



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 22 2019

Mr. Chris Betts
Executive Director
Devereux Foundation Inc.
444 Devereux Drive
Villanova, Pennsylvania 19085

RE: Gateside
830 Maple Avenue
Berwyn, Pennsylvania 19312
License #: 142150

Dear Mr. Betts:

As a result of the Department's Bureau of Human Services Licensing annual inspection on October 10, 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,

Jacqueline L. Rowe
Director

Enclosure
Licensing Inspection Summary

Violation Report: 14215 - 10/10/2018 - Chung, Youn Hie
 PCH Name: GATESIDE

1. REGULATION 55 Pa.Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 On 10/10/2018, the home's current violation report and copy of 55 Pa.Code Chapter 2600 were not posted in a conspicuous and public place in 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.

The citation from last inspection and 55Pa. code chapter 2600 were posted in conspicuous public place in the program on 10/11/2018.
 Moving forward, the Supervisor and the Administrator will do a program check once a year prior to annual inspection to make sure that updated code and violations are posted in the program.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Rancy Wright, PCH Adm.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Rancy Wright</i>	Date <i>12/20/18</i>
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The above plan of correction is approved as of <u>12/21/18</u> (Date)	Plan of correction implementation status as of <u>12/21/18</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

Violation Report: 14215 - 10/10/2018 - Chung, Youn Hie
 PCH Name: GATESIDE

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 On 10/10/2018, neither an influenza poster or a no smoking sign was posted 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.

The updated influenza poster and smoking sign were posted in the program on 10/10/2018 during the inspection.
 Moving forward, the Supervisor will check the program once every six(6) months to make sure influenza poster and smoking signs are posted in program.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Rancy Wright, PCH Admin.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Rancy Wright* Date *12/20/18*

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 (Date)

Plan of correction implementation status as of 12/21/18
 (Date)

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

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

Violation Report: 14215 - 10/10/2018 - Chung, Youn Hie
 PCH Name: GATESIDE

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract for resident #1 was not signed by 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 contract for resident #1 was signed by resident on 10/11/2018.
 Moving forward, the program Supervisor and the Administrator will review the residents' books once every six(6) months and update information accordingly.

Administrator will document the review of residents books - AA.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Raney Wright, PCH Admin*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Raney Wright* Date *12/20/18*

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 (Date)

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Violation Report: 14215 - 10/10/2018 - Chung, Youn Hie
 PCH Name: GATESIDE

1. REGULATION 55 Pa.Code §2600

2600.57(a) - At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.

2a. DESCRIPTION OF VIOLATION

On 10/10/2018, from 09:00 AM to 09:10 AM, one resident was present in the home. During this time, there was no staff persons present in 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.

On 10/11/2018, the Supervisor scheduled to be staff in the program.
 Moving forward, the Supervisor and the Coordinator will put a plan in place to ensure a staff is present in the program at all times when there is a resident in the home.

Administrator or a designee will review program's schedule on a weekly basis. Documentation of the review shall be kept AA.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Rauey Wright, PCH Admin.

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

Rauey Wright

Date

12/20/18

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Violation Report: 14215 - 10/10/2018 - Chung, Youn Hie
 PCH Name: GATESIDE

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 On 10/10/2018, at 09:15 AM, there was no hand drying method in the home's second floor bathroom. No paper towels or mechanical hand dryer present.

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.

On 10/10/2018 paper towels were placed in all bathrooms in the program. Moving forward, staffs working on each shift will check every bathroom to make sure that there are paper towels are in them, and they found that there is none or low, they will restock them. Supervisor will carry out routine check to make sure that staffs are following through with the checks.

Administrator or a designee will routinely check bathrooms weekly to ensure adherence to the referenced reg. Documentation of the checks shall be kept AA.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Rancey Wright, PCH Adm*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rancey Wright* Date *12/20/18*

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Violation Report: 14215 - 10/10/2018 - Chung, Youn Hie
 PCH Name: GATESIDE

1. REGULATION 55 Pa.Code §2600
 2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION
 The home's stairs leading to the basement was too dark, causing a tripping hazard to the residents who use the washer/dryer located in the basement.

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.

On 10/10/2018 a maintenance request was entered with the Maintenance Department to install a light fixture in the stairwell leading to the basement into the laundry room to avoid tripping hazard.

Moving forward, staffs will conduct a routine check of the lights in the program to make sure they are working and replaced blown out bulbs to avoid tripping hazard.

Administrator or a designee will conduct routine checks weekly, and documentation of the checks shall be kept.
 AA.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Rancy Wright, PCH Adm.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rancy Wright* Date *12/20/18*

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Violation Report: 14215 - 10/10/2018 - Chung, Youn Hie
 PCH Name: GATESIDE

1. REGULATION 55 Pa.Code §2600
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
 The first aid kit in the home does not include eye coverings.
 The first aid kit in the home's vehicle does not include a thermometer, scissors, breathing shield, and eye coverings.

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.

On 10/11/2018 a thermometer, scissors, breathing shield and a eye goggle were purchased and added to the program's vehicle first aid kit.
 Moving forward, staffs and Supervisor will check both first aid kits in vehicle and home once a month to make sure those kits have everything in them. If any item is used or missing from those kits, supervisor will replace them immediately.

Administrator will document the checks and review of the first aid kits.
 AA.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Lance Wright, PCH Admin*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lance Wright* Date *12/20/18*

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Violation Report: 14215 - 10/10/2018 - Chung, Youn Hie
 PCH Name: GATESIDE

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
 A box of brown sugar on the kitchen counter top was opened and unsealed.

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.

On 10/10/2018, the cabinet were cleared and cleaned of the loose Onions. The Onions were placed in a bowl and placed back in the cabinet.
 Moving forward, staffs will carryout weekly cleaning of the kitchen and cabinets; bagged and tagged with date it was open and expiration of any open food item.
 The Supervisor will conduct a monthly physical plant check of the program for cleanliness, open and loose food items. And there will be a topic of discussion in the monthly staff meetings about physical plant cleanliness and proper storage of food in kitchen and cabinets.

Documentation of reviews and checks will be kept AA.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Rancy Bright, RCH Admin*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Rancy Bright* Date *12/20/18*

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Violation Report: 14215 - 10/10/2018 - Chung, Youn Hie
 PCH Name: GATESIDE

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 On 10/10/2018, there was an accumulation of lint in the lint trap of the dryer in the basement.

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 lint trap was cleaned on 10/10/2018 and there is sign-in log that was developed on 10/12/2018 that staffs will initial every time the lint trap is checked and cleaned.
 Moving forward Supervisor will routinely check the sign-in log on any shift to make sure staffs are following the protocol and signing accordingly.

The lint trap will be checked daily. Administrator will routinely check the sign-in-log for lint trap daily, and ensure compliance with the applicable reg.
 AA

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/15/2018
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>[Handwritten Name]</i>	Date <i>[Handwritten Date]</i>
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Violation Report: 14215 - 10/10/2018 - Chung, Youn Hie
 PCH Name: GATESIDE

1. REGULATION 55 Pa.Code §2600
 2600.107(a) - The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

2a. DESCRIPTION OF VIOLATION
 The home does not have the emergency preparedness plan for the local municipality.

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 East-town township municipality emergency preparedness plan was acquired by the Quality Management (QM) department on 10/30/2018.
 Moving forward, the QM department will check with the township for any update in the plan yearly.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Rancy Wright, PCH Adm.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Rancy Wright</i>	Date <i>12/20/18</i>
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Violation Report: 14215 - 10/10/2018 - Chung, Youn Hie
 PCH Name: GATESIDE

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

On 10/10/2018, the following discontinued or expired medications were found on the med-cart:

Deep Sea Spray 0.65% discontinued for resident #1 was on the medication cart
 Mupirocin Cream 2% discontinued for resident #2 was on the medication cart.

On danseftron 4 mg, which expired on 03/01/2018, Ibuprofen Suspension 100/5 mg, which expired in September 2018, and Triple Antibiotic ointment, which expired in July 2018, were found in resident #2's medication cart.

Vitamin A & D ointment, which is not on his current prescription list, was in resident's #2's medicine cart.

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 discontinued medications listed have been removed from the residents' medication box and properly discarded. Expired medications have also been removed, properly discarded, and replaced. And the prescription that was not on resident # 2 prescription list was also removed from his med-box and discarded as well.

Moving forward, the nurse will conduct a medication audit every 90 days to make sure expired and discontinued medications are not still in the med-box and on the MAR.

Also, to prevent any future occurrence of this violation, the overnight medication checklist was reinforced. The DSP assigned to the overnight shift will be responsible for auditing all house stock medications and medications for one (1) individual per night. The findings are to be documented utilizing the checklist provided in the unit. The DSP will report discrepancies to the unit Supervisor, who will then notify the Healthcare Coordinator for corrections needed. As a second check, the unit Supervisor will be responsible for auditing the overnight checklist one (1) day per week.

All residents record will be immediately reviewed. Administrator will ensure that MARs are being checked against Doctor's orders and the meds in the cart. AA

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Randy Wright, PCH Admin

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

Randy Wright

Date *12/20/18*

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Violation Report: 14215 - 10/10/2018 - Chung, Youn Hie
 PCH Name: GATESIDE

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 home has stock medications that it uses for its residents. Many of the PRNs prescribed for the residents, that are supposed to be in the stock supply are missing. The missing PRNs include Visine Ophthalmic drops, Kaopectate, and Benadryl.

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.

Administrator or designee will immediately review all residents record and MARS. Administrator will check MARS against the Doctor's orders and the meds in supply cart weekly. Documentation of checks and review shall be kept. AA.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Rancey Wright

Date 12/20/18

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