



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 21 2018

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' Personal Care Homes annual licensing inspection on December 1, 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 that reads "Jacqueline L. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 19814 - 12/01/2017 - Parker, Shawn
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLCREST COTTAGE

1. REGULATION 55 Pa.Code §2800
 2800.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
 Staff person A, the home's administrator, completed only 9 hours of annual training in training year 2016. 24 annual hours are required.

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.

- 2600.64(c) - tracks PCH administrator's 24 hours of annual training requirements to maintain regulatory compliance of the PCH home that the administrator oversees.
- The administrator failed to complete the required 24 hours PCH administrator trainings for the year of 2016 as specified in the RCGs. 2600.64(c) was violated due to the administrator's failure to track his training hours through tracking and documentation. The administrator only completed 9 hours of the annual administrator's trainings out of the required 24 hours.
- The administrator has completed 29 annual training hours for the year 2017. And moving forward, the administrator will developed a tracking plan in a form of a calendar for all plan trainings and their dates. And will also registered and complete all trainings within the prior year to avoid being out of compliance.
- The administrator's planned training Calendar will be used to monitored completed training hours. It will also be used to track pending trainings and remaining trainings hours for the annual training cycle every 30 days, at the beginning of each month.
- There will be a continuous discussions about PCH annual trainings and tracking in the regularly scheduled monthly staff meetings that occur on the third Thursdays of every month.
- Attached are certificates from the administrator trainings completed in 2017.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Bonnie Farley*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Bonnie Farley, Quality Management Director* Date *01/11/2018*

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

The above plan of correction is approved as of *1/11/18*
 (Date)

Plan of correction implementation status as of *1/11/18*
 (Date)

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

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

Violation Report: 19614 - 12/01/2017 - Parker, Shawn
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLCREST COTTAGE

1. REGULATION 56 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 Resident # 1's record does not include a photo that is no more than 2 years old.
 Resident # 2's record does not include a photo at all.

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 - Each resident record must include of the resident that is no more than 2 years old. Having this information along with other information gives the home the best possible picture of who the resident is.
- During the inspection, resident # 1's PCH record contained picture of the resident that was more than two (2) year old. Also, resident # 2's PCH record had no picture of the resident at all.
- The administrator and program supervisor failed to routinely check the resident records for missing information and provide update to the record.
- Immediately after inspection, pictures of resident # 1 and resident # 2 were taken and added to their records. Moving, the residents records will be routinely review every quarter by the program supervisor or the program specialist for any update to the records to ensure compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Bonnie Farley*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Bonnie Farley, Quality Management Director* Date *01/11/2018*

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

The above plan of correction is approved as of <u>1/9/18</u> (Date)	Plan of correction implementation status as of <u>1/11/18</u> (Date)
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