



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 18 2017

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 10, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 23526 - 08/10/2017 - Yellenic, Cindy
 PCH Name: DEVEREUX POCONO CENTER DREHER MANOR

1. REGULATION 55 Pa.Code §2600

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION

The home's quality management plan did not address reportable incident and condition reporting procedures, complaint procedures, staff person training, licensing violations and the plans of correction and resident or family councils.

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.

2600.26b The Quality Management Plan was revised and all necessary components have been integrated into the plan rather than as separate procedures. The Assistant Executive Director or designee will review the plan and the PCH requirements annually to ensure it is in compliance. Please see attachment #1
 Target date - completed 8/31/17

The administrator shall monitor for ongoing compliance.

ms
 9/12/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Tina Skoda* 9/8/17

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Tina Skoda, Executive Director Date 9/7/17

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

The above plan of correction is approved as of 9/12/17
 (Date)

Plan of correction implementation status as of 9/12/17
 (Date)

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

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

Violation Report: 23526 - 08/10/2017 - Yellenic, Cindy
 PCH Name: DEVEREUX POCONO CENTER DREHER MANOR

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(2) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: The resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative has provided written informed consent that the person is not to evacuate in a fire drill.

2a. DESCRIPTION OF VIOLATION

There is no statement of informed consent from Resident #1's power of attorney for health, the resident's legal guardian or resident's health care representative regarding the resident not evacuating during fire drills held on 10/1/2016 and 12/21/2016.

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.

2600.ab2 Although instructions for not evacuating resident #1 had been obtained while the resident was on hospice from her health care provider, consent was not obtained from the resident's legal guardian or Power of attorney. Since resident #1 has passed away, consent will not be obtained. Review of this regulation took place with staff and the nursing department to ensure that any future hospice residents have all necessary consent. The Director of nursing will ensure all necessary consents are obtained for any future hospice residents.
 Target date - completed 8/29/17

The administrator shall monitor for ongoing compliance.

M
 9/12/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Tina Skoda</i>	9/8/17
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Tina Skoda, Executive Director	Date 9/7/17
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of		9/12/17 (Date)	Plan of correction implementation status as of 9/12/17 (Date)
The above plan of correction was approved by		<i>M</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

Violation Report: 23526 - 08/10/2017 - Yellenic, Cindy
 PCH Name: DEVEREUX POCONO CENTER DREHER MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Person A, whose first day of work was 6-13-16, did not receive his/her 1st day orientation until 6-17-16.
 Direct Care Staff Person c, whose first day of work was 11-07-16, did not receive his/her 1st day orientation until 12-21-16.

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.

2600.65a Our current orientation curriculum will be revised by the Training Coordinator so that all components of the fire safety procedure training, including participating in an actual evacuation and drill will take place on the first day that the staff is shadowing in the home. This occurs on day 3 of their paid orientation, however, they are not actually in the home until day 3, and they are not performing job duties on site at the home until they complete the full 2 weeks of orientation training. Please see attachment #2.

This training will include:

1. evacuation procedures (participating in an actual drill).
2. staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. the designated meeting place outside the building or within the fire safe area.
4. smoking safety procedures, the home's smoking policy and location of smoking areas.
5. the location and use of fire extinguishers
6. smoke detectors and fire alarms
7. telephone use and notification of emergency services

Target date - 11/1/17

The administrator shall monitor and assure ongoing compliance. M 9/12/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i> <i>Tina Skoda</i>	Date <i>9/8/17</i>
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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> Tina Skoda, Executive Director	Date 9/7/17
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(Date)

Plan of correction implementation status as of 9/12/17
(Date)

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- Not Implemented

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

Violation Report: 23526 - 08/10/2017 - Yellenic, Cindy
 PCH Name: DEVEREUX POCONO CENTER DREHER MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The annual training provided to Direct Care Staff Person A and Direct Care Staff Person B in training year 2016 did not include the mandated training topics of: medication self-administration; instructions on meeting the needs of a resident as described in the preadmission screening form, the assessment tool, the medical evaluation, and the support plan; and, caring for residents with dementia and cognitive impairment.

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.

2600.65f Our current annual training curriculum which runs January through December for DSPs will be revised (Please see attachment #3) by the Training Coordinator to include all of the following general topics:

- 1. medication self-administration
- 2. instructions on meeting the needs of a resident as described in the preadmission screening form, the assessment tool the medical evaluation, and the support plan
- 3. caring for residents with dementia and cognitive impairments.
- 4. infection control, and general procedures for cleanliness and hygiene, immobility, decubitus ulcers, incontinence, malnutrition and dehydration.
- 5. personal care services for individuals.
- 6. safe management techniques
- 7. care for individuals with MH or MR.

This general training will be in addition to the specific training that is currently provided to each new hire through their mentoring process. This general training will be provided to both DSP A and DSP B, as well as all DSPs within this training year and annually thereafter. This training will be provided by our training coordinator.

Target date - Curriculum to be developed by 11/1/17
 Target date - Staff A and B and all staff to be trained by 12/31/17

The administrator shall monitor and assure ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>		
<i>Tina Skoda</i>	<i>9/8/17</i>	<i>9/12/17</i>

Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
Tina Skoda, Assistant Executive Director	9/7/17

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

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The above plan of correction was approved by <u><i>MS</i></u> <i>(Initials)</i>	<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: 23526 - 08/10/2017 - Yellenic, Cindy
 PCH Name: DEVEREUX POCONO CENTER DREHER MANOR

1. REGULATION 55 Pa.Code §2600

2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- (1) The name, position and duties of each direct care staff person.
- (2) The required training courses for each staff person.
- (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

2a. DESCRIPTION OF VIOLATION

The home's staff training plan does not include the following topics: medication self-administration; instructions on meeting the needs of a resident as described in the preadmission screening form, the assessment tool, the medical evaluation, and the support plan; and, caring for residents with dementia and cognitive impairment.

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.

2600.66b In order to increase staff knowledge our current annual training curriculum which runs January through December for DSPs will be revised (Please see attachment 3) by the Training Coordinator to include all of the following general topics:

1. medication self-administration
2. instructions on meeting the needs of a resident as described in the preadmission screening form, the assessment tool the medical evaluation, and the support plan
3. caring for residents with dementia and cognitive impairments.
4. infection control, and general procedures for cleanliness and hygiene, immobility, decubitus ulcers, incontinence, malnutrition and dehydration.
5. personal care services for individuals.
6. safe management techniques
7. care for individuals with MH or MR.

This general training will be in addition to the specific training that is currently provided to each new hire through their mentoring process. This general training will be provided to all DSPs within this training year and annually thereafter. This training will be provided to staff by one of the nursing staff.

Target date - Curriculum to be developed by 11/1/17

Target date - All staff to be trained by 12/31/17

The administrator shall monitor and assure ongoing compliance. m 9/12/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Tina Skoda* 9/8/17

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tina Skoda, Executive Director Date 9/7/17

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

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Plan of correction implementation status as of 9/12/17 (Date)

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

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

Violation Report: 23526 - 08/10/2017 - Yellenic, Cindy
 PCH Name: DEVEREUX POCONO CENTER DREHER MANOR

1. REGULATION 55 Pa.Code §2600

2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

Resident room #'s 5, 13 and 15 have ¼ bed rails attached to the resident's beds that do not contain a cover causing a possible safety hazard.

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.

2600.81b The Director of Nursing will research appropriate safety covers to be used on ¼ bed rails. Once identified and they will be purchased and utilized. Monitoring to ensure they remain in place will be added to 11-7 shift duties and still will ensure they are secure when doing bed checks.

(Please see attachment #4)

Target date - To be purchased and in place by 9/15/17

Target date - to be added to 11-7 shift report and monitored immediately and ongoing

** The administrator shall monitor and assure ongoing compliance.*

[Signature]
 9/12/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Tina Skoda</i>	<i>9/18/17</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Tina Skoda, Executive Director	Date 9/7/17
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of		<i>9/12/17</i> (Date)	Plan of correction implementation status as of <i>9/12/17</i> (Date)
The above plan of correction was approved by		<i>[Signature]</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

Violation Report: 23526 - 08/10/2017 - Yellenic, Cindy
 PCH Name: DEVEREUX POCONO CENTER DREHER MANOR

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's letter to the local fire department does not state the capacity of the home.

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.

2600.124 - The Assistant Executive Director revised the and sent a letter to the fire chief indicating the address of the PCH home as well as the location of the bedrooms, needs of the individuals and the capacity of the home. (Please see attachment #5) This letter will be revised and sent as needed but at a minimum of annually.
 Target date - completed

The administrator shall monitor and assure ongoing compliance.

[Signature]
 9/12/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Tina Skoda* 9/18/17

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tina Skoda, Assistant Executive Director	Date 9/7/17
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9/12/17
 (Date)

Plan of correction implementation status as of 9/12/17
 (Date)

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

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

Violation Report: 23526 - 08/10/2017 - Yellenic, Cindy
 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
 Resident #2's medical evaluation dated 3/27/2017 did not indicate the resident's ability to self-medicate or not.

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.

2600.141 a2 -- The medical evaluation for resident #2 will be revised by her health care provided to include indication that she is unable to self-medicate. (Please see attachment #6). All sections of medical evaluations that are able to be completed in advance will be completed by a nurse. After being evaluated by the physician a nurse or delegate will review the document for completion prior to filing it in the chart.
 Target date - 9/15/17

The administrator shall monitor and assure ongoing compliance.

[Signature]
 9/12/17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/21/2016		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Tina Skoda* 9/8/17

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tina Skoda, Assistant Executive Director	Date 9/7/17
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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 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: 23526 - 08/10/2017 - Yellenic, Cindy
 PCH Name: DEVEREUX POCONO CENTER DREHER MANOR

1. REGULATION 55 Pa.Code §2600

2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION

There was a small round green pill loose in medication cart B that was found during the medication cart audit at 2:30pm on the day of inspection.

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.

2600.183 a1 -- The staff person assigned to provide medications will check the cart thoroughly upon completion of passing the meds to ensure no loose pills are present. Once per week, the PCH Administrator, Residential Manager or designee (i.e. Asst. Manager) will check the cart weekly as a second monitoring system to ensure there are no loose pills. This check will be documented on a log. (Please see attachment #7)
 Target date - log complete and implemented by 9/17/17

The administrator shall monitor and assure ongoing compliance.

MS
 9/12/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Tina Skoda

9/8/17

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page) Tina Skoda, Assistant Executive Director

Date 9/7/17

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The above plan of correction is approved as of

9/12/17
 (Date)

Plan of correction implementation status as of

9/12/17
 (Date)

- Fully Implemented
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- Not Implemented

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MS
 (Initials)

Violation Report: 23526 - 08/10/2017 - Yellenic, Cindy
 PCH Name: DEVEREUX POCONO CENTER DREHER MANOR

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 8-10-17 at 2:10pm, the medication cart A was unlocked and accessible to residents in the hallway outside of the living room.

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.

2600.183b – The med cart was immediately locked within an office when it was discovered that it had been turned around due to a broken lock. A new med cart has since been ordered and received. Additionally, it has been reviewed with all staff that turning a cart backwards is not an appropriate safeguard. The med cart will continue to be maintained under double lock, with being stored in a locked room when not in use.
 Target date – cart remained in a locked room since 8/10/17 day of inspection and will remain in a locked room ongoing.

The administrator shall monitor and assure ongoing compliance.

M 9/12/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Tina Skoda

9/8/17

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page) Tina Skoda, Assistant Executive Director

Date 9/7/17

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 (Initials)

Violation Report: 23526 - 08/10/2017 - Yellenic, Cindy
 PCH Name: DEVEREUX POCONO CENTER DREHER MANOR

1. REGULATION 55 Pa.Code §2600
 2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION
 The Reportable Incident for Resident #3 dated 4/16/2017 was not completed on the most current available form.

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.

2600.251C – The updated department’s PCH form was given to staff during the inspection and has replaced the previously outdated form on the center’s computer hard drive for all staff to access. A request The Clinical Specialist will check the department’s website monthly for updates or informational memos.
 Target date – completed and ongoing

The administrator shall monitor and assure ongoing compliance.

M
9/12/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Tina Skoda* *9/8/17*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tina Skoda, Assistant Executive Director	Date 9/7/17
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Violation Report: 23526 - 08/10/2017 - Yellenic, Cindy
 PCH Name: DEVEREUX POCONO CENTER DREHER MANOR

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

2a. DESCRIPTION OF VIOLATION
 Resident #2's (DOA [redacted] 2011) medical record did not include a preadmission screening.

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.

2600.252 – Resident #2's preadmission screening is believed to have been purged from the file during a quarterly chart review. The current chart review checklist will be revised by the Clinical Specialist to indicate specific items that should not be purged from files. (Please see attachment #8)
 Target date – 9/30/17

The administrator shall monitor and assure ongoing compliance.

M
 9/12/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Tina Skoda</i>	9/8/17
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Tina Skoda, Assistant Executive Director	9/7/17

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