



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

NOV 24 2014

Ms. Carol A. Oliver, State Director  
Devereux Foundation Inc.  
139 Leopard Road  
Berwyn, Pennsylvania 19312

RE: Devereux PA Adult Services PCH – Hillcrest Cottage  
239 Leopard Road  
Berwyn, Pennsylvania 19312  
License #: 198140

Dear Ms. Oliver:

As a result of the Department of Public Welfare's licensing inspection on October 3, 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,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones  
Director

1511

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: 19814
Address: 229 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: Ind - Partial/Center head      BHA Docket Number:                      Notice: Unannounced		
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/03/2014: Rosenblat, Dale; Gensil, Lori		
Off-Site Inspection Dates and Inspectors, if Applicable  <p align="center"><b>RECEIVED</b>  OCT 24 2014  CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details Partial or Full Triggers: 54a                      Random Indicators: 13b,101a,184a, 181c,102g		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 21 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: 10 Are 60 Years of Age or Older: 2 Have Mental Illness: 15 Have an Intellectual Disability: 14 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 19814 - 10/03/2014 - Rosenblat, Dale  
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLCREST 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.*

- The identified team member was taken off the schedule. The Center submitting a Waiver Request 10/24/14. The identified team member will not work in a PCH-licensed home pending the approval of the Waiver Request.
- The Center completed an audit of all employees of the Hillcrest Program to assure proper credentials and documentation.
- The credentials and documentation of all direct-care staff in our PCH programs will be reviewed by the HR Director prior to hire, effective 10/24/14.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/28/2013
-----------------------	-----------------------------------	------------

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Handwritten Name and Title* Date *10.24.14*

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

The above plan of correction is approved as of <u>11/18/14</u> (Date)	Plan of correction implementation status as of <u>11/18/14</u> (Date)
The above plan of correction was approved by <u>JE</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