

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 - HILLCREST COTTAGE

NAME OF FACILITY OR AGENCY

Located at 229 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 21  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

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 December 23, 2010 until December 23, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **198140**

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

JAN 15 2011

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

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

RE: Devereux Whitlock Personal Care Home – Hillcrest Cottage  
229 Leopard Road  
Berwyn, Pennsylvania 19312

Dear Ms. Oliver:

As a result of the Department of Public Welfare's licensing inspection on September 30, 2010 and October 7, 2010 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,

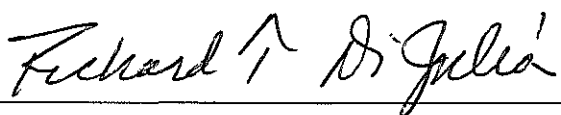
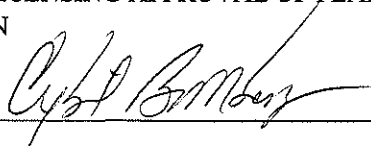
A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

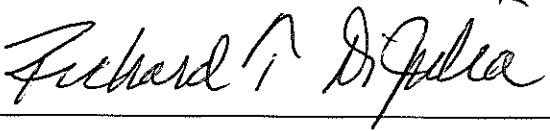
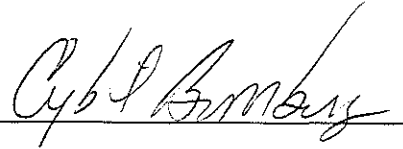




VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME DEVEREUX WHITLOCK PERSONAL CARE HOME HILLCREST COTTAGE, 229 LEOPARD ROAD		CURRENT LICENSE NUMBER 198140	
BERWYN, PA 19312 INSPECTION DATES (Include all dates of the inspection) 09/30/2010		REGIONAL REPRESENTATIVE Denny Granahan, Ron Minnich	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 11/22/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/22/10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
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.				<u>Cont'd</u>

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME DEVEREUX WHITLOCK PERSONAL CARE HOME HILLCREST COTTAGE, 229 LEOPARD ROAD BERWYN, PA 19312		CURRENT LICENSE NUMBER 198140	
INSPECTION DATES (Include all dates of the inspection) 09/30/2010		REGIONAL REPRESENTATIVE Denny Granahan, Ron Minnich	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 11/22/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/28/10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	<p></p> <p>On 10/1/2010, at 8:00 am, resident #3's Clonazepam was administered. The staff person who administered the medications did not initial the medication administration record (MAR) to record that the medication had been given.</p> <p>Repeated Violations: 12/21/2009</p>	<p>October 7, 2010</p> <p>October 22, 2010</p> <p>November 10, 2010</p> <p>Ongoing</p> <p>Ongoing</p>	<p>The staff person who administered resident #3's Clonazepam later verified that the medication was administered although the MAR was not initialed.</p> <p>The staff person who administered the medication and did not initial the MAR has been retrained on medication administration. (See Attachment)</p> <p>The PCH administrator reviewed the medication administration protocol with all staff in a staff meeting. (See Attachment)</p> <p>The overnight staff will review MARs each night to ensure proper documentation of medications administered. The overnight staff will notify the Program Coordinator of any documentation concerns.</p> <p>The Director of Nursing/designee and PCH Administrator will conduct routine and random audits of the MAR's to ensure all staff administering medications initial the MAR after dispensing medications.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p></p> <p>Date Initials (DPW)</p>