

Department of Human Services
Bureau of Human Service Licensing

April 1, 2021

██████████ EXECUTIVE DIRECTOR
DEVEREUX FOUNDATION
PO BOX 638, 444 DEVEREUX DRIVE
VILLANOVA, PA 19085

RE: GATESIDE
830 MAPLE AVENUE
BERWYN, PA, 19312
LICENSE/COC#: 14215

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/05/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: GATESIDE **Licen e #:** 14215 **Licen e Expiration Date:** 01/17/2022
Addr e : 830 MAPLE AVENUE, BERWYN, PA 19312
County: CHESTER **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** 6102966800 **Email:** [REDACTED]

Legal Entity

Name: DEVEREUX FOUNDATION
Address: PO BOX 638, 444 DEVEREUX DRIVE, VILLANOVA, PA, 19085
Phone: 6102966800 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 09/24/1982 **Issued By:** Dept of Health

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 5 **Waking Staff:** 4

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 02/05/2021

Inspection Dates and Department Representative

02/05/2021 - On-Site: [REDACTED]

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: 4 **Are 60 Years of Age or Older:** 0
Diagnosed with Mental Illness: 4 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 1 **Have Physical Disability:** 1

Inspections / Reviews

02/05/2021 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/19/2021

Inspections / Reviews (*continued*)

3/30/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*Follow-Up Date: *04/02/2021*

4/1/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

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 2/5/21, the personal care home did not post a copy of the current license inspection summary issued by the Department 8/29/2019. or a copy of chapter 2600 in a conspicuous place in the home.

Plan of Correction

Accept

The current license inspection summary from the last inspection was posted on the same day of inspection. Moving forward, the inspection summary will be posted at all times in conspicuous areas of the building.

Completion Date: 02/05/2021

Document Submission

Implemented

The current license inspection summary from the last inspection was posted on the same day of inspection. Moving forward, the inspection summary will be posted at all times in conspicuous areas of the building.

5a1 DHS Access

1. Requirements

2600.

- 5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:
1. Agents of the Department.

Description of Violation

On 2/5/21, The home didn't have immediate access to residents' financial transactions.

Plan of Correction

Accept

The financial transactions of the Residents are in two parts;

1) The current balance and transaction summary are in the Business Office

2) The daily transactions are in the binder in the program managed by the program supervisor and staff.

Moving forward, to ensure proper accountability and efficient management of the resident funds, the program supervisor will conduct a weekly check/audit on all the transactions during the week and prepare to reconcile with the Business Office as well as maintain a binder in the program with copies of the transactions.

Completion Date 02/08/2021

Update 03/30/2021

SP - 03-30-2021 - Binder to be made available to Department at all times

Document Submission

Implemented

The financial transactions of the Residents are in two parts;

1) The current balance and transaction summary are in the Business Office

2) The daily transactions are in the binder in the program managed by the program supervisor and staff.

Moving forward, to ensure proper accountability and efficient management of the resident funds, the program supervisor will conduct a weekly check/audit on all the transactions during the week and prepare to reconcile with the Business Office as well as maintain a binder in the program with copies of the transactions. The binder will be made available to the Department at all times.

16b - Incident Policies

1. Requirements

2600.

16.b. The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

Description of Violation

The home does not have a written policy on the prevention, reporting, notification, investigation and management of reportable incidents. Documentation was not available at time of inspection.

Plan of Correction

Accept

The home does have a written policy on the prevention, reporting, not fication, investigation and management of reportable incidents. The policy was posted on the program bulletin board on the day of the inspection.

Completion Date: 02/05/2021

Update - 03/30/2021

SP - 03-30-2021 - Staff to be educated and made aware of policy.

Document Submission

Implemented

The home does have a written policy on the prevention, reporting, not fication, investigation and management of reportable incidents. The policy was posted on the program bulletin board on the day of the inspection. Staff are trained on this annually.

20b1 - Financial Records

1. Requirements

2600.

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

- 1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages the finances for residents #1 and #2. However, the financial records weren't updated with residents current balance.

Plan of Correction

Accept

Record of the residents' financial transactions are managed both by the program and the Business Office which includes the dates, amounts of deposits, amounts of withdrawals and their current balances. A update was conducted on 2/08/2021 to reflect the Residents' current daily and weekly financial transactions. Moving forward, the Program Supervisor will conduct a weekly audit of the Residents' financial records in order to maintain accountability.

Completion Date: 02/16/2021

Document Submission

Implemented

Record of the residents' financial transactions are managed both by the program and the Business Office which includes the dates, amounts of deposits, amounts of withdrawals and their current balances. A update was conducted on 2/08/2021 to reflect the Residents' current daily and weekly financial transactions. Moving forward, the Program Supervisor will conduct a weekly audit of the Residents' financial records in order to maintain accountability.

20b3 - Written Receipts

1. Requirements

2600.

20b3 - Written Receipts (continued)

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

- 3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

Residents #1 and #2 have been getting cash disbursements on a monthly basis. However, the home did not obtain the resident signature for the receipt of the disbursement to current date.

Plan of Correction

Accept

The Residents' signatures for the receipt of the disbursements up to the current date are now available in the resident funds binder located in the program.

Completion Date: 02/08/2021

Document Submission

Implemented

The Residents' signatures for the receipt of the disbursements up to the current date are now available in the resident funds binder located in the program.

44a - Complaint Rights

1. Requirements

2600.

- 44.a. Prior to admission, the home shall inform the resident and the resident's designated person of the right to file and the procedure for filing a complaint with the Department's personal care home regional office, local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc. or law enforcement agency.

Description of Violation

Resident #2 was admitted on [REDACTED], file does not have evidence of being informed about the resident's right to file and the procedure for filing a complaint with the Department's personal care home regional office, local ombudsman or protective services unit in the area agency on aging, Disability Rights Network of Pennsylvania or law enforcement agency.

Plan of Correction

Accept

Resident #2 was informed of their rights and had been obtained previously but documentation was not available at the time of inspection. A copy was obtained from the Admissions Department and was placed in the resident's binder.

Completion Date: 02/08/2021

Document Submission

Implemented

Resident #2 was informed of their rights and had been obtained previously but documentation was not available at the time of inspection. A copy was obtained from the Admissions Department and was placed in the resident's binder.

51 - Criminal Background Check

1. Requirements

2600.

- 51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

51 - Criminal Background Check (*continued*)**Description of Violation**

Staff member A was hired on [REDACTED]; however, the request date on the criminal background check was completed on 12/4/2019.

Plan of Correction**Accept**

The criminal history for staff member A was obtained prior to start date. There was a typo in the staff's last name and a second request was made on 12.4.19 for the check to be run again with the correct spelling of the name. The first check was valid as the social security numbers were the same.

Completion Date: 02/08/2021

Update - 03/30/2021

SP - 03-30-2021 - Home will ensure Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act

Document Submission**Implemented**

The criminal history for staff member A was obtained prior to start date. There was a typo in the staff's last name and a second request was made on 12.4.19 for the check to be run again with the correct spelling of the name. The first check was valid as the social security numbers were the same. The criminal history checks and hiring policies are in accordance with the Older Protective Services Act.

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry on file.

Plan of Correction**Accept**

Direct care staff person A does have the required qualifications. The education credentials for direct care staff person A were requested from the Human Resources Department and placed in the staff binder in the program. Moving forward copies of staff credentials will be kept at the program.

Completion Date: 02/17/2021

Document Submission**Implemented**

Direct care staff person A does have the required qualifications. The education credentials for direct care staff person A were requested from the Human Resources Department and placed in the staff binder in the program. Moving forward copies of staff credentials will be kept at the program.

96a First Aid Kit

1. Requirements

2600.

- 96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

96a - First Aid Kit (continued)

Description of Violation

The first aid kit in the home's medicine storage room does not include tweezers and breathing shield.

Plan of Correction

Accept

Tweezers and breathing shields were added to the first aid kit after the inspection. Moving forward, staff will routinely inspect the first aid kit on a monthly basis and replace any needed items in a timely manner.

Completion Date: 02/08/2021

Document Submission

Implemented

Tweezers and breathing shields were added to the first aid kit after the inspection. Moving forward, staff will routinely inspect the first aid kit on a monthly basis and replace any needed items in a timely manner.

101j1 - Mattress Fire Retardant

1. Requirements

2600.

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

1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

Description of Violation

None of the mattresses in the home provided to the residents were fire retardant. The mattress in bedroom # [redacted] was torn with holes and stained.

Plan of Correction

Accept

Most of the mattresses in the program are owned by the Residents and according to 2600.42(1)- "Use of One's Own Furniture - the resident may choose to bring some or all of his/her own furnishings to the home, but may not be required to do so. If a resident provides his/her own mattress, the mattress does not need to be fire retardant". The mattress in Room # [redacted] was replaced with a new one. Moving forward the supervisor will do a monthly check on the condition of each resident mattress to ensure there are no holes or stains.

Completion Date: 03/05/2021

Update - 03/30/2021

SP - 03-30-2021 - Home will ensure all residents have a fire proof mattress that is in good condition

Document Submission

Implemented

At the time of the inspection the mattresses in room [redacted] and [redacted] did meet the requirements of 16 CFR Part 1633 federal flammability (open flames) standard for mattress sets) as per the mattress tag. The mattresses in room [redacted] and [redacted] were replaced.

101j3 - Bed/Linens/Pillows/Blankets

1. Requirements

2600.

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

3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

The bed in bedroom [redacted] had no linens and no blankets on the bed.

101j3 - Bed/Linens/Pillows/Blankets (continued)

Plan of Correction**Accept**

Linens were placed on the bed in room # [REDACTED] during the inspection. Moving forward, staff will do room checks to ensure that every bed has linens and a pillow and that the room is organized.

Completion Date: 02/05/2021

Document Submission**Implemented**

Linens were placed on the bed in room # [REDACTED] during the inspection. Moving forward, staff will do room checks to ensure that every bed has linens and a pillow and that the room is organized.

101j7 - Lighting/Operable Lamp

1. Requirements

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

All 4 bedrooms did not have access to a source of light that can be turned on/off at bedside.

Plan of Correction**Accept**

New operable lights were installed next to the bed in each bedroom. Moving forward, staff will routinely check lights in bedrooms to ensure that they are operable and replace if needed.

Completion Date: 02/10/2021

Document Submission**Implemented**

New operable lights were installed next to the bed in each bedroom. Moving forward, staff will routinely check lights in bedrooms to ensure that they are operable and replace if needed.

101r - Bedroom - shades/drapes/window covering

1. Requirements

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

The windows in bedrooms [REDACTED], [REDACTED] and [REDACTED] had torn blinds.

Plan of Correction**Accept**

The window blinds in bedrooms [REDACTED], [REDACTED], and [REDACTED] were replaced. Moving forward, staff will check blinds on a monthly basis to ensure that those that are in good repair and replace if needed.

Completion Date: 02/10/2021

Document Submission**Implemented**

The window blinds in bedrooms [REDACTED], [REDACTED], and [REDACTED] were replaced. Moving forward, staff will check blinds on a monthly basis to ensure that those that are in good repair and replace if needed.

103e - Left Overs

1. Requirements

2600.

103e - Left Overs (continued)

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was an unlabeled, undated bag of English muffins in the freezer.

Plan of Correction**Accept**

The food item was disposed of on the day of inspection. The regular general cleaning of the refrigerator and freezer was done on the next day. All food was properly arranged and labeled. Moving forward, there will be a daily freezer and refrigerator check done by staff to ensure that food is sealed in a Ziploc bag and labeled. Every Saturday, there will be deep cleaning of the program freezer and refrigerator.

Completion Date: 02/08/2021

Document Submission**Implemented**

The food item was disposed of on the day of inspection. The regular general cleaning of the refrigerator and freezer was done on the next day. All food was properly arranged and labeled. Moving forward, there will be a daily freezer and refrigerator check done by staff to ensure that food is sealed in a Ziploc bag and labeled. Every Saturday, there will be deep cleaning of the program freezer and refrigerator.

103f - Refrigerator/Freezer Temps**1. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the freezer in the kitchen.

Plan of Correction**Accept**

New thermometers were placed in the freezer and the refrigerator on the same day as the inspection. Moving forward, staff will check for the thermometers and ensure that they are working properly when doing deep cleaning each Saturday.

Completion Date 02/05/2021

Document Submission**Implemented**

New thermometers were placed in the freezer and the refrigerator on the same day as the inspection. Moving forward, staff will check for the thermometers and ensure that they are working properly when doing deep cleaning each Saturday.

103g - Storing Food**1. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 02 05 21 there was a bag of French toast in the freezer was opened and unsealed.

103g - Storing Food *(continued)***Plan of Correction****Accept**

The food was disposed of on the day of inspection. The regular general cleaning of the refrigerator and freezer was done on the next day. All food were properly arranged and labeled. Moving forward, there will be daily freezer and refrigerator checks completed by staff to ensure that all open food are sealed in a Ziploc bag and labeled. And every Saturday, there will be deep cleaning of the program freezer and refrigerator.

Completion Date 02/08/2021

Document Submission**Implemented**

The food was disposed of on the day of inspection. The regular general cleaning of the refrigerator and freezer was done on the next day. All food were properly arranged and labeled. Moving forward, there will be daily freezer and refrigerator checks completed by staff to ensure that all open food are sealed in a Ziploc bag and labeled. And every Saturday, there will be deep cleaning of the program freezer and refrigerator.

123b - Emergency Procedures Posted

1. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction**Accept**

The home's emergency procedures were posted on office bulletin board during the inspection. Moving forward, staff and supervisor will do a weekly check to ensure that policies and procedures are posted in conspicuous areas in the program.

Completion Date: 02/05/2021

Document Submission**Implemented**

The home s emergency procedures were posted on office bulletin board during the inspection. Moving forward, staff and supervisor will do a weekly check to ensure that policies and procedures are posted in conspicuous areas in the program.

162c Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the first week February was not posted.

Plan of Correction**Accept**

The menu was posted on the day of the inspection and an adjustment for the corresponding week was made by the supervisor. Moving forward, the supervisor will check weekly weekly to ensure that the menu is posted.

Completion Date 02/05/2021

162c - Menus Posted (continued)

Document Submission

Implemented

The menu was posted on the day of the inspection and an adjustment for the corresponding week was made by the supervisor. Moving forward, the supervisor will check weekly weekly to ensure that the menu is posted.

183f - Discontinued Medications

1. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

The following medications, [redacted] and [redacted] belonging to resident #1 were expired.

The following medication [redacted] belonging to resident #2 was expired.

Plan of Correction

Accept

The expired medication was removed from the medication cart and reordered. Moving forward, staff will conduct a medication check on the overnight shift and the supervisor will conduct a weekly check of the medication. Any expired medication will be removed and reordered.

Completion Date: 02/05/2021

Document Submission

Implemented

The expired medication was removed from the medication cart and reordered. Moving forward, staff will conduct a medication check on the overnight shift and the supervisor will conduct a weekly check of the medication. Any expired medication will be removed and reordered.

185a - Implement Storage Procedures

1. Requirements

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

The home's developed and implemented procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons was not available at the home during the time of inspection.

Plan of Correction

Accept

The home has a procedure for the safe storage, access, security, distribution and use of medications and medical equipment. A copy of the procedure was obtained and placed in the program.

Completion Date: 02/08/2021

Document Submission

Implemented

The home has a procedure for the safe storage, access, security, distribution and use of medications and medical equipment. A copy of the procedure was obtained and placed in the program.

191 - Resident Right to Refuse

1. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #2 admitted [REDACTED] has no evidence on file of being educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction**Accept**

Resident #2 was informed of their right to refuse medication and had been obtained previously but documentation was not available at the time of inspection. A copy was provided by the Admissions Department and was placed in the resident's binder.

Completion Date: 02/08/2021

Document Submission**Implemented**

Resident #2 was informed of their right to refuse medication and had been obtained previously but documentation was not available at the time of inspection. A copy was provided by the Admissions Department and was placed in the resident's binder.

227h - Support Plan Refuse Sign

1. Requirements

2600.

- 227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

The home did not make a notation regarding the resident's #1 inability to sign support plan dated 4/7/2020.

Plan of Correction**Accept**

Notification stating Resident's #1 inability to sign support plan was added to Resident #1 documentation on the day of inspection. A new process was put in place on 1.1.21 to obtain signatures electronically when needed.

Completion Date: 03/15/2021

Document Submission**Implemented**

Notification stating Resident's #1 inability to sign support plan was added to Resident #1 documentation on the day of inspection. A new process was put in place on 1.1.21 to obtain signatures electronically when needed.

251d - Resident Records on Premises

1. Requirements

2600.

- 251.d. Separate resident records shall be kept on the premises where the resident lives.

Description of Violation

Residents' financial records are not kept at the home.

251d - Resident Records on Premises (*continued*)**Plan of Correction****Accept**

The Administrator will request from the Business Office a summary of the monthly expenditures and current monthly balances of each resident to be kept at the program.

Completion Date: 03/16/2021

Document Submission**Implemented**

The Administrator will request from the Business Office a summary of the monthly expenditures and current monthly balances of each resident to be kept at the program.

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Resident #1's record does not include a photograph of the resident that is no more than 2 years old. Resident #2's record does not include a dated photograph of the resident.

Plan of Correction**Accept**

The old pictures were removed for the residents' binders and replaced with current pictures. Moving forward, updated pictures will be placed in the residents' binders on an annual basis.

Completion Date: 02/25/2021

Document Submission**Implemented**

The old pictures were removed for the residents' binders and replaced with current pictures. Moving forward, updated pictures will be placed in the residents' binders on an annual basis.