

Department of Human Services
Bureau of Human Service Licensing

August 13, 2021

[REDACTED]
DEVEREUX FOUNDATION INC
139 LEOPARD ROAD
[REDACTED]
BERWYN, PA 19312

RE: DEVEREUX PA ADULT SERVICES PCH
- HILLCREST COTTAGE
229 LEOPARD ROAD
BERWYN, PA, 19312
LICENSE/COC#: 19814

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 07/15/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
[REDACTED]

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: *DEVEREUX PA ADULT SERVICES PCH - HILLCREST COTTAGE* License #: *19814* License Expiration Date: *02/08/2022*
Address: *229 LEOPARD ROAD, BERWYN, PA 19312*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *6102966800 / cell-484-571-7435* Email: [REDACTED]

Legal Entity

Name: *DEVEREUX FOUNDATION INC*
Address: *139 LEOPARD ROAD, CHRIS BETTS, BERWYN, PA, 19312*
Phone: *6102966800* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *05/10/2001* Issued By: *CWOP*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *13* Waking Staff: *10*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *07/15/2021*

Inspection Dates and Department Representative

07/15/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *21* Residents Served: *11*

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: *5*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

07/15/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/07/2021*

8/13/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/20/2021*

26b - Quality Management Plan Content

1. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

1. The reportable incident and condition reporting procedures.
2. Complaint procedures.
3. Staff person training.
4. Licensing violations and plans of correction, if applicable.
5. Resident or family councils, or both, if applicable.

Description of Violation

On 07-15-2021, the home did not provide a quality management plan during the inspection.

Plan of Correction

Accept

The PCH Administrator will keep a hard copy of the quality management plan on-site readily and available for review. Moving forward, the PCH Administrator will replace the hard copy of the quality management plan with any revisions of the quality management plan.

Completion Date: 08/03/2021

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

Resident #1 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept

A bedside lamp was purchased on 7/20/2021 for resident #1 room. Moving forward, the program supervisor will routinely check residents rooms for any missing items and immediately replaced it. Also, the PCH Administrator will conduct monthly check to ensure the program is compliance with PCH regulations.

Completion Date: 07/20/2021

107d - Procedure Emergency Management Agency Submission

1. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

On 07-15-2021, the home did not provide documentation that the annual written emergency procedures were submitted to the local emergency management agency.

107d - Procedure Emergency Management Agency Submission (*continued*)**Plan of Correction****Accept**

The emergency procedures were submitted to the local emergency management agency on 3.10.21. Moving forward, the Director of Quality Management will provide documentation of the annual submission to the PCH Administrator. Completion Date: 8.3.21

Completion Date: 08/03/2021

131f - Fire Extinguisher Inspection

1. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher's throughout the home have not been inspected by a fire safety expert since August 2019.

Plan of Correction**Accept**

The Fire extinguishers inspection dates were updated and tags were placed on all extinguishers in the program on 7/29/2021. Moving forward, the extinguishers will internally inspected by staffs during monthly fire drills and report to supervisor for any expired inspection dates.

Completion Date: 07/29/2021

141a - Medical Evaluation

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #2 was admitted [REDACTED]. As of 7/15/21, the home did not complete a medical evaluation for resident #2.

Plan of Correction**Accept**

Resident #2 medical evaluation was completed on 7/16/2021. Moving forward, the program supervisor will conduct routine check of all resident PCH book and ask nursing and other responsible departments for updated information for the books.

Completion Date: 07/16/2021

183d - Prescription Current

1. Requirements

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 7/15/21, the home had expired medication in resident #1's medication container. Nyamyc Powder which expired 6/2021.

183d - Prescription Current (*continued*)**Plan of Correction****Accept**

The Expired Nyamyc Powder was immediately removed from resident #1 medication container on 7/15/2021. Moving forward, the program supervisor will conduct a monthly MAR and Med Cart audit in addition to the regular overnight audits to removed any expired medication.

Completion Date: 07/15/2021