



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

APR 30 2014

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  
License #: 198190

Ms. Lau:

As a result of the Department of Public Welfare's licensing inspection on September 27, 2013, October 29, 2013 and October 30, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period February 8, 2014 to February 8, 2015 was issued on October 26, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones  
Acting Director

Enclosure  
License Inspection Summary

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

PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE		License Number: 198190
Address: 237 LEOPARD ROAD, BERWYN, PA 19312		County: Chester
Administrator: Larry Zuraski		Region: CENTRAL
Legal Entity Name: DEVEREUX FOUNDATION INC		
Legal Entity Address: 139 LEOPARD ROAD, BERWYN, PA 19312		
Certificate(s) of Occupancy C-2 12/13/2001 L&I		
Staffing Hours		
Resident Support: NM	Total Daily Staff: 16	Waking Staff: 12
Type of Inspection: Partial	BHA Docket Number: NA	Notice: Unannounced
Reason(s) for inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 09/27/2013: Riel, Becky, <i>Vicki, Jamie</i>		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p><b>RECEIVED</b></p> <p>FEB 04 2014</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers: NA		Random Indicators: NA
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 18	Number of Residents who:	
Number of Residents Served: 18	Receive Supplemental Security Income: 10	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 11	
Area:	Have Mental Illness: 7	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 9	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 0		

Violation Report: 19819 - 09/27/2013 - Riel, Becky  
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa. Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 9/13/2013, Resident #1 reported to a therapist that a sexual relationship had occurred with Resident #2, in which Resident #1 does not want to be in or know how to end. Resident #2 then confirmed on 9/13 with the same therapist that he/she has been pressuring Resident #1 to engage in a sexual relationship despite Resident #1 not wanting to. The therapist reported the accusation of sexual assault to Staff Person A. Staff Person A made arrangements for Resident #2 to be transferred to a different facility on 9/13/2013. The home did not report the allegation of sexual abuse to the local area agency on aging, the State Department of Aging, or the local police department until 9/16/2013.

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.*

Larry Zuraski, in cooperation with the Quality Management Department, will ensure compliance regarding reporting any suspected abuse by immediately reporting any suspected abuse of a resident served in the home. Full compliance with the Older Adult Protective Services Act and 6 PA Code Sections 15.21-15.27 in relation to immediately reporting suspected abuse will be maintained.

*The administrator and all staff will have additional training to Older Adults Protective Services Act and abuse reporting. This training will be documented and the documentation retained in the Staff training file. CB 3/3/14*

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: Larry Zuraski, Program Director      Date: 1-29-14

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

The above plan of correction is approved as of <u>3/3/14</u> (Date)	Plan of correction implementation status as of <u>3/3/14</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 - 09/27/2013 - Rial, Becky  
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa. Code §2600  
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION  
 On 9/13/2013, Resident #1 reported to a therapist that a sexual relationship had occurred with Resident #2, in which Resident #1 does not want to be in or know how to end. Resident #2 then confirmed on 9/13 with the same therapist that he/she has been pressuring Resident #1 to engage in a sexual relationship despite Resident #1 not wanting to. The therapist reported the accusation of sexual assault to Staff Person A. Staff Person A made arrangements for Resident #2 to be transferred to a different facility on 9/13/2013. The home did not report the allegation of sexual abuse to the Department until 9/15/2013.

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.  
 Larry Zuraski, in cooperation with the Quality Management Department, will report any incident or condition of abuse or neglect to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours. Abuse reporting will also follow the guidelines in section 2600.15 relating to abuse reporting covered by law.

*The administration and all staff will have additional training on reporting of reportable incidents and abuse. Documentation of this training will be retained in the staff training records. 3/3/14*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Larry Zuraski*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Larry Zuraski, Program Director      Date 1-29-14

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The above plan of correction is approved as of 3/3/14 (Date)

Plan of correction implementation status as of 3/3/14 (Date)

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

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

Violation Report: 19819 - 09/27/2013 - Riel, Becky  
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2600  
 2600.57(a) - At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.

2a. DESCRIPTION OF VIOLATION  
 On 9/27/2013, at approximately 9:00am, Staff Person B was pulling into the home's driveway in a van. The staff person then entered the home where at least 1 resident was present. It was reported by staff and a resident, that the morning staff person often transports other residents to their day programming while other residents remain at the home. There are no staff persons present in the home during these times.

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.

Larry Zuraski, PCH Administrator, will ensure a qualifying direct care staff person or designee is present in the home at all times when a resident in the home.  
*All staff will be re-educated in the requirement of having at least one qualified staff person present when one or more residents is present in the home. Additional staff will be arranged for by the administrator when the need arises for transportation or other situations. No resident will be left in the home without staff present - 09/30/14*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Larry Zuraski*

Printed Name and Title of Legal Entity Representative      Date  
 (Required on EVERY Page)      Larry Zuraski, Program Director      1-29-14

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

PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE		License Number: 198190
Address: 237 LEOPARD ROAD, BERWYN, PA 19312		County: Chester
Administrator: Larry Zuraski, Jr.		Region: CENTRAL
Legal Entity Name: DEVEREUX FOUNDATION INC		
Legal Entity Address: 139 LEOPARD ROAD, BERWYN, PA 19312		
Certificate(s) of Occupancy C-2 07/06/2001 L&I		
Staffing Hours Resident Support: NM Total Daily Staff: 15 Waking Staff: 11		
Type of Inspection: Full BHA Docket Number: NA Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/29/2013: Riel, Becky; OPake, Hope 10/30/2013: Riel, Becky; OPake, Hope		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p><b>RECEIVED</b></p> <p>FEB 04 2014</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details Partial or Full Triggers: NA Random Indicators: NA		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 18 Number of Residents Served: 15 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 9 Are 60 Years of Age or Older: 5 Have Mental Illness: 2 Have an Intellectual Disability: 6 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 19819 - 10/29/2013 - Riel, Becky  
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2600  
 2600.27(a) - If a home agrees to admit a resident eligible for SSI benefits, the home's charges for actual rent and other services may not exceed the SSI resident's actual current monthly income reduced by the current personal needs allowance.

2a. DESCRIPTION OF VIOLATION

- On 9/26/2013, the home charged Resident #1, who receives SSI, \$527.11 for the cost share (i.e. rent and PCH services) for the month of September. The resident's total income from Social Security for September was \$609.60.
- On 10/17/2013, the home charged Resident #1 \$527.11 for the cost share (i.e. rent and PCH services) for the month of October. The resident's total income from Social Security for October was \$609.60.

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 A and all SSI benefit recipients will retain the monthly personal needs allowance. Devereux will reduce their SSI benefit, and use as a cost share, an amount not to exceed the personal needs allowance each month.

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) Larry Zuraski, Program Director  
 Date 1-29-14

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The above plan of correction is approved as of 3/3/14  
 (Date)

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

Plan of correction implementation status as of 3/3/14  
 (Date)

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

Violation Report: 19619 - 10/29/2013 - Riel, Becky  
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2600  
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
  - (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
  - (3) Resident rights.
  - (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
  - (5) Falls and accident prevention.
  - (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION  
 The online fire safety training provided to staff in 2012 was not provided by a fire safety expert.

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.

Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers will be trained annually in Fire Safety in person by a Fire Safety expert. The current licensed PCH administrator, Larry Zuraski, successfully completed "Train-the-Trainer Fire Safety Education" and he maintains a current certification.

*The administrator will document all fire safety training provided to staff. Documentation of the fire safety training by the staff person trained by a fire safety expert will be maintained in the staff training records.*

*CB  
3/3/14*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative      Date  
 (Required on EVERY Page)      Larry Zuraski, Program Director      1-29-14

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Violation Report: 19819 - 10/29/2013 - Riel, Becky  
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
 Resident #1's last medical evaluation was completed on 5/7/2013. The previous medical evaluation was completed on 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.

All resident will have a medical evaluation completed at least annually. The Director of Nursing, [redacted] along with the administrator will track the due dates and completion of DME's for all the residents ensuring their completion at least annually. Tracking form attached.

*The director of nursing or a designee will review the DME tracking form monthly. CB 3/3/14*

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 Zuraski, Program Director

Date

*1-29-14*

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*3/3/14*  
 (Date)

Plan of correction implementation status as of

*3/3/14*  
 (Date)

The above plan of correction was approved by

*CB*  
 (initials)

- Fully Implemented
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Violation Report: 19819 - 10/29/2013 - Riel, Becky  
 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  
 The pre-admission screening form for Resident #2, admitted 4/1/2013, does not include a determination that the home can meet the service needs of the resident.  
 The pre-admission screening form for Resident #3, admitted 7/8/2013, does not include the date that the pre-admission screening was completed.

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.

Larry Zuraski, or his designee, will ensure the pre-admission screening is completed in its entirety within 30 days prior to the admission of a new resident.

*All resident records will be reviewed by the Administrator or designee at the time of admission to ensure that all required information including a preadmission screening form are present in the record and complete. CB 3/3/14*

Repeat Violation: No	Date(s) of Previous Violation(s):	11/29/2012
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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 Zuraski, Program Director Date *1-29-14*

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 (Date)

Plan of correction implementation status as of 3/3/14  
 (Date)

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 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented