

Department of Human Services
Bureau of Human Service Licensing

March 16, 2022

[REDACTED]
DEVEREUX FOUNDATION
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/16/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Mia Johnson

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *GATESIDE* License #: *14215* License Expiration: *01/17/2022*
Address: *830 MAPLE AVENUE, BERWYN, PA 19312*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]
484-219-8729 [REDACTED]

Legal Entity

Name: *DEVEREUX FOUNDATION*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *4* Waking Staff: *3*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *09/16/2021*

Inspection Dates and Department Representative

09/16/2021 - 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: *2* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

09/16/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/16/2022*

Inspections / Reviews (*continued*)

02/08/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/11/2022*

02/11/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/01/2022*

03/16/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

42a - Specific Rights

1. Requirements

2600.

42.a. A resident may not be discriminated against because of race, color, religious creed, disability, handicap, ancestry, sexual orientation, national origin, age or sex.

Description of Violation

Staff person A stated "these people have problems and this is why I have a job". This home cares for individuals with disabilities.

Plan of Correction

Directed

The training was provided by [REDACTED], PCH Administrator. To ensure that this violation is prevented, the PCH Administrator will conduct a training during monthly staff meetings to review and discuss Individual Rights with staff signing off that training was received. Individual Rights will be reviewed and discussed in staff meeting and 1:1 staff meetings throughout the month of February.

Directed

Within 30 days of receipt of the accepted plan of correction: All direct care staff, ancillary staff persons, substitute personnel, volunteers and management staff including the administrator will receive training in abuse reporting and prevention and resident rights from a Department-approved outside source. Documentation of training will be submitted to the Department at [REDACTED].

The administrator will interview at least three residents a week for three months and monthly thereafter to ensure no residents are discriminated against, neglected, intimidated, physically or verbally abused, mistreated or disciplined in any way, at any time. Documentation of interviews shall be kept. MJ 2/11/22

Completion Date: 02/09/2022

Document Submission

Implemented

All direct care staff, ancillary staff persons, substitute personnel, volunteers and management staff including the administrator received training in abuse reporting and prevention and resident rights.

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 8/12/21, resident #1 requested to have [REDACTED] food warmed up and a soda. Staff person A told him, "Why do you want to eat all the food in this house?" Staff person A did not warm up the residents food or get [REDACTED] a soda. Resident #1 later made a request to have pain medication for the pain felt in [REDACTED] stomach and side. Staff person A, failed to provide the PRN Acetaminophen 325 mg. The staff person told resident #1 the medication was not available and to wait until the day shift arrive in the morning.

42b - Abuse (continued)

Plan of Correction**Directed**

To ensure that this violation is prevented [REDACTED], PCH Administrator will conduct a training in the month of February during monthly staff meetings and 1:1 staff meetings to review and discuss abuse and rights.

Directed

Within 30 days of receipt of the accepted plan of correction: All direct care staff, ancillary staff persons, substitute personnel, volunteers and management staff including the administrator will receive training in abuse reporting and prevention and resident rights from a Department-approved outside source. Documentation of training will be submitted to the Department at [REDACTED]

The administrator will interview at least three residents a week for three months and monthly thereafter to ensure no residents are discriminated against, neglected, intimidated, physically or verbally abused, mistreated or disciplined in any way, at any time. Documentation of interviews shall be kept. MJ 2/11/22

Completion Date: 02/09/2022

Document Submission**Implemented**

All direct care staff, ancillary staff persons, substitute personnel, volunteers and management staff including the administrator received training in abuse reporting and prevention and resident rights.

66b - Training Plan Content

1. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

1. The name, position and duties of each direct care staff person.
2. The required training courses for each staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's staff training plan does not include a comprehensive and detailed training on the rights of residents.

Plan of Correction**Accept**

The application of a comprehensive and detailed training on the rights of residents is included in the facilities Positive Approaches training and in the Abuse and Neglect training. These training are considered mandatory training requirements and employees are required to successfully complete these courses upon hire and annually. See supporting document,

Completion Date: 01/26/2022

Document Submission**Implemented**

The application of a comprehensive and detailed training on the rights of residents is included in the facilities Positive Approaches training and in the Abuse and Neglect training. These training are considered mandatory training requirements and employees are required to successfully complete these courses upon hire and annually. See supporting document,

141a 1-10 Medical Evaluation Information

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. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident 1’s medical evaluation dated [REDACTED] 20 did not include a general physical examination by a physician, physician’s assistant or nurse practitioner.

Plan of Correction

Accept

The nursing department will audit this program monthly for completion of the annual physicals and medical evaluation forms for the next 12 months. The Director of Nursing or a nurse designee will be responsible. Copies of the forms will be requested for monthly review to ensure completion. This will be effective until 02/23.

Completion Date: 02/11/2022

Document Submission

Implemented

The nursing department will audit this program monthly for completion of the annual physicals and medical evaluation forms for the next 12 months. The Director of Nursing or a nurse designee will be responsible. Copies of the forms will be requested for monthly review to ensure completion. This will be effective until 02/23.

141b1 - Annual Medical Evaluation

1. Requirements

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 [REDACTED]/20.

Plan of Correction

Accept

An email communication will be sent monthly to the persons responsible- the Health Care Coordinator and nurses requesting verification that all annual physicals scheduled for the month were completed. If not, supporting documentation from a medical provider will be requested, ascertained, and placed on file in their medical records. The Director of Nursing or a nurse designee will be responsible. This will be effective until 02/23.

Completion Date: 02/11/2022

141b1 - Annual Medical Evaluation (continued)

Document Submission

Implemented

An email communication will be sent monthly to the persons responsible- the Health Care Coordinator and nurses requesting verification that all annual physicals scheduled for the month were completed. If not, supporting documentation from a medical provider will be requested, ascertained, and placed on file in their medical records. The Director of Nursing or a nurse designee will be responsible. This will be effective until 02/23.

225c - Additional Assessment

1. Requirements

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 most recent assessment was completed on [redacted]/20.

Plan of Correction

Accept

[redacted], Director of Social Services/Documentation Management will re-train the PCH Administrator and Program Supervisor on retrieving documents from the electronic health record. This will occur no later than 2/28/2022.

[redacted] will audit all records at the home to ensure that current RASPs are filed in program binders. This will occur no later than 2/28/2022.

As RASPs are updated annually and/or when there are significant changes, the assigned Program Specialist [redacted] will deliver document to PCH Administrator for review/signature. PCH Admin will review/sign and place in program binder.

Random audits of PCH program binders will be conducted no less than every 90 days by [redacted] and/or [redacted], Documentation Manager will be responsible.

Completion Date: 02/10/2022

Document Submission

Implemented

[redacted], Director of Social Services/Documentation Management will re-train the PCH Administrator and Program Supervisor on retrieving documents from the electronic health record. This will occur no later than 2/28/2022.

[redacted] will audit all records at the home to ensure that current RASPs are filed in program binders. This will occur no later than 2/28/2022.

As RASPs are updated annually and/or when there are significant changes, the assigned Program Specialist [redacted] will deliver document to PCH Administrator for review/signature. PCH Admin will review/sign and place in program binder.

Random audits of PCH program binders will be conducted no less than every 90 days by [redacted] and/or [redacted], Documentation Manager will be responsible.