

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  
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: 198190

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

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. Judith L. Lau  
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. Lau:

As a result of the Department of Public Welfare's licensing inspection on 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.

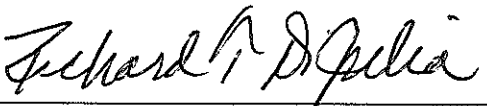
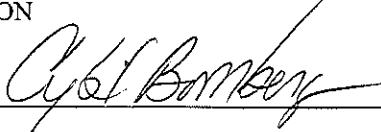
Sincerely,

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

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

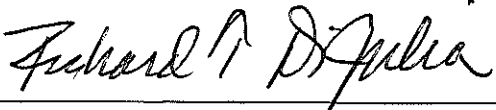
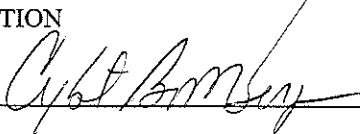
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME DEVEREUX WHITLOCK PERSONAL CARE HOME HILLTOP COTTAGE, 237 LEOPARD ROAD BERWYN,		CURRENT LICENSE NUMBER 198190	
PA 19312 INSPECTION DATES (Include all dates of the inspection) 10/07/2010	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 12/24/10

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
141b1 A resident shall have a medical evaluation: (1) At least annually.	Resident #1's last medical evaluation was completed in February of 2009.	October 14, 2010	Resident #1's and resident #2's medical evaluations were completed by the physician and reviewed by the PCH Administrator. (See Attachments)	Steps have been taken to correct violation; full compliance is not verifiable <u>12/24/10</u> Date Initials (DPW) <u>CS</u>
	Resident #2's last medical evaluation was completed on 5/28/2009.	October 14, 2010	A schedule with due dates for annual medical evaluations was developed by the PCH Administrator. (See Attachment)	
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	The most recent assessment for resident #1 was completed on 2/3/2009	Ongoing	The PCH Administrator will use the schedule to track the timely completion of the medical evaluation form.	Steps have been taken to correct violation; full compliance is not verifiable <u>12/24/10</u> Date Initials (DPW) <u>CS</u>
	The most recent assessment for resident #2 was completed on 5/13/2009	October 14, 2010	Resident #1's, resident #2's and resident #3's PCH Assessments were completed by the program coordinator and reviewed by the PCH Administrator. (See Attachments)	
	The most recent assessment for resident #3 was completed on 8/4/2009	October 14, 2010	A schedule with due dates for annual PCH Assessments was developed by the PCH Administrator. (See Attachment)	
	PCH Division Central Region Field Office  NOV 24 2010	Ongoing	The PCH Administrator will use the schedule to track the timely completion of the PCH Assessment form.	

**RECEIVED**

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,		CURRENT LICENSE NUMBER 198190	
PA 19312 INSPECTION DATES (Include all dates of the inspection) 10/07/2010		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 12/20/10

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
227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the residents needs as indicated on the current assessment.	The most recent support plan for resident #1 was completed on 3/3/2009.  The most recent support plan for resident #2 was completed on 8/13/2010, the previous support plan was completed on 5/13/2009. The resident does not have a current assessment.	October 14, 2010  October 14, 2010  Ongoing	A support plan was developed by the treatment team for residents #1 and #2 and reviewed by the PCH Administrator. (See Attachments)  A schedule with due dates for annual PCH Support Plans was developed by the PCH Administrator. (See Attachment)  The PCH Administrator will use the schedule to track the timely completion of the PCH Support Plans.	Steps have been taken to correct violation; full compliance is not verifiable <i>12/20/10</i> Date Initials (DPW)