



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: November 26, 2012**

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 March 26, 2012 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,

A handwritten signature in cursive script that reads "Gloria Emick".

Gloria Emick  
Regional Licensing Administrator

Enclosure(s)

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) 03/26/2012		REGIONAL REPRESENTATIVE Sereha Chou, Lori Gensil	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <b>KRISTA K McELHANEY, DIRECTOR OF QUALITY MANAGEMENT</b>			
SIGNATURE OF LEGAL ENTITY <i>Krista McElhaney MA</i>		DATE 4/12/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glori Emick</i>
			DATE 11-19-12

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
42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	On 3/21/2012, at 6:30 am, direct care staff person A pushed resident #1 on both shoulders.  <p align="center">PCH Division Central Region Field Office  APR 12 2012  RECEIVED</p>	4/4/2012	After internal investigation, abuse allegations against direct care staff person were founded. Direct care staff was suspended at time of incident and her employment with Devereux was terminated on 4/4/2012.	11-19-12 <i>RE</i>

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) 03/26/2012		REGIONAL REPRESENTATIVE Serena Chou, Lori Gensll	
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>Krista McElhenny Mrs</i>	DATE 4/12/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Shou Ensh</i>	DATE 11-19-12

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
42c A resident shall be treated with dignity and respect.	On 3/21/2012 at 8:30 am, resident #2 witnessed direct care staff person A made a disrespectful comment that resident #1, "looks like a boy."	4/11/2012	<p>All residents will be treated with dignity and respect.</p> <p>Resident #1 who experienced disrespectful comments received counseling by [REDACTED] clinician, [REDACTED] to help [REDACTED] address any further emotions [REDACTED] may have about the incident. They reviewed coping strategies and what to do in similar situations (e.g. tell someone right away). [REDACTED] did not seem to be experiencing any negative effects of the incident and reported that [REDACTED] feels safe.</p> <p>During monthly staff meeting, all staff were reminded that the individuals are to be treated with respect and dignity. The meeting addressed positive approaches, building positive and influential relationships, and teaching to promote positive behaviors.</p>	11-19-12 SE

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 DERWYN, PA 19312		CURRENT LICENSE NUMBER 198140	
INSPECTION DATES (Include all dates of the inspection) 03/26/2012		REGIONAL REPRESENTATIVE Serena Chou, Lori Gensil	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <b>KRISTA K McILHANEY, DIRECTOR OF QUALITY MANAGEMENT</b>			
SIGNATURE OF LEGAL ENTITY <i>Krista K McIlhaney MA</i>	DATE 4/12/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Lori Gensil</i>	DATE 11-19-12

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
141b1 A resident shall have a medical evaluation: (1) At least annually.	Resident #1's last medical evaluation was completed on 3/22/2012. The previous evaluation was dated 5/28/2010, more than a year prior.	Ongoing	<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> Licensed PCH Administrator, will ensure all medical evaluations are completed within the time frame established in the regulations for all residents.	Steps have been taken to correct violation; full compliance is not verifiable <del>11-19-12 82</del> Date Initials (DPW)