

Department of Human Services  
Bureau of Human Service Licensing

February 24, 2022

[REDACTED], ADMINISTRATOR

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 12/14/2021 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 - PUBLIC**

**Facility Information**

Name: *GATESIDE* License #: *14215* License Expiration: *01/17/2023*  
Address: *830 MAPLE AVENUE, BERWYN, PA 19312*  
County: *CHESTER* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

[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: *5* Waking Staff: *4*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *12/14/2021*

**Inspection Dates and Department Representative**

12/14/2021 - 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: *3* Are 60 Years of Age or Older: *0*  
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *4*  
Have Mobility Need: *1* Have Physical Disability: *0*

**Inspections / Reviews**

**12/14/2021 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/09/2022*

Inspections / Reviews (*continued*)

02/01/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *02/03/2022*

02/07/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *02/09/2022*

02/24/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 18 - Compliance With Laws

### 1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

#### Description of Violation

On 12/14/2021, neither an Influenza poster nor a No Smoking sign was posted at the home.

#### Plan of Correction

**Accept**

Moving forward, the Administrator and the Program Supervisor will conduct routine checks once a month to ensure the posters are still posted in the program.

#### Document Submission

**Implemented**

See above accepted plan of correction

## 25b - Contract Signatures

### 1. Requirements

2600.

- 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

#### Description of Violation

The resident-home contract, dated [REDACTED], for resident #1 was not signed by the administrator or designee of the home.

#### Plan of Correction

**Accept**

Moving forward, the Administrator and the Program Supervisor will conduct a PCH book review once every three months and update book with current or updated information.

#### Document Submission

**Implemented**

See above accepted plan of correction

## 65d - Initial Direct Care Training

### 1. Requirements

2600.

- 65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
- Successful completion and passing the Department-approved direct care training course and passing of the competency test.

#### Description of Violation

The home does not have the certificate of completion/passing of the Department-approved direct care training course on file for direct care staff person A, hired on [REDACTED] and staff person B, hired on [REDACTED]

#### Plan of Correction

**Accept**

Moving forward, the Administrator will ensure that every staff member receives the Department-Approved Direct Care training before being placed on the floor to provide services to the residents. Also, all staff training records will be reviewed by the Administrator once every three months to ensure that all trainings are completed and records are up to date.

#### Document Submission

**Implemented**

See above accepted plan of correction

## 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:

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 the dates, times and locations of the scheduled training for each staff person for the upcoming year.*

**Plan of Correction****Accept**

*Immediately after the inspection, the Administrator worked with Devereux's Training Department and developed a staff training calendar with dates and names of training instructors. Moving forward, the Administrator will continue to work with the Training Department to add more direct care trainings in addition to PCH 12 hours of Direct care annual trainings.*

**Document Submission****Implemented**

*See above accepted plan of correction*

## 103i - Outdated Food

## 1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

**Description of Violation**

*There was an unlabeled, undated zip-lock bag with a whole fish in the freezer in the basement.*

**Plan of Correction****Accept**

*Staff immediately cleaned the freezer and disposed the outdated fish/ food. Going forward, the Program Supervisor will conduct a weekly inspection and hold staff accountable for the tidiness of the freezer.*

**Document Submission****Implemented**

*See above accepted plan of correction*

## 107a - Emergency Preparedness

## 1. Requirements

2600.

107.a. The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

**Description of Violation**

*The administrator does not have a copy of the emergency preparedness plan for the local municipality.*

**Plan of Correction****Accept**

*Moving forward, the Administrator will work with the QM Department to secure any updated preparedness plans and update the files for the program.*

**Document Submission****Implemented**

*See above accepted plan of correction*

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] does not include (4) Special Health/Dietary Needs and (8) Body Positioning/Movement.

Resident #2's medical evaluation dated [REDACTED] did not include the information of the medical professional who evaluated the resident.

Resident #3's medical evaluation dated [REDACTED] did not include (7) medication regimen.

Resident #4's medical evaluation dated [REDACTED] did not include (10) mobility needs assessment.

Plan of Correction

Accept

The medical assessments for residents 2, 3 and 4 were updated. See supporting documents.

Document Submission

Implemented

See above accepted plan of correction

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED].

Plan of Correction

Accept

A copy of the annual physical and medical evaluation will be accessible to the house on the Devereux shared files specific for this group home. The information will be posted immediately after completion and review by the Health Care Coordinator. Verification of posting to this location was completed.

Document Submission

Implemented

See above accepted plan of correction

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 #3 is prescribed [redacted] (1 tab by mouth once daily as needed). On [redacted] this medication was not available in the home.

Plan of Correction

Accept

For the next three months the Supervisor will review the overnight medication audits and ensure that a count of all medications are noted on the audit form. If there is a count less than three pills, an email will be sent to the nursing team to notify them and request a refill from the pharmacy. The audit forms will be kept on file in a binder at the home. Moving forward, the Administrator will conduct inspections of the overnight audits to ensure to that residents medications are reordered/refilled on time.

Document Submission

Implemented

See above accepted plan of correction

185b - Medication Procedures

1. Requirements

2600.

185.b. At a minimum, the procedures must include:

- 2. A process to investigate and account for missing medications and medication errors.

Description of Violation

Resident #1 is prescribed [redacted] 3 times a day at 08:00 AM, 04:00 PM, and 08:00 PM. The narcotic control record notates that after the resident's 08:00 PM [redacted] administration on 12/12/21, 17 pills remained. However, 18 pills remained. The home could not explain the discrepancy.

Plan of Correction

Accept

To ensure that such medication errors do not occur in the future, staff administering medications will do a physical check of the medications and document in the MAR at the time of administering the medications. The Program Supervisor will do a daily inspection of the MARs to ensure that initials and all necessary documents are completed at the end of each shift. The Administrator will do a weekly inspection of all residents' MARs.

Document Submission

Implemented

See above accepted plan of correction

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #2 is prescribed [redacted]. However, resident #2's medication administration record (MAR) does not

**187a - Medication Record (continued)**

indicate the diagnosis for this medication. Resident #3 is prescribed Clozapine 200 mg and Quetiapine 50 mg . However, resident #3's MAR does not indicate the diagnoses for these medications.

**Plan of Correction****Accept**

The MARs for resident #2 and resident #3 were updated. See supporting document.

**Document Submission****Implemented**

See above accepted plan of correction

**190a - Completion Medication Course****1. Requirements**

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**Description of Violation**

Staff B's initial med-tech training was [REDACTED] but the staff has not completed the annual practicum as of [REDACTED]

1. The staff administered medications to residents to include the following:

On 12/04, 12/05, and 12/12 at 08:00 PM, [REDACTED]

**Plan of Correction****Accept**

The Training Department will send out alerts via email for upcoming trainings and due dates. The Program Supervisor will send out reminders every two weeks to all staff via email to visit the My Learning portal and complete all trainings due for the month.

Moving forward, the Administrator will conduct an inspection during the last week of every month with assistance from the Training Department to confirm that all current monthly trainings for staff are completed.

**Document Submission****Implemented**

See above accepted plan of correction

**252 - Record Content****1. Requirements**

2600.

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

20. The financial records of residents receiving assistance with financial management.

**Description of Violation**

The home is the representative payee of resident #3's SSI. Resident #3's record does not include the financial records.

**Plan of Correction****Accept**

Clients funds are held by Devereux's Business Office. The supervisor makes request to the Business Office for each of the residents in the program for community activities and purchases for personal item. The supervisor completes a reconciliation of receipts and balance cash and turn them in to the Business Office. Moving forward, the Administrator will keep copies of the monthly reconciliations in the program for inspector's review.

252 - Record Content *(continued)***Document Submission****Implemented***See above accepted plan of correction*

## 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 12/14/2021, a copy of the current license inspection summary issued by the Department dated 02/05/2021 was not posted in a conspicuous and public place in the home. The posted LIS was dated 08/29/2019.*

*Repeat Violation: 02/05/2021*

**Plan of Correction****Accept**

*Moving forward, the Administrator will conduct a routine check once every three months to make sure that the posted license and the inspection summary are up to date and posted.*

**Document Submission****Implemented***See above accepted plan of correction*

## 103e - Left Overs

**1. Requirements**

2600.

- 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 were undated left-over food items in the refrigerator in the kitchen: Penne Pomodoro, marinara sauce (in a plastic container not in the original container), and a bowl of unidentified food.*

*Repeat Violation: 02/05/2021*

**Plan of Correction****Accept**

*All leftovers were immediately disposed of and staff instructed to label and properly seal leftovers. The Administrator will conduct a weekly audit of the food.*

**Document Submission****Implemented***See above accepted plan of correction*