



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 – Hillcrest Cottage
229 Leopard Road
Berwyn, Pennsylvania 19312
License #: 198140

Ms. Lau:

As a result of the Department of Public Welfare's licensing inspection on October 28, 2013 and October 29, 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, sweeping horizontal line 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 HILLCREST COTTAGE		License Number: 198140
Address: 229 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 12/13/2001 L&I		
Staffing Hours Resident Support: NM Total Daily Staff: 14 Waking Staff: 11		
Type of Inspection: Full BRA Docket Number: NA Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 10/28/2013: Riel, Becky; OPake, Hope 10/29/2013: Riel, Becky; OPake, Hope		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</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: 21 Number of Residents Served: 14 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: 10 Are 60 Years of Age or Older: 2 Have Mental Illness: 13 Have an Intellectual Disability: 12 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 19814 - 10/28/2013 - Riel, Becky
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLOREST COTTAGE

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Person A does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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.

Prior to hiring a direct care staff person, Larry Zuraski, Licensed Personal Care Home Administrator, in cooperation with the Human Resource Department, will verify the direct care staff person is 18 years of age or older, possesses a high school diploma, GED diploma or active registry status on the PA nurse aide registry, and is free of medical condition, including drug or alcohol addiction, that would limit direct care staff person from providing necessary personal care services with reasonable skill and safety.

The administrator will review the personnel record of all new hires to verify that all qualifications for the position are met and are documented.

*CB
3/3/14*

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

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

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

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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 [Signature]
 (Initials)

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

Violation Report: 19814 - 10/28/2013 - Riel, Becky
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLCREST 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
 • Direct Care Person B did not receive training in falls and accident prevention during training year 2012.
 • 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.
 Larry Zuraski will ensure all direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers are trained annually in "Falls and Accident Prevention". Additionally, all staff will receive annual training in "Fire Safety" in person by a fire safety expert.

The administrator or designee will conduct quarterly reviews of staff training records to ensure that all staff do receive the required trainings during each training year. Review of the training records will be documented.
 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 Date
 (Required on EVERY Page) Larry Zuraski, Program Director 1-29-14

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Violation Report: 19814 - 10/28/2013 - Riel, Becky
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLCREST COTTAGE

1. REGULATION 55 Pa.Code §2600
 2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's record of direct care staff training for 2012 does not include the length of time it took to complete each course.

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 staff person training records will include the following information: staff person trained, date of training, source of training, content of training and length of course. Copies of certificates received will be kept.

The administrator/designee will review staff training records quarterly to ensure that the records contain all required information. Documentation of the training record reviews will be maintained. 6/30/14

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 Date
 (Required on EVERY Page) Larry Zuraski, Program Director 1-28-14

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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>LB</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: 19814 - 10/28/2013 - Riel, Becky
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLCREST COTTAGE

1. REGULATION 55 Pa.Code §2600
 2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION
 The exterior step from the front door and off the patio from the front door of the home do not have handrails.

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 handrail will be installed on the exterior step from the front door and off the patio. The handrail will be well-secured.

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

Signature of Legal Entity Representative
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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: 19814 - 10/28/2013 - Riel, Becky
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLCREST 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 7/17/2013. The previous medical evaluation was completed on 2/29/2012.
- Resident #2's last medical evaluation was completed on 2/27/2013. The previous medical evaluation was completed on 12/22/2011.

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 tracking form monthly. 02/23/14

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

Larry Zuraski, Program Director 1-29-14

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Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 19814 - 10/28/2013 - Riel, Becky
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLCREST COTTAGE

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
 The home's designated smoking area is located in the front yard of the home. There were approximately 20 cigarette butts found in a pile in front of the side entrance to the home. The side of the porch step was black from cigarettes being extinguished on it.

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 residents and staff persons will be educated and encouraged to use the available fireproof receptacles to extinguish and dispose of cigarettes. A house meeting will be conducted to educate the residents and a staff meeting will occur for the staff persons to educate them on the use of the fireproof receptacles and strategies to encourage the resident in their use.

The administrator on a daily basis will routinely monitor the smoking area to ensure compliance.
COB 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: Larry Ziraski, Program Director Date: 1-29-14
 (Required on EVERY Page)

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Violation Report 19814 - 10/28/2013 - Riel, Becky
 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 10/29/2013, an inhaler (8.5 ProAir HFA for Albuterol HFA) belonging to Resident #3 was unlocked and accessible to residents in a first floor bedroom shared with Resident #4.

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.
 In a staff meeting, all staff will be reminded that all prescription medications, OTC medications, CAM and syringes will be stored in a locked area. Residents will not store medications in their rooms.

Staff will check resident rooms routinely to confirm that there are no medications stored in resident rooms. 03/3/14

Repeat Violation: No	Date(s) of Previous Violation(s):	12/03/2012
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative: Larry Zuraski, Program Director
 Date: 1-29-14

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Violation Report: 19814 - 10/28/2013 - Riel, Becky
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLCREST COTTAGE

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 On 10/28/2013, Debrox 6.5% Ear Drops OT Soln prescribed for Resident #5 to be given for three days starting 4/16/2013 and then discontinued, was located in the home's medication cart.

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.

In individual meetings with the PCH Administrator, the overnight staff will be educated to review all medications, which are stored in a locked area, verifying the medications are current and the medications have not been discontinued. Any discontinued medications will be disposed of according to proper disposal protocol.

The PCH Administrator or designee will conduct monthly medication audits to ensure that only current medications are maintained in the home.
 @3/13/14

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: 19814 - 10/28/2013 - Riel, Becky
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLCREST COTTAGE

1. REGULATION 55 Pa. Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to a psychiatric hospital on 8/17/2013 after noncompliance with medications. The resident's support plan does not document how the home will handle noncompliance with medications 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.

The PCH Administrator, with cooperation from the program specialist and manager, will ensure each resident's support plan addresses medication refusals should they occur. The administrator will ensure the support plan for each resident is followed as written.

Following a medication refusal the Administrator or program specialist and/or manager will review the support plan of the resident who refused medication and update the support plan accordingly.

[Signature]
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
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