



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 01 2019

Mr. Chris Betts
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. Betts:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 14, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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.

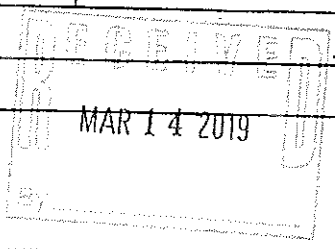
Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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

PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLCREST COTTAGE		License Number: 19814
Address: 229 LEOPARD ROAD, BERWYN, PA 19312		County: Chesler
Administrator: Nancy 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 05/01/2001 L & I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 13	Waking Staff: 10
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representative On-Site 01/14/2019: Freeman, Sabrina		
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: 11 ✓ Have an Intellectual Disability: 11 ✓ Have a Mobility Need: 0 ✓ Have a Physical Disability: 0 ✓	

Violation Report: 19814 - 01/14/2019 - Freeman, Sabrina
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLCREST COTTAGE

1. REGULATION 56 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 Personal care and assisted living homes must post the required influenza information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1785). The home did not have an influenza poster anywhere.

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 influenza poster was posted in common areas of the home after the inspection on 1/18/2019. Moving forward, Supervisor will conduct quarterly program check, document any discovery and immediately carry out a plan of plan correction.

The Administrator will create a checklist to monitor the poster board, on a weekly basis to ensure that the influnza awareness, remains posted as required by the laws and in compliance with the cited reg. 3/29/2019.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Rancy Wright, Adm

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

Rancy Wright, Adm

Date 3/14/19

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

The above plan of correction is approved as of <u>3/29/19</u> (Date)	Plan of correction implementation status as of <u>3/29/19</u> (Date) <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
The above plan of correction was approved by <u>A.A.A</u> (Initials)	

Violation Report: 19814 - 01/14/2019 - Freeman, Sabrina
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLCREST COTTAGE

1. REGULATION 65 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 On 1/14/19, at approximately 3PM, the water temperature in multiple locations in the home exceeded 120 degrees F. The locations are as follows:
 - 1st floor hallway measured 125 degrees Fahrenheit.
 - 1st floor bedroom measured 127 degrees Fahrenheit.
 - 2nd floor end bathroom measured 128.5 degrees Fahrenheit.

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 hot water temperature in home was normalized below 120 degrees Fahrenheit on the 1st floor hallway, 1st floor bedroom and 2nd floor bathroom. A work order was entered on 1/17/2019. moving forward, supervisor will conduct hot water temperature check monthly and report to the maintenance department of change in temperature.

Administrator or designee will conduct a check on all sources of hot water in the home on weekly basis; and develop a checklist to track the facility's hot water temperature. Any non-compliance issue noted shall be immediately resolved by the Administrator. 3/29/19

A.A.A

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Fancy Wiglet, Aehn			3/14/19
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of	3/29/2019 (Date)	Plan of correction implementation status as of	3/29/2019 (Date)
The above plan of correction was approved by	A.A.A (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: 19814 - 01/14/2019 - Freeman, Sabrina
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLCREST COTTAGE

1. REGULATION 56 Pa.Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The home did not provide documentation or verify when the last emergency management procedures was last submitted to the municipal emergency management agency.

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 2/5/2019, Devereux's Emergency Preparedness Plan Procedure was sent to Easttown Township's Emergency Management Coordinator. The Director of Quality Management will submit all future updated/reviewed plans to the local emergency management agency on an annual basis or sooner if a revision occurs.

The Administrator will create a checklist to track the due dates for reviewing and submitting the emergency management plan to ensure compliance with the cited reg. 3-29-2019

A-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) *Lancy Wright, Adm* Date *3/14/19*

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

The above plan of correction is approved as of 3/29/19
 (Date)

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

Plan of correction implementation status as of 3/29/19
 (Date)

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