



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 13 2015

Ms. Carol A. Oliver, State 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


Dear Ms. Oliver:

As a result of the Department of Human Services' licensing inspection on October 1, 2014 and October 2, 2014 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, 2015 to February 8, 2016 was issued on October 24, 2014. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director ^{1/5/15}

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: 19819
Address: 237 LEOPARD ROAD, BERWYN, PA 19312		County: Chester
Administrator: Rancy Wright		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: 0 Total Daily Staff: 15 Waking Staff: 11		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/01/2014: Rosenblat, Dale 10/02/2014: Rosenblat, Dale; Gensil, Lori		
Off-Site Inspection Dates and Inspectors, if Applicable <p align="center">RECEIVED NOV 14 2014 CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details Partial or Full Triggers: Random Indicators:		
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: 0 Are 60 Years of Age or Older: 6 Have Mental Illness: 15 Have an Intellectual Disability: 10 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 19819 - 10/01/2014 - Rosenblat, Dale
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION
 The home manages the finances for residents. The home does not maintain a record of financial transactions. The home's financial records do not include dates, withdrawals and the current balance for any residents. There is no way to measure if the money amounts are accurate.

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' FINANCIAL TRANSACTIONS WILL BE RECORDED IN A BINDER AND KEPT AT THE RESIDENCE. THESE FINANCIAL RECORDS WILL INCLUDE DATES, WITHDRAWALS, AND THE CURRENT BALANCES FOR ALL RESIDENTS. BEGINNING AND ENDING BALANCES WILL ALSO BE RECORDED. THE PA ADULT SERVICES' BUSINESS DEPARTMENT WILL ASSIST AS NEEDED TO ENSURE THESE FINANCIAL MEASURES ARE IMPLEMENTED AND CONTINUE IN PERPETUITY.

The administrator or designee will conduct monthly reviews of resident financial records to insure the records are being maintained as required.
CS 1/28/15

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) CHRIS BETTS, CAMPUS ADMIN. 11.14.14

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The above plan of correction is approved as of <u>1/28/15</u> (Date)	Plan of correction implementation status as of <u>1/28/15</u> (Date)
The above plan of correction was approved by <u>CS</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 - 10/01/2014 - Rosenblat, Dale
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

2a. DESCRIPTION OF VIOLATION
 The home does not obtain a resident's signature for the receipt of a disbursement.

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.

EFFECTIVE IMMEDIATELY, ANY RESIDENT RECEIVING A DISBURSEMENT SHALL SIGN, OR MARK ACCORDINGLY, AS CERTIFICATION THAT THEY RECEIVED THE DISBURSEMENT, WITH WITNESS. THE PA ADULT SERVICES' BUSINESS DEPARTMENT WILL ASSIST AS NEEDED TO ENSURE THAT ANY NEEDED FORMS ARE SUPPLIED AND THAT A RECORD OF SAID DISBURSEMENT RECEIPTS ARE ARCHIVED. THESE FINANCIAL MEASURES WILL CONTINUE IN PERPETUITY.

The administrator or designee will conduct monthly reviews of resident financial records to ensure that written receipts for the disbursement of resident funds are being obtained.
 CB 1/28/15

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) CHRIS BETTS, CAMPUS ADMIN. 11.14.14

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Violation Report: 19819 - 10/01/2014 - Rosenblat, Dale
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2600

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION

The home does not have a quality management plan that includes any of the required elements to be addressed.

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.

- 1. ADDED PROCEDURE 304 "INCIDENT REPORTING & MANAGEMENT" AND PROCEDURE 304-4: INCIDENT REPORTING - PERSONAL CARE HOMES" AS A PCH ADDENDUM TO THE QM PLAN.
- 2. ADDED PROCEDURE 226 "CLIENT GRIEVANCE" AS A PCH ADDENDUM TO THE QM PLAN.
- 3. ADDED PROCEDURE 508: "COMPREHENSIVE STAFF-DEVELOPMENT PLAN AS A PCH ADDENDUM TO QM PLAN.

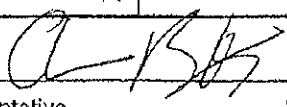
4. LICENSING VIOLATIONS AND PLANS OF CORRECTION: THESE APPEAR ON PAGE 9 OF THE QM PLAN UNDER THE HEADING "INSPECTION SUMMARIES/PLAN OF CORRECTIONS (POC)": "LICENSING DEFICIENCIES ARE ADDRESSED IMMEDIATELY AND A PLAN OF CORRECTION IS SUBMITTED TO THE STATE WITHIN 10 DAYS AFTER THE SURVEY. THE PLAN OF CORRECTION IS DEVELOPED TO ADDRESS THE DEFICIENCIES AND PREVENT THE LIKELIHOOD OF FUTURE DEFICIENCIES IN THE SAME AREA. PLANS OF CORRECTION ARE DEVELOPED WITH OPERATIONS AND REVIEWED AND SUBMITTED BY THE QUALITY MANAGEMENT DIRECTOR."

5. RESIDENT OR FAMILY COUNCILS IS ADDRESSED UNDER THE HEADING "RESIDENT OR FAMILY COUNCILS" ON PAGE 5 OF THE QM PLAN: "PENNSYLVANIA ADVOCACY COUNCIL...MEETS REGULARLY. ADDITIONALLY, INDIVIDUALS AND FAMILY MEMBERS ARE INVITED TO PARTICIPATE IN MONTHLY QUALITY MANAGEMENT MEETINGS. MOREOVER, THE CENTER SOLICITS THE FEEDBACK OF INDIVIDUALS, FAMILY MEMBERS, GUARDIANS, AND OTHER INTERESTED PARTIES BY MEANS OF A SATISFACTION SURVEY. THE RESULTS ARE SHARED WITH ALL PARTICIPANTS AND USED BY VARIOUS STEERING COMMITTEES AS INPUT FOR ORGANIZATIONAL DEVELOPMENT, TRAINING INITIATIVES, AND STRATEGIC PLANNING."

PA ADVOCACY COUNCIL IS ADDRESSED ON PAGES 5 & 6: "DEVEREUX IS COMMITTED TO INTEGRATING COMMUNICATION INITIATIVES IN ALL OF OUR PROGRAMS AND SERVICES. ONE ONGOING DEMONSTRATION OF THIS COMMITMENT IS THE PENNSYLVANIA ADVOCACY COUNCIL (PAC). THE COUNCIL MEETS REGULARLY AND ITS MOTTO: 'A PLACE TO BE HEARD, A VOICE IN THE COMMUNITY' SUMMARIZES THE MAIN GOALS OF THE GROUP. PAC WAS CONCEIVED AS A COMMUNITY FORUM IN WHICH OUR INDIVIDUALS WOULD FEEL FREE TO EXPRESS THEIR THOUGHTS ON ANY MATTER AND AS A RESOURCE TO SUPPORT ONE ANOTHER ACROSS DEVEREUX'S LARGER ORGANIZATION.

THROUGH THE GUIDANCE OF OUR PAC FACILITATOR AND CENTER COMMUNICATION CHAMPION, CLINICAL ASSOCIATE [REDACTED] PAC CONTINUES TO BE A MUCH-ANTICIPATED MONTHLY GATHERING AS WELL AS AN EFFECTIVE "SATISFACTION" TOOL..."

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) CHRIS BETTS	Date 11.14.14
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Violation Report: 19819 - 10/01/2014 - Rosenblat, Dale
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP 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 B, does not have a high school diploma, GED or active registry 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.

THE CENTER SUBMITTED A WAIVER REQUEST ON 10.24.14. THE CENTER COMPLETED AN AUDIT OF ALL EMPLOYEES OF THE HILLTOP PROGRAM TO ASSURE PROPER CREDENTIALS AND DOCUMENTATION. THE CREDENTIALS AND DOCUMENTATION OF ALL DIRECT CARE STAFF IN OUR PCH PROGRAM WILL BE REVIEWED BY THE HR DEPARTMENT EFFECTIVE 10.24.14.

Staff will not work without documentation of having the proper qualifications or an approved waiver. CB 1/28/15

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CHRIS BETTS	Date 11.13.14
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Violation Report: 19819 - 10/01/2014 - Rosenblat, Dale
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2600
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
 (1) Medication self-administration training.
 (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 (3) Care for residents with dementia and cognitive impairments.
 (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 (5) Personal care service needs of the resident.
 (6) Safe management techniques.
 (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 The annual training provided to direct care staff person A in training year 2013, did not include the following required training topics:
 - Medication self-administration
 - Instruction on meeting the needs of the residents as described in the pre-admission screening form, assessment tool, medical evaluation and support plan
 - Personal care service needs of 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.
 STAFF MEMBER "A" WAS TRAINED ANNUALLY ON 6.8.13 AND AGAIN ON 5.9.14 ON, AMONG OTHER COURSES: WORKPLACE SAFETY (WHICH INCLUDED FIRE SAFETY, BLOOD-BORNE PATHOGENS, OSHA RTK, AND EMERGENCY PREPAREDNESS), AND RESIDENT RIGHTS. THE "ABUSE & NEGLECT" TRAINING WAS COMPLETED ON 4.4.13 AND AGAIN ON 1.25.14.

SELF-ADMINISTRATION IS NOT REQUIRED TO BE TRAINED ANNUALLY. STAFF MEMBER "A" RECEIVED SELF-ADMINISTRATION TRAINING IN 2011. HOWEVER, THERE WILL NOW BE A BI-ANNUAL REFRESHER FOR ALL STAFF IN THE PROGRAM. THE REQUIRED MAR REVIEWS AND OBSERVATIONS HAVE BEEN COMPLETED QUARTERLY AND EVERY SIX MONTHS SINCE THE INITIAL TRAINING IN 2011.
*Annual training of medication self-administration will be conducted for direct care staff in addition to the Department approved medications administration course and the subsequent annual practicums.
 Annual training will be provided to all direct care staff in meeting the needs of the residents per the preadmission screening, assessment, & support plan, medical evaluation and the personal care service needs of the resident. 02/04/15*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Chris Betts*

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) CHRIS BETTS 11.13.14

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Violation Report: 19819 - 10/01/2014 - Rosenblat, Dale
 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

Direct care staff person A, did not receive training during training year 2013 in the following topics:

- Fire safety completed by a fire safety expert
- Emergency Preparedness Procedures
- Resident Rights

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.

STAFF MEMBER "A" WAS TRAINED ANNUALLY ON 6.8.13 AND AGAIN ON 5.9.14 ON, AMONG OTHER COURSES: WORKPLACE SAFETY (WHICH INCLUDED FIRE SAFETY, BLOOD-BORNE PATHOGENS, OSHA RTK, AND EMERGENCY PREPAREDNESS), AND RESIDENT RIGHTS. THE "ABUSE & NEGLECT" TRAINING WAS COMPLETED ON 4.4.13 AND AGAIN ON 1.25.14.

Documentation of required staff training will be maintained in the staff's personnel records and made available upon request. 02/4/15

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/29/2013
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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) CHRIS BETTS	Date 11.13.14
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The above plan of correction is approved as of 2/4/15
 (Date)

Plan of correction implementation status as of 2/10/15
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 19819 - 10/01/2014 - Rosenblat, Dale
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2600
 2600.66(a) - A staff training plan shall be developed annually.

2a. DESCRIPTION OF VIOLATION
 The home does not have a staff training plan for training year 2014

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 YEARLY STAFF-TRAINING PLAN WAS DEVELOPED FOR 2014. THE PLAN WILL BE POSTED IN THE HOME AND PLACED IN A BINDER FOR REGULATORY REVIEW.

In the future, the staff training plan will be developed for the year in advance.
CB/28/15

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)	CHRIS BETTS	Date	11.13.14
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 (Date)

Plan of correction implementation status as of 2/10/15
 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
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Violation Report: 19819 - 10/01/2014 - Rosenblat, Dale
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2600
 2600.83(a) - The indoor temperature, in areas used by the residents, shall be at least 70°F when residents are present in the home.

2a. DESCRIPTION OF VIOLATION
 On 10/2/2014, at 10:30am, when residents were present in the home, the temperature in bedroom #108 occupied by two residents was 67.2 degrees Fahrenheit.

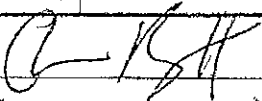
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 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

THE TEMPERATURE IN BEDROOM #108, AS WELL AS ALL OTHERS, WAS SET TO REGULATE AT 72 DEGREES. MAINTENANCE WAS NOTIFIED OF THE CHANGE, AND THEY WILL CHECK THE TEMPERATURE IN THE ROOMS TWICE MONTHLY.

*Direct care staff present in the home will also monitor the room temperature and will address if necessary.
 CB 1/28/15*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	CHRIS BETTS	Date 11.13.14
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Plan of correction implementation status as of 1/28/15
 (Date)

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 (Initials)

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Violation Report: 19819 - 10/01/2014 - Rosenblat, Dale
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 Three curtain panels on the back wall windows in the dining room have large sections of smeared food on the them.

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.

CURTAIN PANELS WERE CLEANED AS INDICATED. THE SUPERVISOR WILL ENSURE THAT PHYSICAL PLANT CHECKS ARE CONDUCTED AND AREAS OF NON-COMPLIANCE ARE ADDRESSED.

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)	CHRIS BETTS	Date 11.13.14
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 (Date)

Plan of correction implementation status as of 2/10/16
 (Date)

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

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Violation Report: 19819 - 10/01/2014 - Rosenblat, Dale
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 Two couches in the living room have 3 large areas, approximately 5 inch circular areas, where the fabric has peeled off.

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 REPORTED COUCHES HAVE BEEN SCHEDULED FOR REPLACEMENT. ADDITIONALLY, THE SUPERVISOR WILL ENSURE THAT ALL FURNITURE AND EQUIPMENT IS CHECKED MONTHLY AND ADDRESSED ACCORDINGLY.

Couches were replaced. Furniture will be kept in good repair. CB 2/10/15

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CHRIS BETTS	Date 11.13.14
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Violation Report: 19819 - 10/01/2014 - Rosenblat, Dale
 PCH Name: DEVEREUX PA.ADLT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 The bed in rooms 204, 209, 212, and 216 does not have a source of light that can be turned on/off from bedside.

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.

ROOMS 204, 209, 212, AND 216 WERE FURNISHED WITH A SOURCE OF LIGHT WITHIN ARM'S LENGTH OF EACH BEDSIDE. THE SUPERVISOR WILL ENSURE THAT THE BULBS ARE CHANGED WHEN NEEDED.

A checklist was developed and put in to use to ensure that the source of lighting is in place at bedside and is operational. 02/14/15

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
CHRIS BETTS			11.13.14

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Violation Report: 19819 - 10/01/2014 - Rosenblat, Dale
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 On 10/2/2014, at 1:50 pm, the temperature in the stainless steel freezer located in the kitchen measured 11 degrees fahrenheit.

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 TEMPERATURE IN THE FREEZER WAS ADJUSTED TO REGISTER AT OR BELOW 0 DEGREES F. THE SUPERVISOR WILL ENSURE THAT THE FREEZER TEMPERATURE IS CHECKED WEEKLY IN ORDER TO MAINTAIN THE TEMPERATURE AT 0 DEGREES F. OR BELOW. STAFF WILL RECORD AND SIGN A DAILY TEMPERATURE CHART. MAINTENANCE WILL BE NOTIFIED IF THE FREEZER TEMPERATURE IN UNABLE TO BE MAINTAINED AT OR BELOW 0 DEGREES F.

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)	CHRIS BETTS	Date 11.13.14
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/4/15
 (Date)

Plan of correction implementation status as of 2/11/15
 (Date)

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

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

Violation Report: 19819 - 10/01/2014 - Rosenblat, Dale
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1. REGULATION 56 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 #1 was admitted on 3/7/14. A medical evaluation was completed on 9/2/14.

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.

(From Cottage A)
 INDIVIDUAL #1 WAS AN INTERNAL TRANSFER TO HILLTOP AS A RESPITE. THE PLAN MOVING FORWARD IS TO ENSURE THAT MEDICAL EVALUATIONS ARE CONDUCTED BEFORE ADMISSION OR WITHIN 30 DAYS AFTER ADMISSION TO THE PROGRAM, REGARDLESS OF THE LENGTH-OF-STAY.

THE HEALTH-CARE COORDINATOR (NURSE) WILL SCHEDULE THE EVALUATION TO BE PERFORMED BY THE DESIGNATED PRIMARY-CARE PHYSICIAN.

TO FURTHER PREVENT FUTURE OCCURRENCES, THE HEALTH-CARE COORDINATOR WILL CONDUCT AN AUDIT OF THE CHART WITHIN 15 DAYS OF AN ADMISSION AND IMMEDIATELY FOLLOW UP ON IDENTIFIED OUTSTANDING FINDINGS TO ENSURE COMPLIANCE. DOCUMENTATION WILL BE ON A FORM SPECIFIED BY THE DEPARTMENT. UPON COMPLETION OF THE AUDITS, THE HEALTH-CARE COORDINATOR WILL FORWARD THE FINDINGS TO THE DIRECTOR OF NURSING FOR REVIEW AND SIGN-OFF.

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
CHRIS BETTS			11.14.14

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The above plan of correction was approved by <u>CB</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 - 10/01/2014 - Rosenblat, Dale
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1. REGULATION 55 Pa.Code §2600
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
 Residents #1 and #3 have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.

RESIDENTS #1 AND #3 WERE TRAINED/EDUCATED BY THE SUPERVISOR AND NURSE REGARDING THEIR RIGHT TO REFUSE MEDICATION IF THE RESIDENT BELIEVES THAT THERE MAY BE A MEDICATION ERROR. THE NOTIFICATION OF THIS RIGHT WAS WRITTEN, SIGNED, AND PLACED IN THE RESPECTIVE PCH CHARTS.

All residents will be educated in the right to refuse medication if the resident believes the medication may be in error. Documentation of this education will be maintained in each resident's record.
 2/1/15

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1. REGULATION 55 Pa.Code §2600
 2600.202 - The following procedures are prohibited:
 (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
 (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
 (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
 (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
 (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
 (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION
 On 10/4/2014, Resident #4 was restrained by direct care staff person D for approximately 25 seconds, until the resident was able to calm down.

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 WAIVER MAY BE SUBMITTED PURSUANT TO THIS VIOLATION. IN THE INTERIM, ALL STAFF WILL BE REMINDED--AS THEY ARE CURRENTLY TRAINED TO DO--THAT THE HIERARCHY OF LESS-RESTRICTIVE METHODS OF BEHAVIOR MANAGEMENT ARE TO BE EXHAUSTED BEFORE EVER ATTEMPTING TO MANUALLY RESTRICT THE MOVEMENT OF AN INDIVIDUAL WHEN THEY BECOME AN IMMEDIATE DANGER TO THEMSELVES AND OTHERS. FURTHER CONVERSATION WITH LICENSING WILL BE PURSUED CONCERNING 2600.202 BY THE PROGRAM SUPERVISOR, [REDACTED] AND CAMPUS ADMINISTRATOR, [REDACTED]

ALL STAFF WILL CONTINUE TO BE REQUIRED TO ATTEND REQUIRED ANNUAL TRAINING ENTITLED "SAFE & POSITIVE APPROACHES I, II, AND III." THESE TRAININGS REITERATE THE LESS-RESTRICTIVE TECHNIQUES--INCLUDING EARLY INTERVENTION, COUNSELING, ACTIVE ENGAGEMENT, AND THE RECOGNITION OF ANTECEDENTS--THAT ARE TO BE USED.

*Staff will not physically restrained. Staff receive education on a monthly basis on less-restrictive techniques and dealing with difficult to prevent future occurrences.
 CB 2/4/15*

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CHRIS BETTS Date 11.14.14

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