

Department of Human Services
Bureau of Human Service Licensing

April 7, 2022

[REDACTED], ADMINISTRATOR

RE: DEVEREUX POCONO CENTER,
DREHER MANOR
1547 MILL CREEK ROAD
NEWFOUNDLAND, PA, 18445
LICENSE/COC#: 23526

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/31/2021, 09/01/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance 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 POCONO CENTER, DREHER MANOR* License #: *23526* License Expiration: *10/27/2021*
Address: *1547 MILL CREEK ROAD, NEWFOUNDLAND, PA 18445*
County: *WAYNE* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *DEVEREUX FOUNDATION, INC.*
Address: *2012 RENAISSANCE BOULEVARD, KING OF PRUSSIA, PA, 19406*
Phone: *5708396186* Email: *TSKODA@DEVEREUX.ORG*

Certificate(s) of Occupancy

Type: *C-1* Date: *12/20/1993* Issued By: *PALI*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *20* Waking Staff: *15*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/01/2021*

Inspection Dates and Department Representative

08/31/2021 - On-Site: [REDACTED]
09/01/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *24* Residents Served: *10*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *8*
Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *10*
Have Mobility Need: *10* Have Physical Disability: *1*

Inspections / Reviews

08/31/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/29/2021*

08/31/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *11/17/2021*

02/16/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *02/25/2022*

04/07/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The bedrail cover for Resident 1 was loose and only partially fixed to the rail causing an entanglement hazard.

Plan of Correction

Do Not Accept

Bedrail was secured by the facilities maintenance team immediately upon discovery. Ongoing the program will check for secure railings as a part of its Quality Compliance Guide audit that is conducted on a bi-monthly basis. All areas of concern identified during this formal audit will be directed to the proper department for immediate correction.

Update: 11/10/2021

Who specifically will be responsible for monitoring bedrails and ongoing compliance?

11-10-2021 MM

Plan of Correction

Accept

Bedrail was secured by the facilities maintenance team immediately upon discovery. Daily safety checks, including bed rail checks will be completed by DSPs.as part of their shift responsibility safety checks. Acting program Manager will be responsible for the completion of Quality Compliance Guide audit that is conducted on a bi-monthly basis to ensure safety of the individual's bedrails, and all safety and security aspects of the program. Quality Improvement Manager will be responsible for review of the audit, identification of trends and data tracking in effort to improve quality and standards center-wide, and ensuring action items are completed by the facility's maintenance team.

Update: 02/16/2022

Please send/Attach proof of staff training. --12-12-2021 MM

Document Submission

Implemented

Bedrail was secured by the facilities maintenance team immediately upon discovery. Daily safety checks, including bed rail checks will be completed by DSPs.as part of their shift responsibility safety checks. Acting program Manager will be responsible for the completion of Quality Compliance Guide audit that is conducted on a bi-monthly basis to ensure safety of the individual's bedrails, and all safety and security aspects of the program. Quality Improvement Manager will be responsible for review of the audit, identification of trends and data tracking in effort to improve quality and standards center-wide, and ensuring action items are completed by the facility's maintenance team.

86b - Bathroom

1. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The ventilation fan in the bathroom that adjoins room 14 and 16 was not operational at the time of inspection.

86b - Bathroom (continued)

Plan of Correction

Accept

Identification of the nonoperating ventilation fan was submitted to the facilities maintenance department on 08/21. The facility's maintenance team ordered a replacement which was delayed due to supply chain issues and COVID-19. Since the inspection the replacement ventilation fan has been acquired & replaced. Ongoing the program will review physical site needs as a part of its Quality Compliance Guide audit that is conducted on a bi-monthly basis. All areas of concern identified during this formal audit will be directed to the proper department for immediate correction.

Update: 11/10/2021

Please send/Attach proof (invoice-picture) of compliance. 11-10-2021 MM

Plan of Correction

Accept

Identification of the nonoperating ventilation fan was submitted to the facilities maintenance department on 08/21. The facility's maintenance team ordered a replacement which was delayed due to supply chain issues and COVID-19. Since the inspection the replacement ventilation fan has been acquired & replaced. Ongoing the program will review physical site needs as a part of its Quality Compliance Guide audit that is conducted on a bi-monthly basis. All areas of concern identified during this formal audit will be directed to the proper department for immediate correction.

Update: 11/10/2021

Please send/Attach proof (invoice-picture) of compliance. 11-10-2021 MM

Document Submission

Implemented

Identification of the nonoperating ventilation fan was submitted to the facilities maintenance department on 08/21. The facility's maintenance team ordered a replacement which was delayed due to supply chain issues and COVID-19. Since the inspection the replacement ventilation fan has been acquired & replaced. Ongoing the program will review physical site needs as a part of its Quality Compliance Guide audit that is conducted on a bi-monthly basis. All areas of concern identified during this formal audit will be directed to the proper department for immediate correction.

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

On the medication cart, there was a PRN medication of [REDACTED] for Resident 1 that had an expiration date of 8/13/2021.

Plan of Correction

Do Not Accept

The expired medication label was replaced on 9/1/21. Ongoing the program will review medical/medication needs as a part of its Quality Compliance Guide audit that is conducted on a bi-monthly basis. All areas of concern identified during this formal audit will be directed to the proper department for immediate correction.

Update: 11/10/2021

Who specifically will be responsible for monitoring bedrails and ongoing compliance?
11-10-2021 MM

183f - Discontinued Medications (continued)

Plan of Correction

Accept

The expired medication label was replaced on 9/1/21. Daily, DSP's charged with medication administration duties will review all medications as part of the programs medication review practices. All areas of concern noted will be directed to the facilities nursing department for immediate corrective action. Bi-monthly, the acting program manager will review medical/medication needs as a part of its Quality Compliance Guide audit. All areas of concern identified during this formal audit will be directed to the facilities nursing department for immediate correction. The programs Quality Improvement Manager will be responsible for review of the audit, identification of trends and data tracking in effort to improve quality and standards center-wide.

Update: 02/16/2022

Please send/Attach proof of staff training. --12-12-2021 MM

Document Submission

Implemented

The expired medication label was replaced on 9/1/21. Daily, DSP's charged with medication administration duties will review all medications as part of the programs medication review practices. All areas of concern noted will be directed to the facilities nursing department for immediate corrective action. Bi-monthly, the acting program manager will review medical/medication needs as a part of its Quality Compliance Guide audit. All areas of concern identified during this formal audit will be directed to the facilities nursing department for immediate correction. The programs Quality Improvement Manager will be responsible for review of the audit, identification of trends and data tracking in effort to improve quality and standards center-wide.

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The Resident Assessment and Support plan of Resident 3 dated [REDACTED], was not signed by the assessor or the resident.

Plan of Correction

Accept

The individual's program specialist and individual both signed the assessment and support plan on 9/1/21. Ongoing, the program specialist will ensure each plan is signed by the individual, program specialist, and other participants annually during the individual's review meeting. Furthermore, quality audits are conducted annually to ensure plans are updated, relevant to the individual's needs, and signed by the participating members.

Update: 11/10/2021

Please send/Attach proof of staff training. 11-10-2021 MM

Plan of Correction

Accept

The individual's program specialist and individual both signed the assessment and support plan on 9/1/21. Ongoing, the program specialist will ensure each plan is signed by the individual, program specialist, and other participants annually during the individual's review meeting. Furthermore, quality audits are conducted annually to ensure plans are updated, relevant to the individual's needs, and signed by the participating members.

Update: 11/10/2021

Please send/Attach proof of staff training. 11-10-2021 MM

Document Submission

Implemented

The individual's program specialist and individual both signed the assessment and support plan on 9/1/21. Ongoing, the program specialist will ensure each plan is signed by the individual, program specialist, and other participants

227g -Support Plan Signatures (continued)

annually during the individual's review meeting. Furthermore, quality audits are conducted annually to ensure plans are updated, relevant to the individual's needs, and signed by the participating members.

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

Resident 2 is prescribed a PRN medication of cornstarch baby powder that was not available at the time of inspection. This is a repeat violation from 9/6/2019.

Plan of Correction

Do Not Accept

PRN cornstarch was acquired on 9/1/12. Ongoing staff members trained in ODP's medication administration practices will audit medications & MAR monthly to ensure that all medications are available to the individual. Furthermore, the program will review medical/medication needs as a part of its Quality Compliance Guide audit that is conducted on a bi-monthly basis. All areas of concern identified during this formal audit will be directed to the proper department for immediate correction.

Update: 11/10/2021

Who will be responsible for monitoring bedrails and ongoing compliance?
11-10-2021 MM

Plan of Correction

Accept

PRN cornstarch was acquired on 9/1/12. Weekly, the acting program manager is charged with reviewing all medications as part of the programs medication review practices to ensure all medications, including PRNs are readily available. All areas of concern noted will be directed to the facilities nursing department for immediate corrective action. Bi-monthly, the acting program manager will review medical/medication needs as a part of its Quality Compliance Guide audit. All areas of concern identified during this formal audit will be directed to the facilities nursing department for immediate correction. The programs Quality Improvement Manager will be responsible for review of the audit, identification of trends and data tracking in effort to improve quality and standards center-wide.

Update: 02/16/2022

Please send/Attach proof of staff training. --12-12-2021 MM

Document Submission

Implemented

PRN cornstarch was acquired on 9/1/12. Weekly, the acting program manager is charged with reviewing all medications as part of the programs medication review practices to ensure all medications, including PRNs are readily available. All areas of concern noted will be directed to the facilities nursing department for immediate corrective action. Bi-monthly, the acting program manager will review medical/medication needs as a part of its Quality Compliance Guide audit. All areas of concern identified during this formal audit will be directed to the facilities nursing department for immediate correction. The programs Quality Improvement Manager will be responsible for review of the audit, identification of trends and data tracking in effort to improve quality and standards center-wide.

187d - Follow Prescriber's Orders

1. Requirements

187d - Follow Prescriber's Orders (continued)

2600.

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

Description of Violation

Numerous staff members stated that they will crush all medications of resident 1, for the resident to take the medication. The prescribers order does not indicate that any of the medications may be crushed prior to administering. This is a repeat violation from 9/6/2019.

Plan of Correction

Do Not Accept

Consultation regarding crushing of medications occurred with the individual Primary Care Physician on 9/1/21. The individuals PCP forwards written instructions to crush the individual's medications to the programs nursing department. Instructions were reviewed with program staff members and orders were placed in the individual's file for record keeping. Ongoing the programs nursing team will acquire documentation regarding approval to crush medications for individuals who have been identified to have swallowing issues. Orders will be trained to the program staff and kept in the individual's file for records keeping. Individual's medication file will be reviewed monthly to ensure all medications & medication standing orders are on hand.

Update: 11/10/2021

Who will be responsible for monitoring bedrails and ongoing compliance?
11-10-2021 MM

Plan of Correction

Accept

Consultation regarding crushing of medications occurred with the individual Primary Care Physician on 9/1/21. The individuals PCP forwarded written instructions to crush the individual's medications to the programs nursing department. Instructions were reviewed with program staff members and orders were placed in the individual's file for record keeping. Through daily observations in accordance with PA DHS medication administration procedures DSP will observe all individuals after medication administration to identify side effects, or issues related to medication administration. If issues such as swallowing are noted the facility's nursing department will be notified immediately and a medical consultation will be scheduled for the individual. If a change in medication form is recommended the facility's nursing department will review written physician orders, train facility staff, and ensure documentation of orders are kept within the individuals medical file. Daily reviews to ensure MARs match medication and orders are to be conducted by the facility's DSP assigned to medication administration duties. Bi-monthly audits will be conducted by the acting program manager to ensure documentation requirements are being met. The programs Quality Improvement Manager will be responsible for review of the audit, identification of trends and data tracking in effort to improve quality and standards center-wide.

Update: 02/16/2022

Please send/Attach proof of staff training. --12-12-2021 MM

Document Submission

Implemented

Consultation regarding crushing of medications occurred with the individual Primary Care Physician on 9/1/21. The individuals PCP forwarded written instructions to crush the individual's medications to the programs nursing department. Instructions were reviewed with program staff members and orders were placed in the individual's file for record keeping. Through daily observations in accordance with PA DHS medication administration procedures DSP will observe all individuals after medication administration to identify side effects, or issues related to medication administration. If issues such as swallowing are noted the facility's nursing department will be notified immediately and a medical consultation will be scheduled for the individual. If a change in medication form is recommended the facility's nursing department will review written physician orders, train facility staff, and ensure

187d - Follow Prescriber's Orders (continued)

documentation of orders are kept within the individuals medical file. Daily reviews to ensure MARs match medication and orders are to be conducted by the facility's DSP assigned to medication administration duties. Bi-monthly audits will be conducted by the acting program manager to ensure documentation requirements are being met. The programs Quality Improvement Manager will be responsible for review of the audit, identification of trends and data tracking in effort to improve quality and standards center-wide.