



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 27 2015

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 Human Services' annual licensing inspection on August 25, 2015 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,

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

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 23526 - 08/25/2015 - Yellenic, Cindy
 PCH Name: DEVEREUX POCONO CENTER DREHER MANOR

1. REGULATION 55 Pa. Code §2600
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION
 The Medication Administration Record (MAR) for Resident #1 was not initialed on 8/25/15 at 8:00am after the resident's Lasix 20mg was administered.

Resident #2's 8:00pm medications on 8/24/15 were not initialed in the MAR after they were given. The medications were: Senokot-S 8.6mg, Dilantin 100mg, Oscal D 200/500mg, Topamax 200mg, Neurontin 600mg, Keppra 1000mg, and Tegretol 200mg.

The following medications for Resident #3 did not state a diagnosis in the MAR: Loratadine 10mg, Carbamazepine 200mg.

The following medications were not initialed after they were given to Resident #4 on the days and times listed: on 8/14/15 at 8:00pm Detrol 2 mg, and on 8/24/15 at 8:00pm Miralax 527gm.

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 three staff involved in the medication errors will have medication administration reviewed with them by a certified medication administration trainer by 9/30/15. The PCH administrator, or designee will review all MARS completed by these staff after that for 30 days to ensure accuracy.

The administrator is responsible for monitoring and ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):	<i>Compliance</i>
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Tina Skoda, AEO		9/21/15

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>9/23/15</u> (Date)	Plan of correction implementation status as of <u>9/23/15</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