pennsylvania
DEPARTMENT OF HUMAN SERVICES

October 28, 2019

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 September 6, 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,

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *DEVEREUX POCONO CENTER, DREHER MANOR* **License Number**: *23526*
Address: *1547 MILL CREEK ROAD,, NEWFOUNDLAND, PA 18445*
County: *WAYNE* **Region**: *NORTHEAST*

Administrator

Name: *Cherie Podolek* **Phone**: *5708396140* **Email**: *dliney@devereux.org*

Legal Entity

Name: *DEVEREUX FOUNDATION, INC.*
Address: *444 DEVEREUX DRIVE, VILLANOVA, PA, 19085*

Certificate(s) of Occupancy

Type: *C-1* **Date**: *12/20/2003* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *16* **Waking Staff**: *12*

Inspection

Type: *Full* **BHA Docket #**: **Notice**: *Unannounced*
Reason: *Renewal*

Inspection Dates and Department Representative

09/06/2019 - On-Site: Amy Deluca, Duane Valence

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *24* **Residents Served**: *11*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *1*
Diagnosed with Mental Illness: *3*
Have Mobility Need: *5*
Are 60 Years of Age or Older: *10*
Diagnosed with Intellectual Disability: *10*
Have Physical Disability: *1*

3c - Post Current License

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home's most current License inspection summaries (LIS) dated 11/16/2018 and 8/8/2018 were not posted conspicuously in the home. The LIS's were posted on a wall facing against the wall so that the reports were not visible to visitors and residents of the home.

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.)

Upon notification of the violation, the Licebse Inspection Summary (LIS) was posted facing out so as to be conspicuously displayed at the entrance to the home. Completed 9/6/19

Administrator/Residential Manager/Designee will monitor daily to ensure LIS is posted conspicuosly at the entrance to the home to remain in compliance

Legal Entity Representative

Tina Skoda — Signature

Tina Skoda, Executive Director — Printed Name and Title

9/19/19 — Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9-23-19 (Date)

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

Plan of correction implementation status as of 9-23-19 (Date)

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

17 - Record Confidentiality

Regulations

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

The LIS dated 8/8/2018 had the resident privacy coding sheet attached to it, exposing confidential resident information.

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.)

Upon notification of the violation, the Residency Privacy Coding sheet was removed from posted License Inspection Report and filed securely. Completed 9/6/19

Administrator/Residential Manager/Designee will remove Resident Privacy Sheet from all recieved License Inspection Summary reports and file document securley prior to posting report at the entrance of the home.

Legal Entity Representative

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Tina Skoda, Executive Director — Printed Name and Title

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29a SOPb4 - Hospice Care: Inform Non-Participating

Regulations

2600.

29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

4. During a fire drill, the one designated person at the home who has knowledge in advance of the fire drill is to immediately upon setting off the fire alarm to begin the fire drill, go to the room of the resident who meets the conditions of paragraphs (1)—(3), and notify the affected resident and any staff person who attempts to evacuate the resident, that this is a fire drill and the resident is not to be evacuated.

Description of Violation

Resident #1 has a physician's certification as of 3/4/19 that the resident is actively dying and is unable to be evacuated during routine fire drills. During fire drills dated 03/04/19, 3/11/19, 4/29/19, 5/1/19, 5/15/19, 6/10/19, 7/31/19, and 8/22/19 it was determined through staff interviews that the resident was not evacuated and that the person conducting the drill did not go to the resident's room immediately after setting off the alarm to notify the resident and staff that a drill was being conducted. Instead, according to staff interview the resident would be checked on and the bedroom door closed.

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.)

Upon notification of Violation, Residential Manager reviewed protocol to inform non-participating resident for fire drill with staff scheduled/onsite at the time of survey. Completed 9/6/19

Administrator/Residential Manager/Designee will provide additional training to all current staff at the home during IDT meeting scheduled for 9/19/19. Training materials will be incorporated into orientation for newly hired staff and reviewed annually with all staff who work at home.(See Attachment A1 - A3)

Legal Entity Representative

Tina Skoda — Signature

Tina Skoda, Executive Director — Printed Name and Title

9/19/19 — Date

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29a SOPb5i - Hospice Care: Safe Transportation

Regulations

2600.

29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

5. If the provisions of paragraph (4) are initiated, the informed staff person is to immediately practice a fire drill evacuation in accordance with the following:

i. Access a mode of transport such as a bed on wheels, a chair on wheels or a drag mat in the resident's bedroom or nearby area, which is not currently occupied by the resident.

Description of Violation

Resident #1 has a physician's certification as of 3/4/19 that the resident is actively dying and is unable to be evacuated during routine fire drills. According to staff interview, staff are not accessing a mode of transport such as a wheelchair or drag mat in order to practice a simulated fire drill. Staff interviews indicated that during drills the resident is checked in her bedroom and the door is closed.

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.)

Upon notification of violation, Residential Manager verified placement of mode of transportation (wheelchair) accessible to staff in resident's room. Completed 9/6/19 (See Attachment B)

Administrator/Residential Manager/Designee will verify wheelchair/accessible mode of transportation is present in residnet room by performing daily room checks.

Legal Entity Representative

Tina Skoda

Signature

Tina Skoda, Executive Director

Printed Name and Title

9/19/19

Date

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29a SOPb5ii - Hospice Care: Fire Drill Simulation

Regulations

2600.

29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

5. If the provisions of paragraph (4) are initiated, the informed staff person is to immediately practice a fire drill evacuation in accordance with the following:

ii. Reasonably simulate the level of effort required to move the resident and proceed to practice evacuation to the nearest unblocked exit or fire safe area. The simulation will include the number of staff persons that is required during an evacuation to safely move the resident.

Description of Violation

Resident #1 has a physician's certification as of 3/4/19 that the resident is actively dying and is unable to be evacuated during routine fire drills. It was determined through staff interview that staff are not conducting a reasonable simulation of the level of effort required to evacuate the resident to the outdoors during fire drills. The home does not have indoor fire safe areas. Staff interviews indicate during the fire drills the resident is checked in her bedroom and the door is closed.

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.)

Admininistrator/Residential Manager/Designee will develop a form of documentation for reasonable simulation of evacuation. (See Attachment C).

Document and protocol for Fire Drill Simulation will be reviewed with current staffat IDT meeting scheduled for 9/19/19. Training materials will be incorporated into orientation for newly hired staff and reviewed annually with all staff who work at the home.

Legal Entity Representative

Tina Skoda

Signature

Tina Skoda ,Executive Director

Printed Name and Title

9/19/19

Date

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- ☐ Not Implemented

29a SOPb11 - Hospice Care: Records

Regulations

2600.

29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

11. Documentation of compliance with this section is to be kept in the fire drill record, as well as in the resident's record. The documentation is to include the following:

Description of Violation

Resident #1 has a physician's certification as of 3/4/19 that the resident is actively dying and is unable to be evacuated during routine fire drills. Documentation of the Department of Health license for the hospice agency caring for the resident was not kept with the fire drill logs.

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.)

DOH License for Hospice Agency was placed in Fire Drill Log by Administrator on 9/20/19.

Administrator/Residential Manager/Designee will review Fire Drill log monthly in conjunction with fire drill to ensure DOH License for Hospice Agency is current and present in log.

Legal Entity Representative

Tina Skoda — Signature

Tina Skoda, Executive Director — Printed Name and Title

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132c - Fire Drill Records

Regulations

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

Resident #1 has a physician's certification as of 3/4/2019 that the resident is actively dying and is unable to be evacuated during routine fire drills. The following fire drills were recorded incorrectly on the home's fire drill logs:
4/29/19 at 5:42pm indicates 6 residents in the home and 6 residents evacuated.
5/1/19 at 6:40pm indicates 12 residents in the home and 12 residents evacuated.
7/31/19 at 7:30pm indicates 11 residents in the home and 11 residents evacuated.
During all 3 of the above documented fire drills resident #1 was not evacuated. This was not reflected accurately on the fire drill logs.

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.)

Upon notification of violation, Residential manager reviewed all identified fire drill logs. An addendum was written and added to Fire Drill log for identified fire drill dates for compliance with resident's Physician Order for Non Evacuation during Fire Drills as being excluded from identified fire drills. Completed 9/17/19 (See attachment D)

Administrator/Residential Manager/Designee will inform Fire Safety designee of Non Evacuation protocol to ensure Fire Drill logs are reviewed for accuracy in reporting rpior to signing off as completed. (See Attachement E)

Legal Entity Representative

Tina Skoda

Signature

Tina Skoda, Executive Director — Printed Name and Title

9/19/19 — Date

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- ☐ Not Implemented

185a - Implement Storage Procedures

Regulations

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.

Description of Violation

Resident #2 has a PRN order for Xanax to be taken 1 hour prior to appointments and procedures. The home did not have the medication on hand.

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.)

Upon notification of violation, Nursing was informed of missing medication and placed delivery order with Pharmacy. Completed 9/9/19

Medication was delivered from the Pharmacy on 9/12/19 and is now available for the resident.

Administrator/Residential Manager/Designee will verify that PRN medication is available as ordered by performing routine Med Cart checks. Administrator/Residential Manager/Designee will notify Nursing if PRN medication re-order is needed; Nursing will facilitate request for medication delivery with the Pharmacy.

Legal Entity Representative

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Tina Skoda, Executive Director — Printed Name and Title

9/19/19 — Date

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- ☐ Fully Implemented
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- ☐ Not Implemented

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1 has an order for Hospice cream to be applied to red areas two times per day and also as needed. The order for the medication was not included on the resident's Medication administration Record. Staff are not documenting when the medication is administered.

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.)

Upon notification of the violation, medication was added to the resident's Medication Administration Record(MAR). Completed 9/6/19

Administrator/Residential Manager/Designee will rpovide routine review of residnet's MAR documentation for ongoing compliance

Legal Entity Representative

Tina Skoda — Signature

Tina Skoda, Executive Director — Printed Name and Title

9/19/19 — Date

187a - Medication Record *(continued)*

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- ☐ Not Implemented

187d - Follow Prescriber's Orders

Regulations

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 has an order for Hospice cream to be applied to red areas two times per day and also as needed. According to staff interview, the resident does not have any red areas and therefore staff has not been administering the medication twice per day as ordered by the prescriber.

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.)

Upon notification of violation, Nursing reviewed prescriber's order with Med Tech to ensure understanding of the administration order for the medication. Completed 9/6/19
Review of Medication Administration Record on 9/12/19 verified documentation done to show that medication was on MAR as of 9/6/19 and is being administered as prescribed.

Administrator/Residential Manager/Designee will review Prescriber's order with Hospice Agency for any changes and will update resident's MAR as indicated for ongoing compliance.

Legal Entity Representative

Tina Skoda — Signature

Tina Skoda, Executive Director — Printed Name and Title

9/19/19 — Date

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224a - Preadmission Screen Form

Regulations

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

The preadmission screening form for resident #1 dated 8/23/18 does not indicate if the resident is able to safely avoid poisonous material.

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.)

Upon notification of the violation, the Pre-Admission Screening form dated 8/23/18 was compared with Physician DME completed at time of admission to verify safety in avoiding poisonous materials. Addendum statement was written for correction of information and added to resident chart. Completed 9/11/19 (See Attachement F)

Administrator/Residential manager/Designee will review Pre-Admission screening forms at time of admission to ensure accuracy in documentation to maintain compliance.

Legal Entity Representative

Tina Skoda

Signature

Tina Skoda, Executive Director

Printed Name and Title

9/19/19

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