



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-
Hilltop Cottage
237 Leopard Road
Berwyn, Pennsylvania 19312
License #: 198190

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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE		License Number: 19819
Address: 237 LEOPARD ROAD, BERWYN, PA 19312		County: Chesler
Administrator: Rancy Wright		Region: SOUTHEAST
Legal Entity Name: DEVEREUX FOUNDATION INC		
Legal Entity Address: 139 LEOPARD ROAD, BERWYN, PA 19312		
Certificate(s) of Occupancy C-2 LP 12/19/2000 Labor and Industry		
Staffing Hours		
Resident Support: 13	Total Daily Staff: 28	Waking Staff: 20
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
12/01/2017: Parker, Shawn		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 18 Number of Residents Served: 13 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 8 Have Mental Illness: 10 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 19819 - 12/01/2017 - Parker, Shawn
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2600
 2600.64(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 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.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Bonnie Farley, Quality Management Director</i>	Date <i>01/11/2018</i>
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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 _____ (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input 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: 19810 - 12/01/2017 - Parker, Shawn
 PCH Name: DEVEREUX PAADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 65 Pa.Code §2600
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION
 On 12-01-17, the home had 13 residents, but only 17 gallons of emergency drinking water. 39 gallons were 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.

- 2600.107(c) - This regulation helps to prevent or minimize the shortage of drinking for individuals in times of an emergency such as water main break or natural disasters such as hurricane and tornadoes.
- During the last inspection, the emergency drinking water supply was less than the required amount for 13 individuals in the program. There were only 17 gallons of emergency drinking water available in the program, instead of 39 gallons for the 13 individuals.
- The violation was caused to the administrator's failure to take inventory of the emergency supplies, especially the emergency drinking water in the program or put a tracking system in place that will monitor the inventory every quarter.
- Immediately after the inspection, additional 28 gallons of emergency drinking water purchased. This brings the total amount of emergency drinking water in the program to 45 gallons. Also, the administrator has developed an emergency food and drinking water inventory tracking system.
- Moving forward, there will be an emergency food and drinking supplies inventory conducted every quarter (three months) for any shortage or expired items and replaced them immediately.
- There will be inventory tracking form developed by the administrator; this form will be completed every quarter by the overnight shift and submitted to administrator for review and plan of action.
- Moving forward, there will be a continuous refresher in the program regularly scheduled staff meetings on emergency inventory checks and review of all staffs including the administrator.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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 (Required on EVERY Page) *Bonnie Farley*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Bonnie Farley, Quality Management Director</i>	Date <i>01/11/2018</i>
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Violation Report: 19819 - 12/01/2017 - Parker, Shawn
 PCH Name: DEVEREUX PAADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 65 Pa.Code §2600
 2800.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident # 1 last medical evaluation was completed on 05-10-17, the one before that was 04-04-16. This exceeds the annual period.

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.

- 2800:141(b)(1)- Medical Evaluation is performed annually to prevent, address or minimize any health problem. And also stay in compliance with the 2800.141(i) regulation of the RCGs.
- 2800.141.(i) - was violated due to the program failure to carry out resident # 1 Annual Medical Evaluation within the time of the previous year evaluation. The prior year evaluation was conducted on 04/04/2016 while the current year evaluation was conducted on 05/10/2017.
- A tracking form to track compliance for completion of annual medical evaluation has been developed. The program nurse will review the tracking form weekly to ensure that all evaluation are completed within the required time frame. Resident # 1 has been scheduled for an annual medical evaluation on or close to 05/10/2018.
- Moving forward, on a monthly basis the program nurse will review the tracking form and complete medical evaluations that are due to be completed within a year and not less than 10 days of the medical form from the prior year.
- The As part of the Quality Management Process, review for compliance and completion of annual medical evaluations will be conducted through the facility's monthly internal Quality Management process by the Quality Management Team and the Director of Nursing.

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

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