



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail [cbetts@devereux.org](mailto:cbetts@devereux.org)  
Sent via e-mail [rwright5@devereux.org](mailto:rwright5@devereux.org)  
May 6, 2020**

Mr. Chris Betts  
Executive Director  
Devereux Foundation, Inc.  
139 Leopard Road  
Berwyn, Pennsylvania 19312

RE: Devereux PA Adult Services PCH - Hilltop Cottage  
237 Leopard Road  
Berwyn, Pennsylvania 19312  
License #: 198190

Dear Mr. Betts:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on November 4, 2019 found violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The enclosed Licensing Inspection Summary (LIS) specifies the violations.

On December 9, 2019 we requested that you complete a plan to correct the violations. We have not received an acceptable plan to correct the violations; therefore, we have attached a directed plan to correct the violations.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you have any questions, please contact me at 610-270-1137.

Sincerely,

*Sandra Wooters*

Sandra Wooters, MHS, ACG  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

## Violation Report

### Facility Information

Name: *DEVEREUX PA ADULT SERVICES PCH - HILLTOP COTTAGE*  
Address: *237 LEOPARD ROAD,, BERWYN, PA 19312*  
County: *CHESTER* Region: *SOUTHEAST*

License Number: *19819*

### Administrator

Name: *Rancy Wright* Phone: *6102966800* Email: *rwright5@devereux.org*

### Legal Entity

Name: *DEVEREUX FOUNDATION INC*  
Address: *139 LEOPARD ROAD, CHRIS BETTS, BERWYN, PA, 19312*

### Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/19/2000* Issued By: *Commonwealth of PA, L&I*

### Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *11* Waking Staff: *8*

### Inspection

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

### Inspection Dates and Department Representative

*11/04/2019 - On-Site: Dean Gray*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *18* Residents Served: *11*

#### Secured Dementia Care Unit

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

#### Hospice

Current Residents: *0/0*

#### Number of Residents Who:

Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *3*  
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *7*  
Have Mobility Need: *0* Have Physical Disability: *0*

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

On 11/04/19 the home's posted license had an expiration date of February 8, 2019.

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 renewed license was posted on 11/04/2019.

Moving forward, the supervisor will immediately post the renewed license once he receives it before the annual inspection.

Supervisor will conduct monthly physical check to ensure needed repairs and replacements are done.

Legal Entity Representative

*Randy Wright*  
Signature

Randy Wright 12/12/19  
Printed Name and Title Date

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The above plan of correction is approved as of

5/6/2020  
(Date)

Plan of correction implementation status as of

5/6/2020  
(Date)

The above plan of correction was approved by

*slw*  
(Initials)

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

42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The window in the bathroom of room 207 does not have shades, blinds, or shutters.

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.)

A maintenance request entered on 12/10/2019 for room 207 and the blinds was replaced on 12/12/2019.

Moving forward, the supervisor will do thorough physical plant check and enter maintenance request for any damage found during the checks.

Supervisor will conduct monthly physical check to ensure needed repairs and replacements are done.

Legal Entity Representative

*[Handwritten Signature]*  
Signature

*Raney Wright* 12/12/19  
Printed Name and Title Date

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65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, personal care service needs of the resident, care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 2018.

Direct care staff person B did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, personal care service needs of the resident, care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 2018.

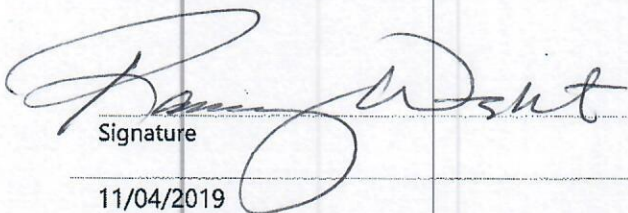
Plan of Correction (POC)

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After the inspection, on 11/21/2019 all staff including staff A and B were retrained in instruction on meeting the needs of the residents as described in preadmission screening form.

Moving forward every new staff will be trained in meeting the needs of the residents before the staff can be placed on the floor and in rotation to work with residents.

Legal Entity Representative

  
Signature

Nancy Wright  
Printed Name and Title

12/12/19  
Date

11/04/2019

65f - Training Topics (continued)

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65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person B did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102) during training year 2018.

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.)

After the inspection, a staff meeting was held on 11/21/2019 and Devereux fire safety expert conducted a fire safety refresher with all staff including staff B.

Moving forward, the site will have a fire safety expert train all staff annually.

Legal Entity Representative

  
Signature

Nancy Wright 12/12/19  
Printed Name and Title Date

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90b - Staff Communication

Regulations

2600.

90.b. For a home serving 9 or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.

Description of Violation

The home does not have a system that allows staff in different parts of the home to communicate with each other in an emergency. On 11/04/19, the home served 11 residents.

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.)

A request to purchase walkie talkies for the program was made to the center business department 11/15/2019 and the walkie talkies were ordered on 12/10/2019.

Moving forward, the program will maintain the walkie talkie's method of communication for the safety of the of the individuals in an event of emergencies.

Legal Entity Representative

*[Handwritten Signature]*  
Signature

Rancy Wright  
Printed Name and Title

12/12/19  
Date

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101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

The residents in room 206 do not have access to a source of light that can be turned on/off at bedside.

Repeat Violation: 01/14/19

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.)

A lamp was purchased on 11/05/2019 for room 206.

Moving forward, supervisor will thoroughly check each room for the basic items needed as stipulated in regulations 2600.101(j)7.

Legal Entity Representative

*Rancy Wright*  
Signature

Rancy Wright  
Printed Name and Title

12/12/19  
Date

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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 most recent medical evaluation was completed on 07/18/19. The resident's previous medical evaluation was completed on 06/06/18.

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 process of medical evaluation was assessed by nursing and have decided to stay within the twelve (12) month timeline of every evaluation.

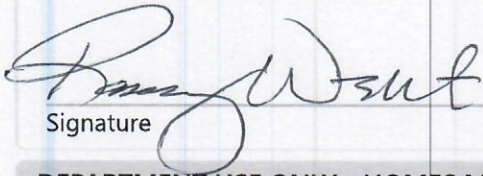
Therefore, moving forward, resident #1 annual medical evaluation will be completed before or on June 06 of each year.

DPOC:

**The administrator or designee will audit all of the residents medical evaluations within the next 30 days to ensure they are all completed annually and will develop an audit tool to document the name of each resident and date the medical evaluation is due, to ensure timely completion on an ongoing basis.**

**SLW 5/6/2020**

Legal Entity Representative

  
Signature

*Nancy Wright Adm* 12/22/19  
Printed Name and Title Date

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182c - Medication Administration

Regulations

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

On 10/29/19, resident #1's Anoro Elipt 62.5-25 inhaler medication was discontinued and replaced by Stiolto 2.5-2.5 mcg - inhale 1 dose by mouth every morning. The correct medication has been administered as ordered; however, the medication administration record has not been updated and staff have been initialing the administration of the discontinued medication.

On 10/22/19, resident #1's PRN medication Clonazepam Tab 2 MG was increased from "take 1/2 tab (1MG) by mouth twice a day as needed for agitation" to "1 tablet P.R.N. for physical agitation". The correct dosage has been administered; however, the medication administration record has not been updated to reflect this change and on 11/02/19 staff incorrectly signed off as administering the previous dosage.

Plan of Correction (POC)

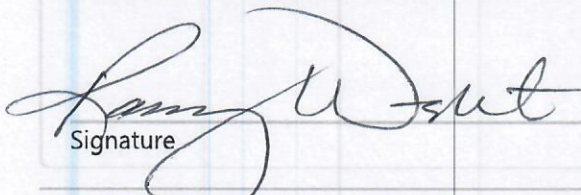
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

After the discovery, there was training refresher was conducted on medication administration steps which include the initialing of the MAR.

The resident #1 discontinued Anoro Elipt 62.5-25 inhaler medication was removed and the new order Stiolto 2.5-2.5 was added in MAR. Also, the MAR was updated resident #1 PRN medication Clonazepam 2mg from take 1/2 tab (1mg) by mouth twice a day to take 1 tab PRN for physical agitation.

Moving forward, the overnight staff will do medications check on every shift for missing initials, expired meds and discontinued medications and remove them from med cart. Also, supervisor will check the MAR weekly for missing initial(s) and accordingly take any disciplinary actions.

Legal Entity Representative

  
Signature

Lancy Wright Adm 12/12/19  
Printed Name and Title Date

11/04/2019

182c - Medication Administration (continued)

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- Not Implemented

183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 11/04/19, Sodium Chlor Sol 0.9% IRR - Clean left toe ulcer w/ saline daily, prescribed for resident #1, was in the home's medication cart; however, the prescription for this medication is not current.

On 10/22/19, resident #1's PRN medication Clonazepam Tab 2 MG was increased from "take 1/2 tab (1MG) by mouth twice a day as needed for agitation" to "1 tablet P.R.N. for physical agitation". On 11/04/19, the medication card containing the 1/2 tabs of Clonazepam Tab 2 MG was still on the medication cart.

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.)

After the discovery, sodium chlor Sol 0.9% IRR was removed from the med cart since the prescription was not current pending nurse consult with the doctor.

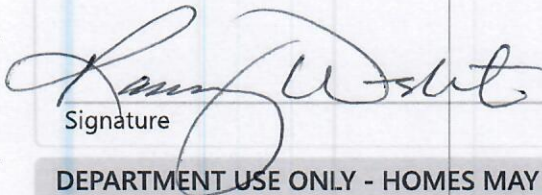
Also, the PRN Clonazepam 1mg take 1/2 tab was removed from the medcart and the MAR updated with Clonazepam 2mg take 1 tab PRN for physical agitation.

Moving forward, update of the MAR of any medication or dosage change will be done once the medication is received to prevent any future errors.

**DPOC: The administrator conducted a refresher training on medication administration to all staff who administer medications to residents and will discuss procedures at monthly staff meetings. The overnight staff will conduct monthly audits of the medication cart during recaps to ensure all discontinued medications have been removed and disposed accordingly, starting immediately.**

**SLW 5/6/2020**

Legal Entity Representative

  
Signature

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

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(Date)

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(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 is prescribed Stiolto 2.5-2.5 mcg - inhale 1 dose by mouth every morning. However, resident #1's medication administration record does not indicate the correct name of the inhalant medication.

Resident #1 is prescribed Clonazepam Tab 2 MG - 1 tablet P.R.N. for physical agitation. However, resident #1's medication administration record does not indicate the correct dose.

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.)

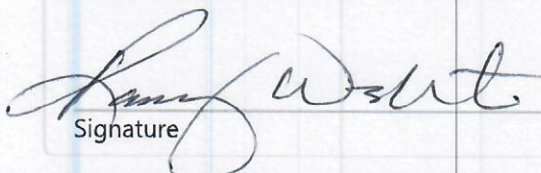
The MAR was update with the correct name of the inhalant medication and the resident #1 MAR was updated with the correct dose of the PRN Clonazepam.

Moving forward, the overnight staff will check and update the MAR doing me check with the pharmacy label.

**DPOC: The administrator conducted a refresher training on medication administration to all staff who administer medications to residents and will discuss procedures at monthly staff meetings.**

**SLW 5/6/2020**

Legal Entity Representative

  
Signature

Lancy Wiisht, Adm 12/12/19  
Printed Name and Title Date

187a - Medication Record (continued)

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		<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress	
		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #1's current assessment was completed on 08/02/19. However, the resident's previous assessment was completed on 06/25/18.

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.)

**RAS** After the inspection nursing reevaluated the assesement process and decided to stay within twelve (12)month timeline for every assesement. Therefore, moving forward, resident #1 assesement will be completed before or on 6/25 of each year.

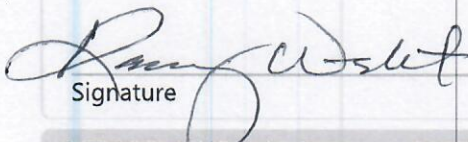
**DPOC:**

**The administrator or designee will conduct an audit of all RASP's have been completed timely, starting immediately.**

**The administrator or designee will develop and implement an audit tool documenting the residents name and date the RASP has been completed and when it is due, starting immediately.**

**SLW 5/6/2020**

Legal Entity Representative

  
Signature

*Nancy Wisht, Adm* 12/12/19  
Printed Name and Title Date

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