



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 01 2019

Mr. Rancy Wright
Administrator
Devereux Foundation Inc.
139 Leopard Road
Berwyn, Pennsylvania 19312

RE: Devereux PA Adult Services PCH-
Hilltop Cottage
License #: 198190

Dear Mr. Wright:

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.

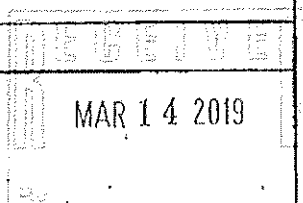
Sincerely,

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

Jacqueline L. Rowe
Director

Enclosure
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES - 85 Pa.Code Chapter 2600**

PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE		License Number: 19819
Address: 237 LEOPARD ROAD, BERWYN, PA 19312		County: Chester
Administrator: Rancy Wright		Region: SOUTHEAST
Legal Entity Name: DEVEREUX FOUNDATION INC		
Legal Entity Address: 130 LEOPARD ROAD, BERWYN, PA 19312		
Certificate(s) of Occupancy C-2 LP 12/19/2000 L & I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 14	Working Staff: 11
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives 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: 14 ✓ 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: 5 ✓ Are 80 Years of Age or Older: 4 ✓ Have Mental Illness: 6 ✓ Have an Intellectual Disability: 6 ✓ Have a Mobility Need: 0 ✓ Have a Physical Disability: 0 ✓

Violation Report: 19813 - 01/14/2019 - Freeman, Sabrina	
PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE	
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 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.	
<p>Influenza poster was posted in the home at the time of the inspection. It was an error by the inspector. There was an acknowledgment of the error by Inspector on 3/1/2019 and agreed to remove citation 2600.18.</p> <p>Moving forward, Supervisor will conduct quarterly program check, document any discovery and immediately carry out a plan of plan correction.</p> <p>The Administrator will create a checklist to monitor the poster board, on a weekly basis to ensure that the influenza awareness, remains posted as required by the laws and in compliance with the cited reg. 4/10/2019.</p> <p style="text-align: center;">A-A-A</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Rancy Wright</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Rancy Wright Adm</i>	Date <i>3/14/19</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>4/10/19</u> (Date)	Plan of correction implementation status as of <u>4/10/19</u> (Date)
The above plan of correction was approved by <u>A-A-A</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: 19819 - 01/14/2019 - Freeman, Sabrina
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa. Code §2600
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 There is no lid on the trash can in the shared bathroom between bedroom 109 & 110.

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 home purchased a new trash can with a lid for room 109 on 1/20/2019.
 Moving forward, Supervisor will conduct quarterly program check, document any discovery and immediately carry out a plan of plan correction..

Administrator or designee will create a checklist for staff to routinely ensure there are lids on the kitchen and bathroom trash cans on daily basis. 4/10/19

AAA

Repeat Violation: No.	Date(s) of Previous Violation(s):		
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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>Rancy Wright, Adm</i>	Date <i>3/14/19</i>
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The above plan of correction was approved by <u>AAA</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: 19818 - 01/14/2019 - Freeman, Sabrina
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

In bedroom 109, the sink nozzle in bathroom is broken, falling off and has sharp jagged edges. Also the bathtub caulking was dirty with mold.

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 date by which the steps will be completed.

The broken sink nozzle in room 109 was repaired. A work order was entered on 1/17/2019. The repaired was completed on 2/01/2019 by the maintenance department. Moving forward, Supervisor will conduct quarterly program check, document any discovery and immediately carry out a plan of correction.

Administrator or a designee will conduct a walkthrough of the facility on daily basis, to ensure that all surfaces are in good repair and free from hazards; and equally create a routine cleaning checklist to identify areas of the home that requires ongoing attention. The completed checklist will be reviewed by the Administrator weekly, any issue of concern shall be promptly addressed to ensure continual compliance with the cited reg. 4/10/19

A-A-A

Report Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>[Signature]</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Rancy Wright, Adm</i>	<i>3/14/19</i>

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(Date)

Plan of correction implementation status as of 4/10/19
(Date)

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

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

Violation Report: 190111 - 01/14/2019 - Freeman, Sabrina
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 65 Pa. Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 In bedroom 216, the shower seal was corroded with mildew.

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 shower seat in room 216 was removed due to corrosion and mildew. work order was entered on 3/06/2019 and the maintenance department removed the seat on 3/11/2019. Moving forward, Supervisor will conduct quarterly program check, document any discovery and immediately carry out a plan of correction.

Within 10 days of receiving this POC and monthly thereafter, the Administrator will conduct a check on all equipments being used by residents, to ensure that the same are in good repair, safe and clean. Any issue of concern noted with a resident's adaptive equipment shall be immediately reported to the Administrator who will promptly resolve the issue. 4/10/19

AAA

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ronney Wright, adm.* Date *3/14/19*

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Violation Report: 19818 - 01/14/2019 - Freeman, Sabrina	
PCH Name: DEVEREUX, PA ADULT SERVICES PCH HILLTOP COTTAGE	
<p>1. REGULATION 56 Pa.Code §2600 2600.101(j)(7) - Each resident shall have the following in (the) bedroom: An operable lamp or other source of lighting that can be turned on at bedside.</p>	
<p>2a. DESCRIPTION OF VIOLATION Resident #1, did not have a lamp that could be turned on from bedside.</p>	
<p>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i></p> <p>A lamp was provided for resident #1 by his bedside in room 108 on 1/28/2019. Moving forward, Supervisor will conduct quarterly program check, document any discovery and immediately carry out a plan of correction..</p> <p>The Administrator or a designee will conduct a weekly checks on resident's room to ensure compliance with the cited reg. any issue noted shall be promptly resolved. 4/10/19</p> <p style="text-align: center;">AAA</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
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The above plan of correction was approved by <u>AAA</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: 19819 - 01/14/2019 - Freeman, Sabrina
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 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 were 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.

Administrator will create a checklist to track the due dates for the emergency procedures, and ensure that the same is reviewed, updated and submitted annually to the emergency management agency as specified in the cited reg. 4/10/19

A-A-A

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Rancy Wright*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Rancy Wright, Adm* Date *3/14/19*

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 (Date)

Plan of correction implementation status as of 4/10/19
 (Date)

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

- Fully Implemented
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- Not Implemented

Violation Report: 19019 - 01/14/2019 - Freeman, Sabrina
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 65 Pa. Code §2800
 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 #3 has an order for Robitussin which is to be taken every 4 hours as needed. The medication was not 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 medication was added to the resident's medications in the med-cart. Staff will be retrained 3/20/2019 during program monthly staff meeting to notify the nurse or PDC Pharmacy when an OTC is not present during the overnight med check. Staff will document the date and time the Pharmacy was called to request the house stock or report it to the nurse.

Within 15 days of receiving this POC, the Administrator or a designee will review all residents' record to ensure that their respective prescribed PRN meds. are readily available at the home. Going forward, Administrator will review MARS monthly at the beginning of each med cycle or when a new doctor's order is given, to ensure the accuracy of the information recorded in MARS in accordance with the Physician's orders. 4/10/19

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 3/14/19

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The above plan of correction was approved by <u>A-A-A</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: 19819 - 01/14/2019 - Freeman, Sabrina	
PCH Name: DEVEREUX, PA ADULT SERVICES PCH HILLTOP COTTAGE	
<p>1. REGULATION 55 Pa. Code §2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.</p>	
<p>2a. DESCRIPTION OF VIOLATION</p> <p>On 1/13/19, at bedtime, resident #4 was administered Risperidone 3mg at 8PM and Olanzapine 5mg at 9PM. Staff person A did not initial or record the date and time of administration.</p>	
<p>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</p> <p><i>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.</i></p> <p>Supervisor had 1:1 session with staff about his failure to initial the MAR after administering resident #4 medication at 8pm and 9pm on 2/7/2019. Staff received discipline and retrained during staff meeting on 2/24/2019.</p> <p>Moving forward, supervisor will routinely check the MAR for missing signatures and give feedback to staffs who failed to sign after medication administration.</p> <p>Within 15 days of receiving this POC, all staff having the med. admin privileges will be retrained on the cited regulation. The Administrator or designee will review MARS weekly to ensure compliance with the cited reg. 4/10/19</p> <p style="text-align: center;">A.A.A</p>	
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	
DEPARTMENT USE ONLY - HOME'S MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>4/10/19</u> (Date)	Plan of correction implementation status as of <u>4/10/19</u> (Date)
The above plan of correction was approved by <u>A.A.A</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: 198111 - 01/14/2019 - Freeman, Sabrina
 PCH Name: DEVEREUX PA ADULT SERVICES PCH HILLTOP COTTAGE

1. REGULATION 55 Pa.Code §2600
 2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION
 On 1/1/19 through 1/14/19, resident #3 refused the Minerin Cream which is to be applied to feet daily. The home did not report the refusal to the resident's doctor as 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 refusal of the Minerin Cream, a medication for the resident's feet was reported to the doctor on 1/22/2019. The doctor gave a verbal order for the medication to be administered as needed. Moving forward, the staff administering medication will immediately notify the nurse of a medication refusal and document the date the nurse was notified. The nurse will then report to the prescribing doctor.

Within 15 days of receiving this POC, staff with med. passing privileges will be retrained on the cited reg. 4/10/19

A-AA

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Fancy Wright*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Fancy Wright, Admin* Date *3/14/19*

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

The above plan of correction is approved as of 4/10/19
 (Date)

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

Plan of correction implementation status as of 4/10/19
 (Date)

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