



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]  
Mailing Date: January 23, 2018

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' licensing inspection on November 15, 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.

Sincerely,

*Michele Moskalczyk*

Michele Moskalczyk  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 23526 - 11/15/2017 - Yellenic, Cindy  
 PCH Name: DEVEREUX POCONO CENTER DREHER MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

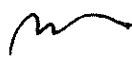
**2a. DESCRIPTION OF VIOLATION**

Resident #1 was not administered his/her Cogentin on 11/9/17 at 8:00am. The medication error was not reported to the Department.

**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 reportable incident was sent to Bureau of Human Services Licensing on 11/17/17 by Nursing Director (see attachment #1). All MARS were audited by Nursing Director and Operations Manager. A second staff is now assigned to review and initial MARS/medications right after med passes are completed to ensure that all medications are given, and without error. All inspection findings were reviewed with staff during the IDT meeting on 11/17/17 (see attachment #2).

*The administrator shall monitor and ensure ongoing compliance.*  
  
 1/22/18


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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Tina Skoda, LSW, Executive Director

Date  
 1/18/18

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

The above plan of correction is approved as of <u>1/22/18</u> (Date)	Plan of correction implementation status as of <u>1/22/18</u> (Date)
The above plan of correction was approved by <u></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 - 11/15/2017 - Yellenic, Cindy  
 PCH Name: DEVEREUX POCONO CENTER DREHER MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.56 - The administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.

2a. DESCRIPTION OF VIOLATION  
 The home does not have an administrator on record or anyone with a Personal Care Home Administrators certificate working at 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.

Nursing Director was enrolled in the PCH Administrator Training course beginning on December 6, 2017 and is currently completing the course. She will complete this course by the end of February, 2018. Additionally, we are currently recruiting for a Residential Manager who will also complete the PCH Administrators course once hired. We have temporarily assigned one of our long-term managers who is current overseeing the home. Additionally, members of the Leadership team will continue to support the staff and individuals at Dreher including visits to the home. Operations Manager will meet weekly with the currently assigned residential manager to provide support/guidance. As additional support we have relocated the Nursing Department to Dreher as of January 9th 2018 to provide additional support to the staff.

Immediately - Ongoing:

There shall be a qualified administrator present in the home as required by this regulation.

Documentation of presence in the home in the form of schedule and payroll records will be kept.

Documentation of a qualified administrator shall be sent to the regional office by 2/28/18.

*MS* 1/22/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tina Skoda, LSW, Executive Director	Date 1/18/18
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 (Date)

- Fully Implemented
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- Not Implemented

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

Violation Report: 23526 - 11/15/2017 - 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 #2 has a physician's order for an oxygen concentrator. The home states the nasal cannula and tubing shall be cleaned weekly. The apparatus for the concentrator has not been cleaned since 10/20/17.

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 apparatus were cleaned immediately following the inspection. This responsibility was added to shift responsibility to be completed weekly (see attachment #3). All inspection findings were reviewed with staff during the IDT meeting on 11/17/17 (see attachment #2).

*The administrator shall monitor and ensure ongoing compliance.*

*m* 11/22/18

Repeat Violation: Yes

Date(s) of Previous Violation(s): 08/10/2017

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Tina Skoda*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Tina Skoda, LSW, Executive Director

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Violation Report: 23526 - 11/15/2017 - Yellenic, Cindy  
PCH Name: DEVEREUX POCONO CENTER DREHER MANOR

1. REGULATION 55 Pa.Code §2600  
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION  
Resident #3's following medications were expired:  
Triamterene-HCTZ 37.5-35 expired 8/23/17 and Loratadine 10mg. expired 8/26/17.

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.

Medications were removed immediately on date of inspection by Nursing Director. All inspection findings were reviewed with staff during the IDT meeting on 11/17/17. Staff will continue to review the meds as they are given or any that are expired. Additionally nursing staff or delegated person will inspect the medication cart weekly, document and immediately address any concerns noted.

*The administrator shall monitor and ensure ongoing compliance.*  
*m 11/22/18*

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(Required on EVERY Page) *Tina Skoda*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Tina Skoda, LSW, Executive Director      Date 1/18/18

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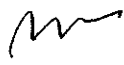
Violation Report: 23526 - 11/15/2017 - Yellenic, Cindy  
 PCH Name: DEVEREUX POCONO CENTER DREHER MANOR

**1. REGULATION 55 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**  
 The narcotic count sheets were missing signatures verifying the staff completed the narcotic count, as per the homes policy, on the following days: October 10 & 19, 2017, and November 3, 6, 10, 12, 13, & 15, 2017.

**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 inspection findings were reviewed with staff during the IDT meeting on 11/17/17. The second staff that double checks the MARS will also check to ensure that there is no missing signatures and initial to verify that they reviewed this.

*The administrator shall monitor and ensure ongoing compliance.*  
 11/22/18

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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Tina Skoda, LSW, Executive Director      Date 1/18/18

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**Violation Report:** 23526 - 11/15/2017 - 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**

Resident #1's MAR was not initialed after the administration of Buspar on 11/13/17 at 8:00am, and Peri Colace on 11/13/17 at 8:00am.  
 Resident #2's MAR was not initialed for the following medications and times: Trimo-San Lilly on 11/13/17 at 8:00pm, Lotrisine on 11/10, 11/13, & 11/14/17 at 8:00am and 8:00pm.  
 Resident #4's MAR was not initialed after the administration of Clonazepam 0.5mg on 11/11/17 at 8:00am.  
 Resident #5's MAR was not initialed after the administration of Detrol on 11/06/17 at 8:00am.  
 Resident #6's MAR was not initialed after the administration of Risperadol on 11/9 & 11/15/17 at 8:00am.  
 Resident #7's MAR was not initialed after the administration of Synthroid 0.137mg on 11/15/17 at 6:00am, Lactulose on 11/10/17 at 2:00pm, and Valproic Acid on 11/13/17 at noon.

**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 inspection findings were reviewed with staff during the IDT meeting on 11/16/17.  
 The second staff who double checks the MARS will also check to ensure that there are no missing initials.

*The administrator shall monitor and be responsible for ongoing compliance. m 1/22/18*

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Printed Name and Title of Legal Entity Representative  
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Violation Report: 23526 - 11/15/2017 - Yellenic, Cindy  
 PCH Name: DEVEREUX POCONO CENTER DREHER MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**2a. DESCRIPTION OF VIOLATION**

Resident #8 refused all his/her 8:00pm medications on 11/9/17, by spitting them out. The prescribing physician was not notified of the refusal.

**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 physician was notified on 11/17/17 by Nursing Director. Nursing staff will notify physicians of medication errors immediately upon being informed of errors. Order was given by the physician stating that if Resident #8 refuses medication, ~~he~~ does not need to be notified (see attachment #4). All inspection findings were reviewed with staff during the IDT meeting on 11/17/17 (see attachment #2).

*The administrator shall monitor and be responsible for ongoing compliance -  
 m  
 1/22/18*

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Tina Skoda, LSW, Executive Director	1/18/18

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Violation Report: 23526 - 11/15/2017 - Yellenic, Cindy  
 PCH Name: DEVEREUX POCONO CENTER DREHER MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 has a physician's order for Cogentin. The medication was not administered on 11/9/17 at 8:00am. Resident #2 has a physician's order for a Blood Pressure test to be administered daily at 8:00am. On 11/11 and 11/12/17 the Blood Pressure completed. Resident #3 has a physician's order for Klonopen .5mg to be administered daily at 8:00pm. On 10/23/17, the medication was administered at 4:00pm.  
 Resident #6 has a physician's order for Clonazepam 0.5mg to be administered daily at 8:00am and 4:00pm. On 11/12/17, the medication was administered at 8:00pm.  
 Resident #7 had a physician's order to have resident #7 weighed on Mondays after breakfast. The resident has not been weighed since 10/12/17.  
 Resident #9 has a physician's order for a Blood Pressure test to be administered daily. The resident's Blood Pressure was not completed on 11/10, 11/11, 11/12, or 11/13/17.

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.

Nursing checked all current orders to ensure that all prescribed orders are being followed. This process will continue. New blood pressure cuffs were ordered and brought to Dreher. All inspection findings were reviewed with staff during the IDT meeting on 11/17/17 (see attachment #2). The second staff who double checks the MARS will also check to ensure that medication has been given as prescribed. New blood pressure cuffs were ordered for Dreher.

*The administrator shall monitor and be responsible for ongoing compliance. M 11/22/18*

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Violation Report: 23526 - 11/15/2017 - Yellenic, Cindy  
PCH Name: DEVEREUX POCONO CENTER DREHER MANOR

1. REGULATION 55 Pa.Code §2600  
2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION  
Resident #1 was not administered his/her Cogentin on 11/9/17 at 8:00am. The resident's Primary Care Physician was not notified of the medication error.

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 physician was notified on 11/17/17 by the Nursing Director. Nursing staff will notify physicians of medication errors immediately upon being informed of errors. All inspection findings were reviewed with staff during the IDT meeting on 11/17/17 (see attachment #2). A second staff is now assigned to review and initial MARS/medications right after med passes are completed to ensure that all medications are given, and without error.

The administrator shall monitor and be responsible for ongoing compliance.  
*M* 1/22/18

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