



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]  
MAILING DATE: December 10, 2014

Ms. Mary F. Seeley, Executive Director  
Devereux Foundation, Inc.  
444 Devereux Drive  
Villanova, Pennsylvania 19085

RE: Devereux Pocono Center, Dreher Manor  
1547 Mill Creek Road  
Newfoundland, Pennsylvania 18445  
License #235260

Dear Ms. Seeley:

As a result of the Department of Public Welfare's licensing inspection on October 8, 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.

Sincerely,

*Anne Graziano*  
Anne Graziano  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 23526 - 10/08/2014 - Dumas, Gerald  
 PCH Name: DEVEREUX POCONO CENTER DREHER MANOR

**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**  
 An incident report was not received timely by the Northeast Regional Office involving resident # 1. The incident occurred on 8/31/14; the home submitted a faxed report on 9/3/14.

**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.

**Cause of Violation:**  
 Due to the PCH Administrator being off on the day the incident occurred, the incident was not reported in a timely manner to the Northeast Regional Office.

**Plan of Correction:** In order to ensure that incident management procedures are understood and followed, the new PCH Administrator was trained on incident management procedures on 10/7/14 (see attachment A). Additionally, a new Asst. Manager working in this resident was hired and also trained on incident management procedures on 10/23/14 (see attachment B). Incident Management Procedures were reviewed with clinical team members on 11/12/14 (see attachment C). In order to prevent future violations, the multiple persons will always be trained in Incident Management Procedures. The Director of Operations, and the Clinical Director will take responsibility to communicate with the PCH Administrator and Asst. Manager to ensure that all incidents are reported within the required time frames.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tina Skoda, Assistant Executive Director	Date 11/19/14
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>12-10-14</u> (Date)	Plan of correction implementation status as of <u>12-10-14</u> (Date)
The above plan of correction was approved by <i>TS</i> (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