



March 5, 2020

Mr. Chris Betts
Executive Director
Devereux Foundation, Inc.
444 Devereux Drive
P.O. Box 638
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 August 29, 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 (relating to Personal Care Homes) 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 "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: GATESIDE

License Number: 14215

Address: 830 MAPLE AVENUE,, BERWYN, PA 19312

County: CHESTER

Region: SOUTHEAST

Administrator

Name: Rancy Wright

Phone: 6102966800

Email: CBETTS@DEVEREUX.ORG

Legal Entity

Name: DEVEREUX FOUNDATION

Address: PO BOX 638, 444 DEVEREUX DRIVE, VILLANOVA, PA, 19085

Certificate(s) of Occupancy

Type: Other

Date: 09/24/1982

Issued By: Dept of Health

Staffing Hours

Resident Support Staff: 4

Total Daily Staff: 9

Waking Staff: 7

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

08/29/2019 - On-Site: Sabrina Freeman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 4

Residents Served: 4

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 3

Are 60 Years of Age or Older: 0

Diagnosed with Mental Illness: 3

Diagnosed with Intellectual Disability: 4

Have Mobility Need: 1

Have Physical Disability: 1

20b8 - Quarterly Account

Regulations

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

The home helps resident #1 with financial management. The home did not provide resident #1 with a quarterly account of financial transactions.

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 program client funds are handled by the Center's Business Department. Copy of the financial transaction was received on Oct 17, 2019.

Moving forward the program will provide the resident with a quarterly account of financial and maintain a copy of the individuals' quarterly account of financial transactions.

Legal Entity Representative

Rancy Wight
Signature

Rancy Wight, Adm 10/18/19
Printed Name and Title Date

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The above plan of correction is approved as of

03-04-2020
(Date)

Plan of correction implementation status as of

03-04-2020
(Date)

The above plan of correction was approved by

SP
(Initials)

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

25a - Written Contract and Review

Regulations

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #1's home contract was incomplete, specifically Section A, which did not document the monthly cost of the room or meals. The contract read, "The resident or payer agrees to pay a charge of _____ per month per room and meals."

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 contract are completed by the Admission Department upon client admission to the center.

Copy of the home contract was provided to the program on Oct 17, 2019 with an addendum that included the monthly cost of the room and meals. The resident #1 signed the addendum on Oct 18, 2019.

Moving forward, renewed copies of the Home Contracts will be kept onsite in the individuals' PCH binders and the supervisor will conduct PCH binder audit every six (6) to make sure every section in binder is updated accordingly.

Legal Entity Representative


Signature

Nancy Wright, Adm 10/18/19
Printed Name and Title Date

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41c - Rights Poster

Regulations

2600.

41.c. The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.

Description of Violation

The Department's resident's rights poster was posted; however the poster did not include, "the resident right to question or refuse a medication if the resident believes there may be a medication error."

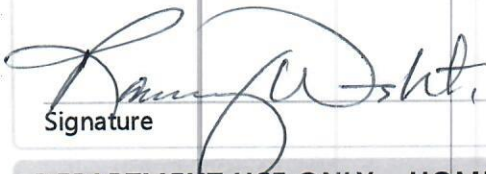
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The right to refused medications by individuals in the program was added to the current rights poster on program bulletin on Oct 11, 2019.

Moving forward, the program supervisor will routinely check the bulletin and update any regulatory changed.

Legal Entity Representative


Signature

Nancy Wright, Adm 10/12/19
Printed Name and Title Date

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107c - Food/Water 3 Day Supply

Regulations

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

The home serves 4 residents, requiring 12 gallons of emergency drinking water. On 8/29/19, the home had only 5 gallons of water and did not have any emergency food onsite.

Plan of Correction (POC)

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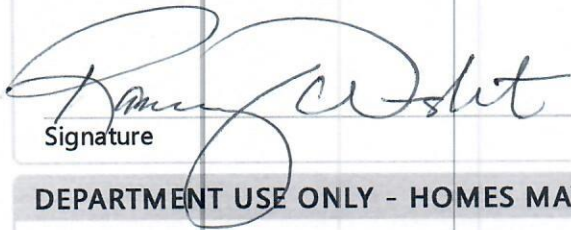
On Oct 08, 2019, additional eight (8) gallons of water was purchased for the emergency water supply for the program bringing the total emergency water supply to thirteen (13). There was enough emergency food supply in the program.

Moving forward, the program supervisor will routinely check the emergency supplies once every 90 days to ensure that the right amount of supplies for the program is available.

The administrator or designee will ensure the home always maintains at least a 3-day supply of nonperishable food and drinking water for the residents. Emergency food to be used for emergencies, not to be counted with food in every day serving rotation.

SP 03-04-2020

Legal Entity Representative


Signature

Nancy Wright, Admin 10/18/19
Printed Name/and Title Date

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132b - Safety Inspection/Fire Drill

Regulations

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire drill observed by a fire safety expert was conducted on 7/31/18.

Plan of Correction (POC)

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The Chester County Fire Marshal office conducted a fire and life safety inspection of Gateside on September 12, 2019.

Moving forward, the program and the Center's Maintenance Department will work with Chester County Fire Marshal Office to conduct the program Fire and life safety inspections within a twelve months period from the last inspection.

Legal Entity Representative


Signature

Ronay Wright, Adm
Printed Name and Title

10/18/19
Date

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03-04-20220
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141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 1's previous medical evaluation was complete on 2/2/18. The most recent medical evaluation was complete late on 6/7/19. The 6/7/19 medical evaluation was incomplete, specifically Section 7 or the medication addendum which did not document or list resident #1's medications.

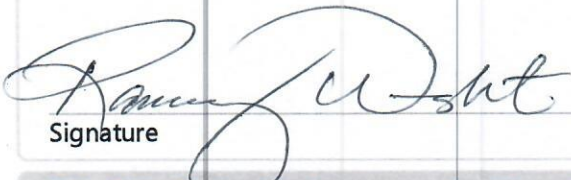
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Resident #1 initial DME and medical evaluation was completed on 2/2/18 when the program was newly accredited. His annual physical was on 6/8/18...on this day an updated DME and medical evaluation was completed for the following year on 6/7/2019.

On 6/7/2019 evaluation, section 7 (medications) of the DME is complete and states "see attached" since the medications do not fit in the space provided on the form. A list of the physician orders with all medications is attached to the 2019 physical, DME and medical evaluation. This documentation is in the individuals chart and was available at the time of the audit.

Legal Entity Representative


Signature

Nancy Wright, Adm 10/18/19
Printed Name and Title Date

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187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On 8/29/19, at 9am, a licensing representative observed a staff person signing off, initialing, and dating the medication administration record. The staff person confirmed initialing and dating the medication administration record at that time and not at the time the medication was administered to residents.

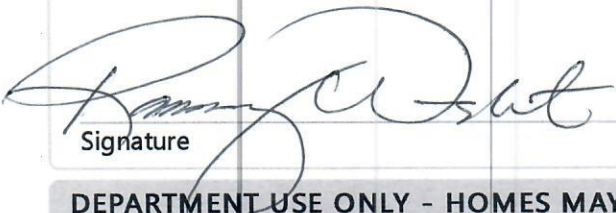
Plan of Correction (POC)

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The staff who was observed for the (187.b) violation during the audit was given a verbal warning and retrained on the medication administration steps during the monthly staff meeting after the audit.

Moving forward there will be an ongoing refresher in every staff meeting on the steps of medication administration.

Legal Entity Representative


Signature

Rancey Wright, Adm. 10/18/19
Printed Name and Title Date

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