



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 15 2016

Mr. Stephen Bruce, Executive 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 Mr. Bruce:

As a result of the Department of Human Services' annual licensing inspection on November 17, 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 cursive script that reads "Matthew Jones".

Matthew J. Jones
Director ^{/sd}

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 07/08/2001 Labor & Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 14	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		
11/17/2015: McCloskey, Jason; Springs, Israel		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 18 Number of Residents Served: 14 Secured Dementia Care Unit in Home: 0 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: 7 Are 60 Years of Age or Older: 5 Have Mental Illness: 12 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 19819 - 11/17/2015 - McCloskey, Jason
 PCH Name: DEVEREUX PAADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 11-17-15 at approximately 11:00 am, the bathroom shared by Residents 1 and 2 had a strong odor of urine as well as weiness around the base of the toilet.

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 shared bathroom will be checked and cleaned on every shift. Supervisor will conduct daily routine checks for bathroom cleanliness. The bathroom checks and cleaning will be added to the shift activities schedule. On 11/26/2015, there was staff in-service training on physical plant cleanliness in a staff meeting conducted by the supervisor.

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 : Charles Brown
 (Required on EVERY Page) PROGRAM ADMINISTRATOR Date 3/4/16

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

The above plan of correction is approved as of 3/14/16
 (Date)

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

Plan of correction implementation status as of 3/14/16
 (Date)

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

Violation Report: 19819 - 11/17/2015 - McCloskey, Jason
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2600
 2600.86(a) - All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

2a. DESCRIPTION OF VIOLATION
 The vents in bedrooms #110 and #108 were extremely dirty with a thick layer of dust which prevented airflow.

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 vent in Rm 110 and 108 as well as all other vents in the program will be checked once a week and cleaned monthly. There will be a sign-in log for staff routine checks. On 11/26/2015, there was staff in-service training doing staff meeting.

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

C. Betts

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	CHAS BETTS PROGRAM ADMINISTRATOR	Date	3/11/16.
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3/14/16</u> (Date)	Plan of correction implementation status as of <u>3/14/16</u> (Date)
The above plan of correction was approved by <u>CB</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 19819 - 11/17/2015 - McCloskey, Jason
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 65 Pa.Code §2600
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The concrete sidewalk at the rear exit is uneven from a failed repair attempt. Missing patch material creates a depression approximately 2" deep on the right-hand side at the base of the steps leading from the porch and poses a trip and fall hazard to anyone using the sidewalk.

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.

Supervisor will conduct routine physical plant checks once a month and report any discovery to the maintenance department. The rear sidewalk was repaired on 1/15/16 and it was looked at by a contractor for possible replacement, once the weather improves

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CHRIS BETTIS PROGRAM ADMINISTRATOR</i>	Date <i>3/6/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3/14/16</u> (Date)	Plan of correction implementation status as of <u>3/14/16</u> (Date)
The above plan of correction was approved by <u>BWS</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 - 11/17/2015 - McCloskey, Jason
 PCH Name: DEVEREUX PAADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2600
 2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION
 On 11-17-15 at approximately 11:20 am, a thick layer of leaves was present at each of the rear doors of the home. The leaves pose a fall hazard because of their depth and slipperyness. In addition, the leaves obscured a defect in the sidewalk at the base of the steps leading from the back porch.

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.

Our lawn contractor will routinely service the lawn and remove leaves from yard. Supervisor will conduct routine checks and report any discovery to the contractor for re-mediation. On 11/23/2015, the debris were removed by the lawn contractor.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CHRIS BEETS PROGRAM ADMINISTRATOR</i>	Date <i>3/14/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3/14/16
 (Date)

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

Plan of correction implementation status as of 3/14/16
 (Date)

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

Violation Report: 19819 - 11/17/2015 - McCloskey, Jason
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2800
 2800.101(r)(1) - There must be drapes, shades, curtains, blinds or shutters on the bedroom windows.

2a. DESCRIPTION OF VIOLATION
 The bedroom window in room #202 does not have shades, curtains, blinds or shutters.

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.

Window curtains have been added to the window in Room 202 on 11/30/2015. On 11/25/15, all residents rooms were checked to ensure they have appropriate window coverings.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Carol Beets Program Administrator</i>	Date <i>3/14/16</i>
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The above plan of correction was approved by <u>BAS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 19819 - 11/17/2015 - McCloskey, Jason
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa. Code §2600
 2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION
 There was an unlabeled bar of soap in the tub shared by Residents 1 and 2.

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 shared bathroom, has been provided with soap container for each individual with their names labeled on each of the container. The containers will be checked and changed when necessary. On 11/26/2015, there was staff in-service training conducted by supervisor and the information about the soap containers was provided to the residents on 11/25/2015.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CHAS BETTS PROGRAM ADMINISTRATOR	Date 3/14/16
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3/14/16
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

Plan of correction implementation status as of 3/14/16
 (Date)

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

Violation Report: 19819 - 11/17/2015 - McCloskey, Jason
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa. Code §2600
 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 The exterior dryer duct at the rear of the home has a wire mesh screen which was clogged with lint.

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 exterior dryer duct screen was cleaned of lint on the same day 11/17/15 as the survey walk through. The dryer duct screen is scheduled to be cleaned weekly as part of our preventive maintenance program. There is a sign-in log for exterior and interior dryer duct check and cleaning. House Supervisor will alert the Maintenance Department if the duct becomes clogged in between weekly assessments/cleanings

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CHRIS BENS PROGRAM ADMINISTRATOR* Date *3/14/16*

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The above plan of correction was approved by <u>CBAS</u> (Initials)	<input checked="" type="checkbox"/> Fully implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 19819 - 11/17/2015 - McCloskey, Jason
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2800
 2800.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

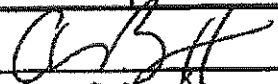
2a. DESCRIPTION OF VIOLATION
 The home's boiler inspection certificate expired 10-22-15.

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 insurance company was contacted and the boiler was inspected and certified on 11-23-15.
 The maintenance manager will insure the boiler inspector re-inspects the boiler annually and reissues a new certificate before the certificate expires on 11-23-17. There will be a sign-in log for the boiler internal inspection once every six months and maintenance supervisor will be notified of the expiration date.

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)	Date
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CHRIS BETTS
 PROGRAM ADMINISTRATOR
 3/11/16

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Violation Report: 19819 - 11/17/2015 - McCloskey, Jason
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2800
 2800.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2800.144(c)1-3.

2a. DESCRIPTION OF VIOLATION

The home permits smoking on the back porch and at a picnic table in back of the home. At 11:27 am, Resident 3 was smoking a pipe on the front porch of the home. The front porch is not a designated smoking area.

At 1:20 pm, Resident 3 was smoking a pipe on the back porch of the home. The resident was sitting on a wood chair with a padded seat cushion. Two other chairs were present in the smoking area including a wood chair with a vinyl padded seat cushion and a chromed metal chair with a vinyl, padded seat and backrest. None of the chairs and seat cushions included labels indicating they were comprised of fire resistant materials. In addition, the rear porch lacked a fireproof receptacle or ashtray for smoking materials.

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.

Fire extinguisher was installed on the rear porch. Padded seating cushions were removed and a smoking receptacle has been placed on the porch as well 12/4/2015. There was in-service training to review the regulation on 12/24/2015 in the staff meeting.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CHRIS BERTS PROGRAM ADMINISTRATOR</i>	Date <i>3/16/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 19819 - 11/17/2015 - McCloskey, Jason
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2600
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 The home had only the menu for the current week posted.

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 program developed a weekly Menu. Menu for the current week and Menus for the next week. The Menus are posted on the bulletin board in the kitchen.
 The Menu will be updated weekly and posted weekly and the previous Menus will be placed in a binder for a month and kept by the Administrator.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CHRIS BETTS PROGRAM ADMINISTRATOR</i>	Date <i>3/16/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3/14/16
 (Date)

The above plan of correction was approved by *CRS*
 (Initials)

Plan of correction implementation status as of 3/14/16
 (Date)

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

Violation Report: 19819 - 11/17/2016 - McCloskey, Jason
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2600
 2600.162(d) - Past menus of meals that were served, including changes, shall be kept for at least 1 month.

2a. DESCRIPTION OF VIOLATION
 Staff person A, the Administrator, stated that the home keeps only 1 week of menus.

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 program has created a binder for previous weeks posted menus and will keep them for a month in a binder monitored by the Administrator.

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

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Ortis Betts PROGRAM ADMINISTRATOR</i>	<i>3/11/16</i>

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The above plan of correction was approved by <u>[Initials]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 19819 - 11/17/2015 - McCloskey, Jason
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 65 Pa. Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident 4 is prescribed Clonazepam, .5 mg, 1 tab by mouth 2x daily. The narcotic count sheet indicates that 15 tablets remain, however, there are 2 blister cards present, one containing 80 tablets, the other with 26 tablets. The home has not implemented a system to accurately track and account for missing medications.

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 Healthcare Coordinator (Nurse) assigned to the program audited narcotic medication for all individuals at Hilltop. A narcotic tracking sheet for individuals #4 was implemented on 11-17-15 and the medication count for Clonazepam 0.5mg were reconciled to match the medication available at the program. This correction was completed on 11-17-15.

Preventive measures: Staff will generate individualized Narcotic tracking for any individual on narcotic, then log and reconcile the narcotic each time narcotics are administered. On a daily basis staff will review the tracking sheet against packaged narcotics to ensure the medication count is accurate. Any discrepancies will be reported to the nurse and program supervisor immediately for follow up.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *CHRIS BETS, PROGRAM ADMINISTRATOR* Date *3/16/16*

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

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The above plan of correction was approved by <u>PAS</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 - 11/17/2015 - McCloskey, Jason
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 56 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

Staff person B administered medications on November 7, 8, 14 and 15 of 2015. The home's master key does not include the staff person's name, initials or signature.


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 program Supervisor reviewed the Master Signature Key to ensure that all staffs assigned to the program have their names included in the Master Signature Key. Trained staffs on the importance of signing the master signature key. The Master Signature Key was updated to include the name, initial and signature of staff B. Disciplinary counsel was given to staff B. for not recording his initials, name and signature on the Master Signature Key on 11-20-15.

Preventive Measure: Upon hire and completion of the medication training course, each staff assigned at the program will record their names, initials, and signature on the Master Signature Key. In order to capture signatures for part-time or PRN staffs, the program Supervisor will add instructions to the staffs to record their names, initials, and signatures on the Master Signature Key. On a daily basis, staff will be assigned to compare the medications record against the Master Signature Key to ensure compliance. Any discrepancies will be reported to the Program Supervisor for follow up.

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 Bentz Program Administrator Date 3/11/16

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

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 (Date)

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

Plan of correction implementation status as of 3/14/16
 (Date)

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

Violation Report: 19819 - 11/17/2015 - McCloskey, Jason
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 The record for Resident 1 had a picture that was dated 10-28-13. The pictures for Residents 2 and 5 were dated 8-18-13. The record for Resident 6 lacks color of hair, color of eyes, religious affiliation and identifying marks.

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.

Resident #5 picture in record was updated on 12/10/2015.
 Preventive measure: Residents pictures in their records will be updated annually. The administrator has reviewed all records to ensure information is current and will review all residents records prior to annual inspection to ensure that all necessary information is current and accurate.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Chris Betts PROGRAM ADMINISTRATOR* Date *3/11/16*

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

The above plan of correction is approved as of <u>3/11/16</u> (Date)	Plan of correction implementation status as of <u>3/11/16</u> (Date)
The above plan of correction was approved by <u>CB</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented