

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to DEVEREUX FOUNDATION, INC.

LEGAL ENTITY

To operate DEVEREUX PA ADULT SERVICES PCH - 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 24, 2011 until December 24, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 198140

Robert E. Robinson

ISSUING OFFICER

R. C. [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

DEC 30 2011

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

Ms. Judith L. Lau, Executive Director
Devereux Foundation, Inc.
139 Leopard Road
Berwyn, Pennsylvania 19312

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

Dear Ms. Lau:

As a result of the Department of Public Welfare's licensing inspection on October 3, 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.

The license indicates the home's recent change in the name from Devereux Whitlock Personal Care Home – Hillcrest Cottage to Devereux PA Adult Services Personal Care Home – Hillcrest Cottage.

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 "Ronald Melusky" with a stylized flourish at the end.

Ronald Melusky
Director

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 BERWYN, PA 19312		CURRENT LICENSE NUMBER 198140	
INSPECTION DATES (Include all dates of the inspection) 10/03/2011		REGIONAL REPRESENTATIVE Roslyn Brewer	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Krista McIlhaney Quality Management Director			
SIGNATURE OF LEGAL ENTITY <i>Krista McIlhaney</i>	DATE 10/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE 12-05-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
107b The home shall have written emergency procedures that include the following: (1) Contact information for each resident's designated person. (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality. (3) Contact telephone numbers of municipal and state emergency management agencies and local resources for housing and	The home's written emergency procedures do not include contact information for each resident's designated person.	10/25/11	A binder, which contains contact information for each resident's designated person, was created. The binder is accessible to staff in the event of an emergency. The binder will be maintained with current information. <i>The administrator will assure compliance with this regulation.</i> <i>M. Moskalczyk</i> 12/5/11	<i>MM</i> 12/5/11

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SIGNATURE OF LEGAL ENTITY <i>Krista McElaney</i>	DATE <i>10/28/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mostakalzyk</i>	DATE <i>12 05 11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
emergency care of residents. (4) Means of transportation in the event that relocation is required. (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs. (6) Alternate means of meeting resident needs in the event of a utility outage.				<i>Cont. from previous page -</i>

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

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SIGNATURE OF LEGAL ENTITY <i>Krista McElroy</i>	DATE <i>10/28/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE <i>120511</i>

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
123c For a home serving 9 or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.	The home's emergency evacuation diagrams on all floors do not include the line of travel to the exits.	<i>10/27/11</i>	All of the home's emergency evacuation diagrams on all floors were modified to include the line of travel to the exits.	<i>MM 12-05-11</i>

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SIGNATURE OF LEGAL ENTITY <i>Krista McElroy</i>	DATE 10/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moshalczyk</i>	DATE 120511

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The medication administration record for resident #1 does not include a diagnosis or purpose for the medication, Cymbalta 20 mg.	10/1/11	All medication administration records will include a diagnosis or purpose for the medication. The purpose for Resident #1's medication, Cymbalta 20 mg, was added to the medication administration record. The home's nurse will ensure all prescribed medications include a diagnosis or purpose for the medication on the medication administration record.	Steps have been taken to correct violation; full compliance is not verifiable Date: _____ Initials (DPW): _____

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.			<i>Cont. from previous page -</i>	