



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
Norristown State Hospital  
1001 Sterigere Street  
Bldg 2 Rm. 161  
Norristown, Pennsylvania 19401

ADULT RESIDENTIAL LICENSING

1-866-711-4115  
610-270-1137

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**Mailing Date: July 14, 2011**

Ms. Carol A. Oliver, Executive Director  
Devereux Foundation  
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 April 25, 2011 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.

Sincerely,

Chevon Mitchell  
Regional Licensing Administrator

Enclosure(s)  
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 BERWYN, PA 19312		CURRENT LICENSE NUMBER 198140	
INSPECTION DATES (Include all dates of the inspection) 04/25/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Laura Helmuth	
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 <i>Richard J. DiJulia</i>	DATE 5.16.11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherwon Mitchell</i>	DATE 6/8/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	On 4/21/11 at 4:00pm direct care staff person A witnessed an incident of resident abuse. Direct care staff person B knocked resident #1 down to the ground. Staff person B straddled the resident and punched the resident in the back and slapped the resident on the buttocks with an open hand. Staff person A did not report this incident to their immediate supervisor until 4/22/11 at 4:30pm. As per the home's incident policy staff person A did not immediately report this incident.	5/27/11	Direct Care Staff (DCS) A has received corrective action, including training on immediately reporting abuse and other incidents. DCS A will also not be permitted to work in this program in the future. The PCH Administrator will ensure that all staff in this program receive refresher training regarding incident reporting. DCS B was removed from duty pending our investigation and has since been terminated from employment. The PCH Administrator will ensure ongoing compliance by conducting ongoing reviews with staff.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date: 6/8/11 Initials (DPW)</p>

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) 04/25/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Laura Helmuth	
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 <i>Richard A. D'Julia</i>	DATE 5/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 6/8/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	On 4/21/11 at 4:00pm resident #1 was upset and began cursing and yelling. Staff persons A, B, and C were able to verbally redirect resident #1 from continuing to scream, yell and curse. At that point resident #1 walked into the living room and a few minutes later resident #1 began flipping over the recliners in the living room. Staff persons A and C went into the living room and cleared the room of all the other residents for their safety. The resident continued to curse at the staff members and later started to throw books. Staff person B was in the kitchen and was called to assist the other staff members. At this point the resident left the living room and exited the door to the outside of the home. The resident was trying to slam the door and push it closed as staff person B was trying to exit the door at the same time. Staff person B went outside knocked resident #1 to the ground, straddled the resident, punched the resident in the back and slapped the resident on the buttocks. Staff person C had to pull staff person B off the resident.	5/27/11	Staff B has been terminated from employment for confirmed abuse. The PCH Administrator will ensure that all staff in this program receive training regarding all forms of abuse. The PCH Administrator will ensure ongoing compliance by conducting ongoing reviews and unannounced observations with staff.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>05/27/11</i> Date</p> <p><i>WJK</i> Initials (DPW)</p>

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) 04/25/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Laura Helmuth	
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 <i>Richard A. DiJulia</i>	DATE 5.16.11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Channon Mitchell</i>	DATE 6/8/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
202 The following procedures are prohibited: (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited. (3) Pressure point techniques, defined as the application of pain for the purpose of achieving	On 4/21/11 at 4:00pm resident #1 was upset and began cursing and yelling. Staff persons A, B, and C were able to verbally redirect resident #1 from continuing to scream, yell and curse. At that point resident #1 walked into the living room and a few minutes later resident #1 began flipping over the recliners in the living room. Staff persons A and C went into the living room and cleared the room of all the other residents for their safety. The resident continued to curse at the staff, so staff person C put resident #1 in a physical restraint called the "two arm hold".	5/27/11	Staff C has been terminated from employment for implementing an unnecessary restraint. The PCH Administrator will ensure that all staff in this program receive training regarding the prohibition of manual restraint. The PCH Administrator will ensure ongoing compliance by conducting ongoing reviews, unannounced observations, and ensuring annual training with staff.	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center">Date _____ Initials (DPW) _____</p>

**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) 04/25/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Laura Helmuth	
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 <i>Richard P. DiJulia</i>	DATE 5.16.11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Quinn Mitchell</i>	DATE 6/8/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
compliance, is prohibited. (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or				

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

Page 5 of 5

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) 04/25/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Laura Helmuth	
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 <i>Richard A. D'Julia</i>	DATE 5/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherwon Mitchell</i>	DATE 6/18/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.				

06/07/2011 TUE 9:44 FAX

0009/007