



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 – Hillcrest Cottage
239 Leopard Road
Berwyn, Pennsylvania 19312
License #: 198140

Dear Mr. Bruce:

As a result of the Department of Human Services' annual licensing inspection on November 18, 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,

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 19814 - 11/18/2016 - McCloskey, Jason
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLOREST COTTAGE

1. REGULATION 55 Pa. Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

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.
 Preventive Measure: The maintenance manager will insure the Boiler Inspector re-inspect the boiler annually and re-issue a new certificate before the certificate expires 11-23-17. There will be a sign in log for the boiler internal inspection every 6 months and the Maintenance Supervisor will be notified of the expiration date.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Chris Berts Program Administrator</i>	Date <i>3/10/16</i>
--	---------------------

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) <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
The above plan of correction was approved by <u>DRS</u> (Initials)	

Violation Report: 19814 - 11/18/2015 - McCloskey, Jason
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLCREST COTTAGE

1. REGULATION 85 Pa.Code §2600

2600.85(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 (36 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

Staff A and B did not receive fire safety training provided by a fire safety expert in 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.

PCH administrator will be certified as a Fire Safety Expert. When staff take Fire Safety Training he will be available to answer questions and clarify any fire safety information. We are currently working with our Insurance Carrier to see if they are a training resource. Our aim is to have this complete by May 1st.

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) CHRIS BETTS 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 <u>3/4/16</u> (Date)	Plan of correction implementation status as of <u>3/4/16</u> (Date)
The above plan of correction was approved by <u>BRS</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: 19814 - 11/18/2015 - McCloskey, Jason
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLCREST COTTAGE

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 On 11-18-15 there was an accumulation of lint in the lint trap of the basement dryer.

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 lint trap was cleaned on 11-18-15 as the survey walk through.

Preventive measure: The lint trap in the dryer in basement will be checked and cleaned daily. The overnight shift will be responsible for the daily cleaning and there will be sign-in log as a system for tracking. And the supervisor will conduct a weekly inspection for cleanliness and notify the Maintenance Department if additional cleaning is required. There has been scheduled in-service training for all overnight staffs on 3/24/2016.

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)	Chris Betk PROGRAM ADMINISTRATOR	Date	3/14/16
---	-------------------------------------	------	---------

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>BVTS</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: 19814 - 11/18/2015 - McCloskey, Jason
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLCREST COTTAGE

1. REGULATION 65 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
 The medical evaluation for Resident, signed by the physician on 5-6-2015, did not contain a date when the resident was evaluated.

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.

Preventive measure: At each scheduled medical evaluation, the nurse will review each medical evaluation form and ensure that evaluation was completed with the completed date included. An audit will be completed of all current DME's to ensure documentation is complete

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
 (Required on EVERY Page) *CHRIS BETTS PROGRAM ADMINISTRATOR* Date: *3/16/16*

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 *CB*
 (Initials)

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

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