



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
December 12, 2018

Mr. Betts
Executive Director
Devereux Foundation Inc.
139 Leopard Road
Berwyn, Pennsylvania 19312

RE: Devereux PA Adult Services PCH -
Hilltop Cottage
237 Leopard Road
Berwyn, PA 19312
License #: 198190

Dear Mr. Betts:

As a result of the Department's Bureau of Human Services Licensing inspection on July 24, 2018 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, appearing to read "Ayus Adelanwa".

Ayus Adelanwa
Workload Manager BHSL HQ

Enclosure
Licensing Inspection Summary

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

POH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE		License Number: 19819
Address: 237 LEOPARD ROAD, BERWYN, PA 19312		County: Chester
Administrator: Nancy Wright	<i>Nancy Wright, PCH Admin.</i>	
Legal Entity Name: DEVEREUX FOUNDATION INC		Region: SOUTHEAST
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: 26 Waking Staff: 20		
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives: On-Site 07/24/2018: Gray, Dean; Swisher, Michele		
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 who: Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 4 Have Mental Illness: 5 Have an Intellectual Disability: 6 Have a Mobility Need: 0 Have a Physical Disability: 0	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

Nancy Wright, MPA 8/21/18

Violation Report: 19819 - 07/24/2018 - Gray, Dean
PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 65 Pa.Code §2600
2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION
On 7/24/18, at 9:30am, the Department, requested access to staff records. Records were incomplete when they were first provided to the department and did not include all required information. Only 4 of the 6 requested records were provided at 1:00pm and the remaining 2 staff records were not provided until approximately 2:00pm.

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.

Staff records were organized and placed in a binder on 6/25/2016 will be accessible to auditors during an audit on. Hereafter, supervisor will review staff's binder once every two months and update staffs information when is a change. And will be made available upon request during an audit.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]* 12/11/18

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Nancy Wright, PCH Adm. Date 8/21/18

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The above plan of correction is approved as of *AA*
12/11/18 (Date)

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

Plan of correction implementation status as of 12/12/18 (Date)

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

Nancy Wright mca 8/21/18

Violation Report: 19819 - 07/24/2018 - Gray, Dean
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 65 Pa.Code §2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION
 On 6/19/18 and 6/20/18 Staff person A taunted the resident, stating to the resident that they were in the home because resident has a bad attitude. This statement caused the resident to become verbally aggressive towards Staff person A and required additional staff to intervene.

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 organization took every investigative necessary steps and actions that were required to address the staffs actions in the incident. And from the outcome of the investigation, the staff that was involved in the incident of 6/18 and 6/20/2018 was terminated effective 7/17/2018. Further, the program will continue to trained and retrained staffs in Safe and Positive Approach through agency's Training Department.

All staff will be immediately trained on residents rights, Abuse, Verbal Abuse and positive approach strategy. The dates and topics covered for the training will be documented by the Administrator AA

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

Signature of Legal Entity Representative (Required on EVERY Page) *Karen Wright* 12/11/18

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Karen Wright, PCH Adm* Date 12/11/18

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

The above plan of correction is approved as of <u>12/12/18</u> (Date)	Plan of correction implementation status as of <u>12/12/18</u> (Date)
The above plan of correction was approved by <u>AA</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

Karen Wright msa 8/26/18

Violation Report: 19819 - 07/24/2018 - Gray, Dean
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2600
 2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

The staffing plan for Resident #1 completed on 06/25/18 stated that this resident required 1:1 supervision. Additional staffing was not provided to accommodate this supervision since the plan was completed.

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 #1 RASP was updated on 8/2/2018 and part-time 1:1 supervision discovered on 6/25/2018 in resident #1 RASP was removed and placed in chart on 8/3/2018. For quality Assurance purposes, the supervisor and the program specialist will review residents' charts once every two months and update chart when there is a change in treatment plans and/or resident information.

Administrator will ensure ongoing review of Staffing Plan and Program schedule to ensure compliance with the indicated regulation. AA.
 Assessment and Support Plan will be thoroughly reviewed for accuracy. AA.
 Per Administrator, resident #1 is currently utilizing a 1:1 staffing with the effective date of 9/17/2018.
 AA.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* 12/11/18

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Randy Wright, PCH Admin* Date 12/11/18

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The above plan of correction is approved as of 12/12/18 (Date) Plan of correction implementation status as of 12/12/18 (Date)

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

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

[Signature]

Violation Report: 19819 - 07/24/2018 - Gray, Dean
 PCH Name: DEVEREUX PAADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 66 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 07/24/18 at 9:15 am, Medication Cart was unlocked and accessible to residents in the hallway near restroom and staff desk area..

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 staff responsible for leaving the Medication Cart unlocked was counseled on 7/25/2018. Also during the staff's meeting on 7/27/2018, a a refresher/discussion on medication administration was held.

Moving forward, the medication cart will be check routinely through each shift by Supervisor and Coordinator to ensure that staffs are keeping it lock. And when found unlocked there will be a disciplinary action taken against staff responsible. This plan will be review on 9/30/2018.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* 12/11/18

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ronney Wright, PCH Admin* Date *12/11/18*

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The above plan of correction is approved as of 12/12/18 (Date)

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

Plan of correction implementation status as of 12/12/18 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Ronney Wright, MHA 8/20/18

Violation Report: 19819 - 07/24/2018 - Gray, Dean
PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 65 Pa.Code §2600
2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2a. DESCRIPTION OF VIOLATION
On 06/19/18 and 06/20/18 Staff member A used language that caused Resident #1 to become verbally aggressive. Staff member A did not use positive interventions to de-escalate the situation but rather escalated the behavior by telling the resident that they had a bad attitude.

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 staff member A that was involved in the incident on 6/19 and 6/20/2018, was terminated effective 7/17/2018. All staffs are trained on Safe and Positive Approach (S&PA) upon hire and annually, However, the program will continue to provide refresher training on S&PA through Devereux's Training Department.

All staff will be immediately re-trained on safe and positive approach; and the training including the date of completion will be documented by the Administrator.
AA

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

Signature of Legal Entity Representative (Required on EVERY Page)
[Signature] 12/11/18

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
Dorothy Wislitz, PCH Adm 12/11/18

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The above plan of correction is approved as of 12/12/18
(Date)

Plan of correction implementation status as of 12/12/18
(Date)

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

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

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Violation Report: 19810 - 07/24/2018 - Gray, Dean
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 56 Pa.Code §2600
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION
 The assessment for Resident #1, completed on 6/25/2018 indicates the resident may not be left unsupervised for more than 15 minutes while in the home and community; 30 minutes while using the bathroom; and 2 hours while in bedroom and overnight. The plan to support this resident's needs indicates that a 1:1 part time staff should be in place for resident. The home has not implemented the 1:1 staffing plan for the resident.

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 assessment for resident #1 was updated on 8/2/2018 and part-time 1:1 supervision discovered on 6/25/2018 in resident #1 RASP was removed and placed in chart on 8/3/2018. The team decision was basic on the decline in Resident #1 challenging behavior. For quality Assurance purposes, the supervisor and the program specialist will review residents' charts once every two months and update chart when there is a change in treatment plans and/or resident information.

All residents assessment and support plan should be thoroughly review for accuracy by the Administrator. Staffing plan should immediately reflect the changes and correction indicated in the support plan. Documentation of review be kept. AA.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* 12/11/18

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nancy Wisht, PCH Adm. Date 12/11/18

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The above plan of correction is approved as of 8/2/18 (Date)

Plan of correction Implementation status as of 8/2/18 (Date)

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

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

[Signature], PCH Adm. 8/21/18