

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 - HILLTOP COTTAGE
NAME OF FACILITY OR AGENCY

Located at 237 LEOPARD ROAD, BERWYN, PA 19312
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 18
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 February 8, 2013 until February 8, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations

No: 198190

Robert E. Robinson
ISSUING OFFICER

[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



FEB 08 2013

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

RE: Devereux PA Adult Services PCH – Hilltop Cottage
237 Leopard Road
Berwyn, Pennsylvania 19312

Dear Ms. Lau:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 29, 2012 and November 30, 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".

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 19819 - 11/29/2012 - McCloskey, Jason
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract for Resident #1 was not signed by the administrator, resident or payer.
 The contract for Resident #2 was not signed by the administrator, resident or payer.

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.
 Resident #1 and Resident #2's contracts will be signed by the administrator, resident and payer: [redacted] and [redacted] Licensed Personal Care Home Administrators, will ensure all resident contracts are signed by the administrator, resident and/or payer upon admission into the Hilltop Personal Care Home. The completed "signature page" of the contracts for Resident #1 and Resident #2 will be forwarded to the Department by February 15, 2013.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date

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

The above plan of correction is approved as of <u>1-16-13</u> (Date)	Plan of correction implementation status as of <u>1-16-13</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 19819 - 11/29/2012 - McCloskey, Jason
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(4) - The contract shall specify the party responsible for payment.

2a. DESCRIPTION OF VIOLATION

The contract for Resident #1 does not specify the party responsible for payment.

The contract for Resident #2 does not specify the party responsible for payment.

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

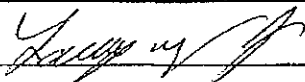
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #1 and Resident #2's contract for services will specify the party responsible for payment. Licensed Personal Care Home Administrators, [redacted] and [redacted] will ensure that all contracts specify the party responsible for payment upon signing of the contract at admission or at annual review. The completed "party responsible for payment" page will be forwarded to the Department by February 15, 2013.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Larry Zurecki

Date

1/15/13

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

The above plan of correction is approved as of 1-16-13
 (Date)

Plan of correction implementation status as of 1-16-13
 (Date)

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

The above plan of correction was approved by ZE
 (Initials)

Violation Report: 19819 - 11/29/2012 - McCloskey, Jason
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Staff Person A, hired on 11/14/11, provided direct care services between the time of hire and the date of competency testing on 1/28/12.

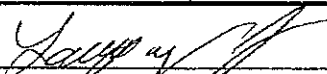
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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.

All new-hires are required by Devereux Pennsylvania Adult Services (PAAS) to attend seven days of training and instruction prior to reporting to the assigned home for which they were hired. Following the seven-day Center training, Licensed Personal Care Home Administrators, [redacted] and/or [redacted] will meet with all new-hires to complete the home orientation, including the Department approved direct care on-line training course prior to the staff providing direct care services. Administrators will conduct monthly audits to ensure all staff are current on training. Any staff who are out of compliance for training will receive immediate corrective action to ensure immediate compliance.

Attachments 1 & 2.

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) Harry Zurawski Date 1/15/13

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

The above plan of correction is approved as of 1-16-13
 (Date)

The above plan of correction was approved by SE
 (Initials)

Plan of correction implementation status as of 1-16-13
 (Date)

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

Violation Report: 19819 - 11/29/2012 - McCloskey, Jason
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephone in the room of Resident #1 does not have the phone numbers for emergency services posted nearby.

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.

Emergency services phone numbers were posted in Resident #1's bedroom. [redacted] and [redacted] Licensed PCH Administrators, will ensure all telephones in the home have a posting of emergency numbers nearby. During community meetings with the residents on January 24 and January 31, 2013, a review of emergency contacts will occur and the residents will be reminded to request a replacement for the "Emergency Telephone Information" when it's needed.

Attachment 5

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Harry Zupaski* Date *1/15/13*

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- Not Implemented

The above plan of correction was approved by SE
 (Initials)

Violation Report: 19819 - 11/29/2012 - McCloskey, Jason
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2600
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

The following products were found in the home's refrigerator and had no labels indicating the dates the products were opened:

- A 48 oz. container of elbow macaroni salad
- A 48 oz. container of Giant brand applesauce
- A 2 lb. container of Helluva Good brand cocktail sauce

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.

Products found to have been opened were discarded. Air-tight containers were purchased to store opened food. A memo was distributed to all staff detailing their responsibilities in labeling food the date the food was opened. Additionally, staff's responsibilities with labeling opened food will be reviewed in staff meetings on January 9, January 16 and January 30, 2013.

Proof of correction will be submitted following the meeting on January 30, 2013 in the form of meeting minutes and a record of meeting attendance. Attachment 6

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

Larry Zurawski

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Larry Zurawski

Date 1/15/13

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The above plan of correction was approved by <u>BE</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 19819 - 11/29/2012 - McCloskey, Jason
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted on 8/1/11. A medical evaluation documented on a form specified by the Department has not been completed for the resident.

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.

A Department approved medical evaluation form was completed for Resident #2, [redacted] and [redacted] Licensed PCH Administrators, will ensure medical evaluations are completed for all residents on a current, Department approved medical evaluation form upon admission, annually, and any time there is a significant change in the resident's condition. The completed Medical Evaluation Form for Resident #2 is attached.

Attachment 7

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Larry Zuvastki

Date

1/15/13

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 (Date)

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 (Date)

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

The above plan of correction was approved by BE
 (Initials)

Violation Report: 19819 - 11/29/2012 - McCloskey, Jason
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

On 11/29/2012, the following medications were found loose in the medication cart of the home:

- fragment of a round, white pill
- half of a round, blue pill
- round, white pill

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.

The medications found loose in the medication cart of the home were properly discarded. All staff will be trained in storing of all medications in an organized manner following manufacturer's instructions. Periodic checks, to ensure protocols for storing medications are followed, will be performed by the home nurse and the administrators. Additionally, unannounced monthly audits will be conducted to ensure the purpose for each medication is identified on the medication administration record.

The training will occur in the staff meetings scheduled in January with proof in the form of meeting minutes and staff attendance being forwarded to the Department by February 15, 2013.

Attachment 3

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)	Date
Henry Zurawski	1/15/13

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 (Date)

Plan of correction implementation status as of 1-16-13
 (Date)

The above plan of correction was approved by gc
 (Initials)

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

Violation Report: 19819 - 11/29/2012 - McCloskey, Jason
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa. Code §2600

2600.187(a) - 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 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.

2a. DESCRIPTION OF VIOLATION

The medication administration record for Resident #3 does not contain the initials of the staff person administering aspirin, 325 mg, on 11/2/12 at 7:00 pm.

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.

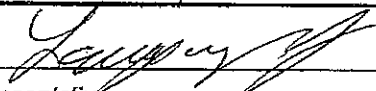
The medication administration record for Resident #3 was completed for November 2, 2012 at 7 pm. The Resident was on vacation away from the home on this date during the 7 pm medication pass. A review of the protocols for administering medications, including documentation, will be conducted at the staff meetings on January 9, January 16 and January 30, 2013. The overnight staff will be assigned to check for proper documentation of medication administration on a nightly basis and report any problems to the PCH Administrators for corrective action. Unannounced monthly audits will be conducted to ensure the purpose for each medication is identified on the medication administration record.

The training will occur in the staff meetings scheduled in January with proof in the form of meeting minutes and staff attendance being forwarded to the Department by February 15, 2013. *Corrected medication record attachment #8*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Larry Zurawski

Date

1/15/13

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The above plan of correction is approved as of

1-16-13
 (Date)

Plan of correction implementation status as of

1-16-13
 (Date)

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

The above plan of correction was approved by

ZZ
 (Initials)

Violation Report: 19819 - 11/29/2012 - McCloskey, Jason
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted on 2/21/2012. The preadmission screening was dated 2/29/2012.

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.
 [Redacted] and [Redacted] PCH Administrators, will work with the Devereux PAAS Admissions Department in completing the required Pre-Admission Screenings on the Department-approved form prior to the admission of any resident.

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

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Harry Zurecki</i>	<i>1/15/13</i>

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 (Initials)

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