

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
(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: 198140

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 – Hillcrest Cottage
229 Leopard Road
Berwyn, Pennsylvania 19312

Dear Ms. Lau:

As a result of the Department of Public Welfare's (Department) licensing inspection on December 3, 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", written over a horizontal line.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 19814 - 12/03/2012 - McCloskey, Jason
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLCREST 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

Direct care Staff Person A, hired on 4/19/12, provided direct care services between the time of hire and the date of competency testing on 11/11/12.

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 is 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) *[Handwritten Signature]*

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

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

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

Violation Report: 19814 - 12/03/2012 - McCloskey, Jason
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLCREST COTTAGE

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 11/30/12, a 41 oz. bottle of Ketoconazole shampoo, prescribed for Resident #6, was unlocked and accessible to residents in the first-floor bathroom.

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.

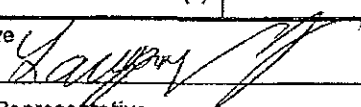
The medicated shampoo being stored in Resident #6's bathroom was moved into a locked medication room/staff office. All prescription medications, OTC medications, CAM and syringes will be stored in the medication room/staff office. In staff meetings conducted by [redacted] and [redacted] scheduled for January 9, January 16 and January 30, 2013, the staff will be instructed to maintain all medications in the medication room/staff office. The protocol for storing medications will be addressed in the home orientation and medication training with new-hires. Unannounced audits will be conducted monthly to ensure proper storage of medications is being maintained.

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.

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)

Nancy Zurecki

Date

1/15/13

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 (Date)

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

- Fully implemented
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Violation Report: 19814 - 12/03/2012 - McCloskey, Jason
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLCREST COTTAGE

1. REGULATION 55 Pa.Code §2600
 2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION
 Two bottles of Debrox ear drops for Resident #1 were expired on 6/12 and 8/12.
 One bottle of Polyethylene Glycol 3350 for Resident #2 was expired on 10/12.

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.
 The expired medications for Resident #1 and Resident #2 were removed and properly discarded. To ensure medication is removed prior to its expiration, an inventory of medication, including verifying the medication is current, will be performed by the nurse when the new monthly cycle medications are inventoried. Additionally, the overnight direct care staff will perform weekly checks on all medications to ensure they are current. Any medication which reaches its expiration date will be properly discarded and a replacement will be ordered. The protocol for verifying all medications are within their expiration date will be covered in the January staff meetings. Unannounced audits will be conducted monthly to ensure proper procedures for medications are being maintained.
 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
Harry Zucchi	1/15/13

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

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

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

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

Violation Report: 19814 - 12/03/2012 - McCloskey, Jason
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLCREST 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 include the diagnosis or the purpose of "Hydrochloral" tab, 25 mg.

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 amended to include the purpose for the medication "Hydrochloral". The nurse will ensure the purpose for prescribing each medication is included on the medication administration record when completing the monthly cycle medications inventory.
 Attachment 4

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/03/2011	
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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
Larry Zvonicki	1/15/13

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 (Date)

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

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

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- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not implemented