

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

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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  
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 October 27, 2012 until October 27, 2013,  
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



NOV 19 2012

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 (Department) licensing inspection on August 6, 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 Human Services 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 "Ronald Melusky". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 23526 - 08/06/2012 - Rushin, Julianne  
 PCH Name: DEVEREUX POCONO CENTER DREHER MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.29a(b)(1) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: A physician, who is not an employee or contractor of the home, has certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #1 began receiving hospice services on 3/21/12 and did not participate in the monthly fire drills conducted April 2012- July 2012. The resident's physician wrote an order on 4/10/12 which states, "Please do not take patient from building for monthly fire drills due to patient's condition." The statement from the physician does not indicate that the resident is actively dying or that the resident may suffer bodily injury or hastened death if the resident were to be evacuated during fire drills.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

29a(b)1:  
 Although resident #1 is currently receiving hospice services, [redacted] current medical condition indicates that evacuating [redacted] during a fire drill would not result in any bodily injury or hasten [redacted] death.

All staff have been informed of the need to evacuate resident #1. See attachment #1.

Effective 8/13/12 resident #1 will be evacuated during all fire drills.

Resident #1 will be evacuated by transferring [redacted] first to a wheel chair and then evacuating the building through the nearest exit.

Resident #1 participated in an evacuation on 8/17/12. Please see attachment #2.

Resident #1 will be continuously assessed by the PCH Administrator and the Director of nursing to evaluate if at any time evacuation could result in possible bodily injury or hasten death. Should they determine that to be the case [redacted] condition will be review with [redacted] physician and additional documentation will be obtained by [redacted] physician which will specifically indicate that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill. This process will continue for resident #1 and any future residents who are receiving hospice. Evacuation status will be based on the specific individual and changed as determined by ongoing assessment.

The Director of Operations will develop a procedural guideline that encompasses regulations related to hospice services. This will be developed by 8/17/12. Please see attachment #3.

This procedure will be reviewed with direct care staff, PCH Administrators, and members of Leadership including the Director of Nursing and Director of Human Resources. Reviews of this procedure will be completed by 9/1/12.

Repeat Violation: No. \_\_\_\_\_ Date(s) of Previous Violation(s): \_\_\_\_\_

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Mary F Seeley*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Mary F. Seeley, Executive Director

Date August 17, 2012

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 10-09-12  
 (Date)

The above plan of correction was approved by [Signature]  
 (Initials)

Plan of correction implementation status as of 10-09-12  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 23526 - 08/06/2012 - Rushin, Julianne  
 PCH Name: DEVEREUX POCONO CENTER DREHER MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.29a(b)(2) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: The resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative has provided written informed consent that the person is not to evacuate in a fire drill.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 began receiving hospice services on 3/21/12 and did not participate in the monthly fire drills conducted April 2012- July 2012. The home did not obtain a written statement from the resident or the resident's power of attorney for healthcare, resident's legal guardian, or the resident's health care representative indicating there was no objection to the resident not evacuating during fire drills.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

29a(b)2:

At this time, resident #1 will be evacuated during all fire drills, therefore, no written informed consent is necessary.

Effective 8/13/12 resident #1 will be evacuated during all fire drills.

In the event that resident #1's condition changes, written informed consent will be obtained by the resident, [redacted] power of attorney for health care, the resident's legal guardian or health care representative indicating that the person is not to be evacuated.

This informed consent will be obtained by the PCH Administrator immediately upon any determination that resident #1 will not be evacuated. The PCH Administrator will ensure that the individual giving consent understands that not evacuating during a fire drill is very serious.

This procedure will occur for resident #1 as well as any other resident who may receive hospice services.

The Director of Operations will develop a procedural guideline that encompasses regulations related to hospice services. This will be developed by 8/17/12. Please see attachment #3.

This procedure will be reviewed with direct care staff, PCH Administrators, and members of Leadership including the Director of Nursing and Director of Human Resources. Reviews of this procedure will be completed by 9/1/12.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Mary F. Seeley*

Printed Name and Title of Legal Entity Representative  
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Mary F. Seeley, Executive Director

Date August 17, 2012

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Violation Report: 23526 - 08/06/2012 - Rushin, Julienne  
 PCH Name: DEVEREUX POCONO CENTER DREHER MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.29a(b)(7) - The home is to maintain sufficient staffing at all times to provide for the safe evacuation of all residents, including the resident who is actively dying while receiving hospice care and services, in accordance with the fire drill practice requirements specified in § 2600.29a(b)(5) and § 2600.132(a)-(j). A resident who meets the conditions of § 2600.29a(b)(1)-(3) is a resident with mobility needs in accordance with § 2600.4 (relating to definitions).

**2a. DESCRIPTION OF VIOLATION**

Resident #1 began receiving hospice services on 3/21/12 and did not participate in the monthly fire drills conducted April 2012- July 2012. The resident was left alone as staff conducted the drills on 7/11/12, 8/14/12, 5/10/12, and 4/19/12 and therefore, there was no one present to meet the resident's personal care needs and/or safety needs.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

29a(b)7:

Effective 8/13/12 resident #1 will be evacuated during all fire drills. [redacted] will not be left alone while other individuals are being evacuated. Once evacuated, there will be a staff that stays outside with residents, while the other staff continue to evacuate the rest of the residents.

All staff have been informed of the need to evacuate resident #1. See attachment #1.

Effective 8/10/12 an additional staff has been added to the overnight ratio to ensure the ability to evacuate all residents on the overnight shift.

All fire drill evacuation times will continue to be monitored by the PCH Administrator to ensure they meet the required evacuation time.

The Director of Operations will develop a procedural guideline that encompasses regulations related to hospice services. This will be developed by 8/17/12. Please see attachment #3.

This procedure will be reviewed with direct care staff, PCH Administrators, and members of Leadership including the Director of Nursing and Director of Human Resources. Reviews of this procedure will be completed by 9/1/12.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Mary F Seeley

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Date  
 Mary F. Seeley, Executive Director      August 17, 2012

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Violation Report: 23526 - 08/06/2012 - Rushin, Julienne  
 PCH Name: DEVEREUX POCONO CENTER DREHER MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.52 - 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 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 began receiving hospice services from Commonwealth Home Health Hospice of Northeast Pennsylvania on 3/21/12. The home did not obtain a Pennsylvania criminal background check for the staff person(s) who provides hospice services for the resident as required by the PA Older Adult Protective Services Act.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

52:

During the day of inspection, 8/6/12, all criminal history checks for the hospice workers were faxed to Devereux by their employer.

Effectively 8/6/12, criminal history checks and hiring policies will be in accordance with the Older Adult Protective Services Act and 6 P.code chapter 15.

Effective 8/17/12, the Human Resource Director will update the policy regarding hiring practices/background checks to include employees of a home health care agency assigned by the agency to provide care in a personal care home as well as contracted employees who have any type of direct contact with a resident or unsupervised access to residents personal living quarters without direct oversight by other employed staff. Please see attachment #4.

All PCH Administrators, Maintenance Dept and Dept Heads, will notify the Human Resource director of any event involving any non-employee who will provide care to any resident, or who will have unsupervised access to a resident's living quarters in order to conduct background clearances in advance. In the event time does not allow for this background check, the PCH Administrator, Maintenance Dept or Dept Head will assure that the person is supervised at all times.

The Director of Operations will develop a procedural guideline that encompasses regulations related to hospice services. This will be developed by 8/17/12. Please see attachment #3.


This procedure will be reviewed with direct care staff, PCH Administrators, and members of Leadership including the Director of Nursing and Director of Human Resources. Reviews of this procedure will be completed by 9/1/12.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Mary F. Seeley, Executive Director	Date August 17, 2012
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Violation Report: 23526 - 08/06/2012 - Rushin, Julianne  
 PCH Name: DEVEREUX POCONO CENTER DREHER MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 A hole measuring approximately 12" wide and 3" deep was located in the driveway outside of the home's right rear fire exit door posing a fall risk to residents.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

100(a):

The hole in the driveway outside of the right rear exit was repaired during the inspection on 8/6/12.

Effective immediately and ongoing the maintenance dept. will do period checks of the outside premises to identify any potentially hazardous conditions.

Any staff who is aware of any unsafe or hazardous conditions inside or outside of the home, will immediately sent a notification to the maintenance department through the electronic footprints system.

The PCH Administrator and individual assigned to do a monthly peer Quality Compliance Guide will ensure they check all outside premises for safety issues. Please see attachment #5.

The home will retain the completed checklists, including the employee's name or initials and the date the checklist (or section) was completed. These documents will be provided to Dept. Reps upon request. *OK* 10-9-12

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Mary F. Seeley*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)      Date  
 Mary F. Seeley, Executive Director      August 17, 2012

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 (Initials)

Plan of correction implementation status as of 10-9-12  
 (Date)

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Violation Report: 23526 - 08/06/2012 - Rushin, Julianne  
 PCH Name: DEVEREUX POCONO CENTER DREHER MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #1 began receiving hospice services on 3/21/12 and did not participate in the monthly fire drills conducted April 2012- July 2012. The most recent letter to the local fire department (dated 10/3/11) does not indicate that the resident will remain in the home while fire drills are conducted and what assistance would be required to assist the resident in the event that an emergency evacuation was required:

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

124:  
 An updated letter has been sent to the local fire department indicating the needs and locations of bedrooms of all 11 individuals with current mobility issues. This letter did not include anything about the resident on hospice since [redacted] is currently going to be evacuated for all fire drills. In the event [redacted] status changes, an additional letter will be sent to notify the local fire department.

This letter was sent by the Director of Operations on 8/16/12 and will be sent annually if no changes are indicated. Please see attachment #6

If mobility needs change for any resident, the PCH Administrator will notify the Director of Operations and an updated letter will be sent to the local fire department.

The Director of Operations will develop a procedural guideline that encompasses regulations related to hospice services. This will be developed by 8/17/12. Please see attachment #3.

This procedure will be reviewed with direct care staff, PCH Administrators, and members of Leadership including the Director of Nursing and Director of Human Resources. Reviews of this procedure will be completed by 9/1/12.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Mary F. Seeley*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Mary F. Seeley, Executive Director	Date August 17, 2012
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Violation Report: 23526 - 08/06/2012 - Rushin, Julianne  
 PCH Name: DEVEREUX POCONO CENTER DREHER MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION  
 The home's staff schedule indicates that three staff persons are routinely scheduled to work 11:00pm- 7:00am. Based upon interviews of staff person "A" who is the administrator, and staff person "B", as well as the home's monthly fire drill records, it was concluded that the home is using one additional staff person from another licensed facility located on the same property when drills are conducted during sleeping- hours


3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

132 g:  
 Effective 8/10/12, an additional staff was added to the overnight shift ratio.

The PCH administrator will continue to schedule 4 staff on the overnight shift in order to meet the evacuation time requirement. Please see attachment #7.

Additional staff will not be used to meet evacuation requirements for fire drills that would not otherwise be available.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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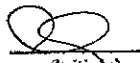
Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Mary F. Seeley, Executive Director	Date August 17, 2012
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 (Date)

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 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 23526 - 08/06/2012 - Rushin, Julienne  
 PCH Name: DEVEREUX POCONO CENTER DREHER MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #1 began receiving hospice services on 3/21/12 and did not participate in the monthly fire drills conducted April 2012- July 2012. The home did not obtain the proper documentation from the resident's physician and/or the resident, or the resident's responsible party indicating the resident does not have to evacuate during monthly drill. As a result, the resident must evacuate the home during each fire drill to a designated fire-safe area until proper documentation is obtained.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

132h:  
 Effective 8/13/12 resident #1 will be evacuated during all fire drills. [redacted] will be evacuated to the designated meeting place away from the building as indicated in the fire evacuation plan. Please see attachment #8.  
 All staff have been informed by the PCH Administrator. Please see attachment #1.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)		<i>Mary F Seeley</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
Mary F. Seeley, Executive Director		August 17, 2012	

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Violation Report: 23526 - 08/06/2012 - Rushin, Julianne  
 PCH Name: DEVEREUX POCONO CENTER DREHER MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**2a. DESCRIPTION OF VIOLATION**

At approximately 2:30pm, a flattened cardboard box was observed on a chair located in the smoking area that was being used to sit on when residents and/or staff were smoking.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

144c(1):

The PCH Administrator will review the smoking policy with all staff by 8/17/12. The smoking policy includes not having flammable materials in the smoking area. Please see attachment #9.

The PCH Administrator, maintenance dept. and staff assigned to do peer review through the Quality Compliance Guide, will be sure to include the exterior of the building, checking the smoking area for any safety hazards. Please see attachment #5.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Mary F. Seeley*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Mary F. Seeley, Executive Director	Date August 17, 2012
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Violation Report: 23526 - 08/06/2012 - Rushin, Julienne  
 PCH Name: DEVEREUX POCONO CENTER DREHER MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION  
 The record of resident #1 and #6 did not contain information regarding the resident's identifying marks, if any.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

252:  
 The records for residents #1 and #6 have been corrected. The Emergency Profile was updated so that identifying marks section is no longer blank. Please see attachments #10 and #11.  
 All managers and program specialists have been informed that all resident's Emergency Profiles must be updated by 9/1/12 to ensure that no blank spaces are indicated.  
 The chart review checklist has been updated so that all staff doing quality reviews on charts will be alerted to look for any blank spots. Please see attachment #12.

The Adm or a designee will review resident records, at least once per month, random new and annual resident record reviews, in order to measure compliance. Documentation of these reviews will be maintained and provided to Dept. reps upon request.  
 [Signature] 10-9-12

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Mary F Seeley*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Mary F. Seeley, Executive Director      Date August 17, 2012

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