



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail cbetts@devereux.org
Sent via e-mail rwright5@devereux.org
August 27, 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) review on March 9, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Mia Johnson

Mia Johnson
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

Staffing Hours

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

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Incident*

Inspection Dates and Department Representative

03/09/2020 - On-Site: Tahesia Thomas

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *18* Residents Served: *17*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

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

15a - Resident Abuse Report

Regulations

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 2/18/2020, an allegation of staff to resident abuse was reported to the home. The home did not submitted an ACT 13 form to the Local Area Agency on Aging regarding this allegation.

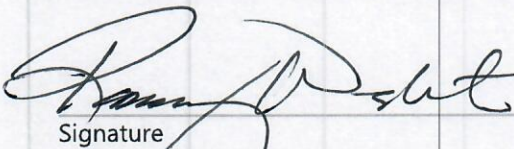
Plan of Correction (POC)

(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 2/19/2020, the allegation of staff to resident abuse was reported to Chester county Department of Aging Services through the Obudsman Jennifer Costello via telephone call by the Administrator of the of the program.

Moving forward, the administrator will utilize the ACT 13 form to report any future incident to the local area agency on aging.

Legal Entity Representative


Signature

Nancy Wright, Adm
Printed Name and Title

4/14/20
Date

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The above plan of correction is approved as of 8/12/20
(Date)

Plan of correction implementation status as of 8/12/20
(Date)

The above plan of correction was approved by *MJ*
(Initials)

Implemented
 Not Implemented

15c - Supervision

Regulations

2600.

15.c. The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

On 2/18/20, an allegation of staff to resident abuse was reported to the home. Staff member A was suspended pending the investigation. However, on 2/25/20, the home allowed staff member A to return to work without an approved supervision plan by the Department.

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.)

When an allegation of staff to resident abuse is reported, the staff will be placed on Administrative leave immediately, an incident report will be completed and an investigation will be initiated by the Quality Management Department. At the conclusion of the investigation and based on the preliminary report, i.e. if the recommendation is to bring the staff back to work before PCH concludes its investigation, the administrator and the program will submit a plan of supervision to the Department for approval before such action is taken.

The plan of supervision will state that the staff will be not be left alone with any individual in the program and the staff will be supervised at all times by the supervisor until the Department concludes its investigation.

Legal Entity Representative

Rancy Wisut
Signature

Rancy Wisut Adm. 4/14/20
Printed Name and Title Date

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The above plan of correction is approved as of 8/12/20
(Date)

Plan of correction implementation status as of 8/12/20
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The above plan of correction was approved by *MJ*
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Implemented
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