



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 01 2018

Ms. Tina Skoda
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. Skoda:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 8, 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.

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 - 08/08/2018 - Dumas, Gerald
 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

Resident # 1's Aria glucometer was not calibrated with this current month of 8/2018 - Glucometer read - " 7/2018"

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.

Glucometer date was fixed by Nurse [REDACTED] while Investigator was still there.

Nursing staff will provide a re-training of the process to all PCH staff at the monthly staff meeting by 10/1/18.

*The Administrator will ^{retain}~~retain~~ training documents following the 10-1-18 in-service. The Administrator will also oversee this Plan of Correction to ensure ongoing compliance.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

11/15/2017

Signature of Legal Entity Representative
 (Required on EVERY Page)

Brian Gilbar

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Brian Gilbar Assistant Executive Director

Date

9/20/18

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The above plan of correction is approved as of 9-24-18
 (Date)

Plan of correction implementation status as of 9-24-18
 (Date)

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

The above plan of correction was approved by

AG
 (Initials)