfare's licensing inspection on December 29, 2009 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

**VIOLATION REPORT**  
**PERSONAL CARE HOMES —55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Devereux Whitlock Personal Care Home — Hilltop Cottage, 237 Leopard Road, Berwyn, PA 19312		CURRENT LICENSE NUMBER 198190	
INSPECTION DATE(S) (Include all dates of the inspection) December 29, 2009		REGIONAL REPRESENTATIVE Laura Santa Maria and Lori Gensil	
SIGNATURE OF LEGAL ENTITY <i>Richard A. D'Julia</i>	DATE 1.18.10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bomber</i>	DATE 1/28/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
54a Direct care staff persons shall have the following qualifications:  (2) Have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry.	Staff person A, date of hire 8/31/09, did not have proof of a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.  <b>Repeat Violation: 6/17108</b>	1/12/2010  On-going	Documentation verifying staff person A's receipt of a high school diploma from the School District of Philadelphia (University City High School) was received on January 12, 2010. See attached.  The Director of Human Resources will ensure all direct care staff meet PCH educational requirements.  <i>The administrator or designee will ensure that staff do not work beyond the 30 day provisional hiring period without receipt of the documentation of education. CS 1/27/10</i>	<i>2/3/10 CS</i>

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**PERSONAL CARE HOMES —55 Pa.Code Chapter 2600**

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SIGNATURE OF LEGAL ENTITY <i>Richard A. D'Amico</i>	DATE 1.18.10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>C. B. B...</i>	DATE 1/28/09

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:  (1) Resident rights. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act. (4) Reporting of reportable incidents and conditions.	Staff person B, date of hire 5/4/09, did not have an orientation on resident rights, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, or reporting of reportable incidents and conditions.	12/25/2010  On-going	The PCH Administrator will ensure all employees currently on the staff roster receive an orientation in resident rights, emergency medical plan, and reporting of reportable incidents and conditions. Attached is documentation indicating staff persons B received the PCH required orientation, however, the training was not within the first 40 scheduled hours. Orientation was completed on May 4, 2009 and resident rights, OAPS Act, and reporting of reportable incidents and conditions was completed on June 10, 2009. Staff person B's original Devereux hire date is Oct. 1, 2007, however, he transferred into the Hilltop PCH Program on May 1, 2009.  The PCH Administrator will ensure within the initial 40 scheduled working hours, all direct care staff persons, ancillary staff persons, substitute personnel and volunteers have an orientation that includes resident rights, emergency medical plan, and reporting of reportable incidents and conditions. The orientation checklist will be revised to include resident rights, emergency medical plan and reporting of reportable incidents and conditions. The orientation will be conducted by the Licensed PCH Administrator or designee(s). See attached.	Steps have been taken to correct violation; full compliance is not verifiable <i>2/3/10</i> Date Initials (DPW)

*The legal entity previously maintained records at a central location and are now maintained at the physical site of the home. as 1/28/10*

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Richard J. DeJulia</i>	<b>DATE</b> 1/18/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Lisa Bentley</i>	<b>DATE</b> 1/28/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
65d Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:  (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.	Staff person A, date of hire 8/31/09, provided unsupervised ADL services, but did not complete and pass the Department-approved direct care training course and passing of competency test until 12/27/09.	12/27/2009  On-going	Staff person A completed and passed the Department-approved on-line direct care training course and passed the competency test on 12/27/2009. Documentation attached.  The PCH Administrator of designee(s), will ensure all direct care staff persons hired after April 24, 2006 do not provide unsupervised ADL's until they successfully complete and pass the Department-approved on-line direct care training course and pass the competency test.  <i>The PCH administrator reviews the work schedule for each week prior to posting of the schedule. as 2/3/10</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>2/3/10</i> Date <i>cb</i> Initials (DPW)

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**PERSONAL CARE HOMES —55 Pa.Code Chapter 2600**

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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
85a Sanitary conditions shall be maintained,	There is a large brown stain that is covered in food particles and has large chunks of food in the area underneath the kitchen refrigerator.	1/6/2010  On-going	The area underneath the kitchen refrigerator was cleaned of the brown stain and food particles by the maintenance department.  The PCH Administrator will ensure the area underneath the refrigerator in the kitchen will be cleaned routinely to ensure cleanliness.  <i>Repairs were made to the wheels on the refrigerator so that it easily moves to permit cleaning beneath &amp; behind it. Staff complete a cleaning checklist - 2/3/10</i>	<i>2/5/10 CB</i>

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SIGNATURE OF LEGAL ENTITY <i>Richard A. D'Julia</i>	DATE <i>1.18.10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bomberg</i>	DATE <i>1/28/10</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
93a Each ramp, interior stairway and outside steps shall have a well-secured handrail,	<ul style="list-style-type: none"> <li>On the first floor to the right of resident #1's bedroom in the office area, there is an exit door that has a one-step descent and there is no handrail.</li> <li>On the first floor in the kitchen near the stair well, there is an exit door that has a one-step descent and there is no handrail.</li> </ul>	2/17/2010	Handrails will be installed on the first floor exterior side of resident #1's bedroom in the office area, and on the first floor exterior side in the kitchen near the stair well where there is a one-step descent. Maintenance requests have been submitted and the maintenance supervisor will ensure the proper installation of the handrails.	<i>2/5/10 CB</i>

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**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Richard R. O'Jedra</i>	<b>DATE</b> 1/18/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Cy S. Boring</i>	<b>DATE</b> 1/28/10

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93b Each porch shall have a well-secured railing.	The front, left and right side of the front porch have an approximate 5 inch drop. There is no handrail.	2/17/2010	A handrail will be installed on the front, left and right side of the front porch where there is approximately a five-inch drop. A maintenance request has been submitted and the maintenance supervisor will ensure the proper installation of the handrail.	<i>2/5/10 CB</i>

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102k Use of a common towel is prohibited.	Both second floor bathrooms do not have any hand drying options located near the bathroom sink.	2/17/2010	E-Motion paper towel dispensers will be installed near the bathroom sinks in the two second floor bathrooms. A maintenance request has been submitted and the maintenance supervisor will ensure the proper installation of the paper towel dispensers.	<i>2/5/10 OB</i>

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103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	The kitchen freezer measures at 10 F.	1/6/2010  On-going	The area underneath the kitchen refrigerator and freezer, and the refrigerator coils and fan have been cleaned. The freezer temperature has been consistently maintained at zero or below since the cleaning. Documentation attached.  Routine cleaning of the area underneath the kitchen refrigerator and freezer and the coils and fans will be completed by the maintenance department. The cleaning will occur every other month, or as needed, to maintain the proper freezer temperature. The freezer temperature will continue to be recorded daily. If the freezer temperature rises above zero degrees, the maintenance department will be contacted immediately and they will address the problem.	1/28/10 <i>OB</i>

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103g Food shall be stored in closed or sealed containers.	The following food was unsealed in the kitchen freezer: one package of Bubba burgers, one package of Ore Ida extra large mozzarella sticks and one package of cream cheese and strawberry toaster strudel.	12/30/2009  On-going	All opened foods in the freezer were re-sealed by the direct care staff persons.  All direct care staff persons were re-instructed on the importance of re-sealing opened foods in the refrigerator, freezer and pantry. The PCH Administrator or designee(s) will ensure, by inspection, the direct care staff persons are routinely re-sealing opened food containers.	Steps have been taken to correct violation; full compliance is not verifiable <i>2/5/10</i> <i>CB</i> Date Initials (DPW)

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Richard T. DiJulia</i>	<b>DATE</b> 1.18.10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Cybil Barmby</i>	<b>DATE</b> 1/29/10

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104b-2 Dishes, glassware and utensils shall be clean, and free of chips and cracks.	Three dinner plates are chipped and each plate has one chip per plate. The chipped edge is sharp to the touch.	12/30/2009  On-going	All dishes, glassware, and utensils were inspected by the program coordinator. The three plates that were chipped were discarded.  New plates will be purchased by the PCH Administrator or designee(s). Monthly inspections of dishes, glassware, and utensils will occur, and the results will be recorded on the monthly fire drill form. See attached.	2/5/10 <i>OB</i>

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187d The home shall follow the directions of the prescriber.	Resident #2's medication administration record lists Ketoconazole Sha 2% for Nizoral shampoo, apply twice weekly on Monday and Wednesday by staff for dandruff. This medication was not available in the home.	12/30/2009  On-going	Resident #2's Ketoconazole Sha 2% for Nizoral shampoo was ordered by the program nurse.  The program nurse will ensure all prescribed medications are received and are present in the home as ordered, and all medications are listed on the MARs.  <i>Rev Admin. the facility nurse (or health services co-ordinator) conducts monthly audits to ensure that all prescribed medications/treatments are available in the facility. 1/13/10</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> <i>2/5/10</i> Date <i>CS</i> Initials (DPW)