



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 07 2016

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 July 21, 2016 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 "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 23526 - 07/21/2016 - Harvey, Jason  
 PCH Name: DEVEREUX POCONO CENTER DREHER MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**2a. DESCRIPTION OF VIOLATION**

On 3/19/2014 the following Licensing Inspection Summaries from 8/25/2015 and 2/26/2016 were posted on the home's wall in the front area of the home, the resident privacy coding was attached to each Licensing Inspection Summary.

**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 Resident Privacy Coding Document will be removed before the Violation Report is posted at the home.

The Privacy Coding Document was removed from the reports dated 8/25/15 and 2/26/16 on 7/21/16.

The current violation report has been posted at the home without the Privacy Coding Document.

The administrator of the home will ensure that the all consumer records will remain confidential and inaccessible to anyone who does not have authorization to view these records.


The administrator will remove the Privacy Coding Document from all future Licensure Inspection Summaries prior to posting the document. Effective Immediately.

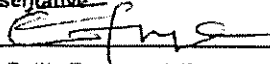

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Emily Frye QM Director	Date 8/17/16
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>10-4-16</u> (Date)  The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>10-4-16</u> (Date)  <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
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Violation Report: 23526 - 07/21/2016 - Harvey, Jason PCH Name: DEVEREUX POCONO CENTER DREHER MANOR	
1. REGULATION 55 Pa.Code §2600 2600.132(f) - Alternate exit routes shall be used during fire drills.	
2a. DESCRIPTION OF VIOLATION The home's fire drill record indicates the home is not alternating exit routes during monthly fire drills. The home fire drill log indicates the home used the front and rear exits during monthly fire drills on the following dates:  1/20/2016, 2/25/2016 and 3/22/2016	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>  The home will alternate the fire exits being used during fire drills. The home shall not utilize an exit more than two times in a row. Facility manager/designated staff will monitor the fire drill reports to ensure that this requirement is being implemented. Effective immediately. The home administrator will instruct the staff to alternate the exits used every month. This will begin prior to the next fire drill that will be conducted by 8/31/16. The fire drill report has been revised to include a prompt for staff to alternate the exits. The fire drill form has been revised to reflect this change. See attachment #1. In July 2016, the home used the laundry room and kitchen exits to evacuate during the fire drill.	
(Empty space for additional notes or attachments)	
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) <u>Emily Frye QM Director</u>	Date <u>8/17/16</u>
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Violation Report: 23526 - 07/21/2016 - Harvey, Jason  
 PCH Name: DEVEREUX POCONO CENTER DREHER MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION  
 The medical evaluation for resident #1 dated 4/7/2016 did not indicate weight, pulse rate, blood pressure and temperature.  
 The medical evaluation for resident #2 dated 1/11/2016 did not indicate temperature.  
 The medical evaluation for resident #3 dated 2/2/2016 did not indicate temperature.  
 The medical evaluation for resident #4 dated 4/27/2016 did not indicate body positioning.

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.

A cover letter is being developed by the Clinical Manager that will be provided to caregivers and physicians to ensure they are well informed of the need to have all information on medical evaluation completed as per state licensing regulations. The cover letter/ attachment #2 will be submitted by 8/31/16.

A nurse will be assigned to review all medical evaluations to ensure the form includes the information required under this regulation prior to filing it. The nurse assigned will contact the physician's office for any discrepancies. Effective immediately.

Chart audits will continue to be completed quarterly by the administrator and program specialist, as well as random audits that occur as part of the monthly quality management process.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Emily Frye DM Director* Date *8/17/16*

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Violation Report: 23526 - 07/21/2016 - Harvey, Jason  
 PCH Name: DEVEREUX POCONO CENTER OREHER MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

**2a. DESCRIPTION OF VIOLATION**

The home had a tube of triple antibiotic ointment for resident #4's located in the home's medication cart. The resident medication was discontinued and no longer has an order for this medication.

**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 nurses will conduct a monthly check of the MARs and the medication cart. During that check, the medications and topical treatments that have been discontinued will be removed from the med cart. Effective immediately.  
 The physician order for all medications that have been discontinued will also be removed from the MAR. Effective immediately.  
 The home administrator will ensure that the monthly MAR and medication check is being performed. See attachment #3 job responsibility for nursing staff at the home. Effective immediately.

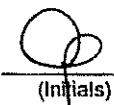
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Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Emily Frye RN Director Date 8/17/16

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 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 10-4-16  
 (Date)

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