

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to DEVEREUX FOUNDATION, INC.

LEGAL ENTITY

To operate DEVEREUX POCONO CENTER, DREHER MANOR

NAME OF FACILITY OR AGENCY

Located at 1547 MILL CREEK ROAD, NEWFOUNDLAND, PA 18445

(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 24

(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 October 27, 2011 until October 27, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 235260

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

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

NOV 22 2011

Ms. Mary F. Seeley, Executive Director
Devereux Foundation, Inc.
444 Devereux Drive
Villanova, Pennsylvania 19085

RE: Devereux Pocono Center, Dreher Manor
1547 Mill Creek Road
Newfoundland, Pennsylvania 18445

Dear Ms. Seeley:

As a result of the Department of Public Welfare's licensing inspection on October 28, 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.

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

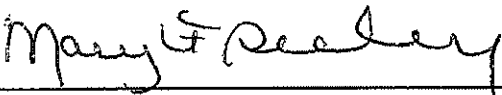
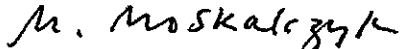
Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky'.

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 POCONO CENTER DREHER MANOR, 1547 MILL CREEK ROAD NEWFOUNDLAND, PA 18445		CURRENT LICENSE NUMBER 235260	
INSPECTION DATES (Include all dates of the inspection) 10/28/2011		REGIONAL REPRESENTATIVE Betty Bloch, Jason Harvey	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Mary Seeley, Executive Director			
SIGNATURE OF LEGAL ENTITY 	DATE 11/10/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11.15.11

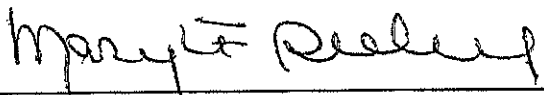
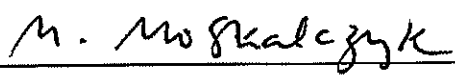
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
52 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults). Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15	Direct care staff peron #1, hired by the home on 10/18/10, moved from Florida to Pennsylvania in August 2010 as indicated on the employment application. The finalized FBI criminal history background clearance check was not received by the home until 3/4/11. The staff person was retained after the 90-day provisional hiring period. <div style="text-align: center;">RECEIVED NOV 14 2011 SCRANTON FIELD OFFICE Adult Residential Licensing</div>	11/1/11	52: Hiring, retention, utilization of staff, as well as hiring and background check procedures shall be in accordance with Older Adult Protective Services and PA Code Chapter 15. Effective 11/1/11, I newly hired staff will be entered into an excel spreadsheet and all necessary background check documentation will be tracked and dates received will be entered. The human resources Recruitment Specialist will review this spreadsheet monthly in order to ensure that all required and necessary documentation has been received. In the event a staff person's necessary documentation is not received within the required time frame, the Residential Manger will be alerted immediately and appropriate action will be taken. This action may include administrative leave or providing only documented supervised care until the report is received. Please see attached document.	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable 11-15-11 Date Initials (DPW)</div>

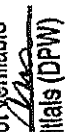
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME DEVEREUX POCONO CENTER DREHER MANOR, 1547 MILL CREEK ROAD NEWFOUNDLAND, PA 18445		CURRENT LICENSE NUMBER 235260	
INSPECTION DATES (Include all dates of the inspection) 10/28/2011		REGIONAL REPRESENTATIVE Betty Bloch, Jason Harvey	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Mary Seeley, Executive Director			
SIGNATURE OF LEGAL ENTITY <i>Mary F Seeley</i>	DATE <i>11/10/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE <i>11-15-11</i>

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
(relating to protective services for older adults) and other applicable regulations.			<i>Cont from previous page.</i>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME DEVEREUX POCONO CENTER DREHER MANOR, 1547 MILL CREEK ROAD NEWFOUNDLAND, PA 18445		CURRENT LICENSE NUMBER 235260	
INSPECTION DATES (Include all dates of the inspection) 10/28/2011		REGIONAL REPRESENTATIVE Betty Bloch, Jason Harvey	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Mary Seeley, Executive Director			
SIGNATURE OF LEGAL ENTITY 	DATE 11/10/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/5/11

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
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Resident #2's Glucagon Emergency Kit contained a Glucagon for injection (1mg unit) medication which had a manufacturer's expiration date of April 2011 on its label. It was stored in the locked medication box located in the home's pantry refrigerator.	11/1/11	<p>183d Only current prescription, OTC, sample and CAM will be kept, and locked in the home.</p> <p>All medications including those stored in the medication cart, the refrigerator, and individual emergency kits shall be checked for expired medications monthly.</p> <p>Medications will be checked monthly by the resident nurse, the residential manager or designated staff.</p> <p>Any expired medications will be disposed of appropriately.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: right;">  Date 11/5/11 Initials (DPW) </p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME DEVEREUX POCONO CENTER DREHER MANOR, 1547 MILL CREEK ROAD NEWFOUNDLAND, PA 18445		CURRENT LICENSE NUMBER 235260	
INSPECTION DATES (Include all dates of the inspection) 10/28/2011		REGIONAL REPRESENTATIVE Betty Bloch, Jason Harvey	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Mary Seeley, Executive Director			
SIGNATURE OF LEGAL ENTITY <i>Mary Seeley</i>	DATE 11/10/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mostkolezyk</i>	DATE 11/5/11

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
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 records did not include the required printed names of the staff persons who administered medication in October 2011; they only included the staff persons' signature and initials.	11/1/11	187a: A master key for the medication administration record has been developed and implemented effective 11/1/11. This key contains the printed name, initials and signature of each staff. This master key will be kept in the front of the medication administration record binder. The master key will be updated monthly by the Residential Manger or designated staff person. Additionally, any staff person working in the home prior to the record being updated (ie a newly hired staff person) will add their printed name, initials and signature to this master key the day of their shift if they are giving medications. This information will be reviewed with all new staff during medication training and has been reviewed with all current staff by the residential manager. Please see attached current master key code.	Steps have been taken to correct violation; full compliance is not verifiable Date <i>11/1/11</i> Initials (DPW) <i>MS</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME DEVEREUX POCONO CENTER DREHER MANOR, 1547 MILL CREEK ROAD NEWFOUNDLAND, PA 18445		CURRENT LICENSE NUMBER 235260	
INSPECTION DATES (Include all dates of the inspection) 10/28/2011		REGIONAL REPRESENTATIVE Betty Bloch, Jason Harvey	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Mary Seeley, Executive Director			
SIGNATURE OF LEGAL ENTITY <i>Mary Seeley</i>	DATE <i>11/10/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mostkalszyk</i>	DATE <i>11.15.11</i>

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
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.	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">NOV 14 2011</div> <div style="font-weight: bold;">SCRANTON FIELD OFFICE</div> Adult Residential Licensing		<i>Cont. from previous page.</i>	