Department of Human Services
Bureau of Human Service Licensing

April 28, 2022

[redacted]
DEVEREUX FOUNDATION INC
[redacted]

RE: DEVEREUX PA ADULT SERVICES PCH
- HILLTOP COTTAGE
237 LEOPARD ROAD
BERWYN, PA, 19312
LICENSE/COC#: 19819

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/28/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

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: *DEVEREUX PA ADULT SERVICES PCH - HILLTOP COTTAGE* **License #:** *19819* **License Expiration:** *02/08/2023*

Address: *237 LEOPARD ROAD, BERWYN, PA 19312*

County: *CHESTER* **Region:** *SOUTHEAST*

Administrator

Name: [redacted] **Phone:** *6102966800 /* [redacted] **Email:** [redacted]

Legal Entity

Name: *DEVEREUX FOUNDATION INC*

Address: *139 LEOPARD ROAD,* [redacted]*, BERWYN, PA, 19312*

Phone: *6102966893* **Email:** [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *05/10/2001* **Issued By:** *DL&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *11* **Waking Staff:** *8*

Inspection Information

Type: *Partial* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Incident* **Exit Conference Date:** *02/28/2022*

Inspection Dates and Department Representative

02/28/2022 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *18* **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: *5* **Are 60 Years of Age or Older:** *2*

Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability:** *4*

Have Mobility Need: *1* **Have Physical Disability:** *1*

Inspections / Reviews

02/28/2022 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/21/2022*

03/22/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/27/2022*

03/25/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *04/27/2022*

04/28/2022 - Document Submission

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 2/28/22 the home's LIS posted was dated 10/24/2017; however, the current LIS on the DHS website was dated 10/27/20.

The home's posted license expired on 2/8/21.

The home did not have chapter 2600 regulations posted in a conspicuous and public place in the home.

Plan of Correction ***Accept***

The updated License was posted after the inspection. Moving forward, the Administrator will do walk through/check once every three months in the program to ensure that updated license and other information are accessible.

Completion Date: *03/12/2022*

Document Submission ***Implemented***

see above

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 2/28/22, an agent of the Department requested access to residents' electronic medication administration records. Staff person A did not have access to history records requested.

Plan of Correction ***Accept***

After the inspection, the electronic medications administration record was pulled by the nursing department. The Administrator was trained on how retrieve the electronic record for ChartMeds, the electronic medications administration system.
Moving forward, the Administrator will retrieve the medications administration record upon request by an inspector.

Completion Date: *03/21/2022*

Document Submission ***Implemented***

see above

15a - Resident Abuse Report

1. Requirements

2600.
15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

15a - Resident Abuse Report *(continued)*

Description of Violation

On 1/8/22 at approximately 5:30pm, Staff B was asleep in the home with no other staff on the premises. Resident #1 was not administered a prescribed [redacted]. The home did not report this incident to the local Area Agency on Aging.

Plan of Correction ***Accept***

After the inspection, the area Agency on Aging was notified of the incident. Also, a reportable incident report was completed in State's web-based incident management application. Moving forward, the administration/supervisor will notify the Agency on Aging within 24 hours of the incident.

Completion Date: *03/21/2022*

Document Submission ***Implemented***

see above

16c - Written Incident Report

1. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 1/8/22 at approx. 5:30pm, Staff B was asleep in the home with no other staff on the premises. Resident #1 was not administered a prescribed [redacted]. The home did not report this incident to the Department until 1/10/22.

Plan of Correction ***Accept***

The Administrator or On-call will verbally report an incident within two hours and complete an internal incident report with all required information within four hours. The Director of Quality Management or designee will submit Bureau of Human Services Licensing Incident Reporting Form to the Department within 24 hours of the incident. The Director of Quality Management or designee will monitor the internal incident reporting system to ensure all reportable incidents are reported to the Department.

Completion Date: *03/17/2022*

Document Submission ***Implemented***

see above

23b - Instrumental Activities of Daily Living Assistance

1. Requirements

2600.
23.b. A home shall provide each resident with assistance with IADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan for resident 1, dated , 4/19/21, indicates the resident requires assistance with [redacted] On 1/8/22, the resident did not receive this assistance as required.

Plan of Correction ***Directed***

Resident # 1 was assisted with [redacted] by a staff who was pulled from another program. Currently, the the [redacted] administration is being done by the program's nurse. Staff will be a trained staff on

23b - Instrumental Activities of Daily Living Assistance (continued)

[redacted] *education at the program at all times to make sure that residents including resident # 1 are assisted.*

Directed Plan of Correction 3/25/22 CM:

Starting 3/26/22 and continuing weekly for four months, the administrator or designee shall randomly observe staff, to include nights, weekends, and holidays, to ensure that a medication administration trained staff is available and awake in the home as scheduled.

Completion Date: *03/22/2022*

Document Submission ***Implemented***

The Administrator conducted random observations to ensure that a medication administration trained staff is available and awake in the home as scheduled. See supporting document.

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).

Description of Violation

Staff B, hired [redacted]*, does not have a criminal background check on file.*

Plan of Correction ***Directed***

Staff B was hired on [redacted] *and criminal background check for Staff B was completed upon hire on* [redacted] *prior to* [redacted] *hire date. Staff B. was transferred to the Hilltop location on* [redacted]*. All records of criminal background checks are kept in the People Operations office in the employee's personnel file. However, moving forward the Supervisor will request copy of the record from People Operation for filing in the program for immediate access.*

Directed Plan of Correction 3/25/22 CM:

By 3/31/22, the administrator or designee shall audit all employee files to ensure that applicable criminal background checks are present in the employees' files. Documentation of audits shall be provided to the Department.

By 3/31/22, the administrator shall create a tracking checklist for all new employee files to ensure that all required documents are present in the file. All employees involved in staff hiring, retention, and training shall be educated on the tracking system. Documentation shall be provided to the Department.

Completion Date: *03/24/2022*

Document Submission ***Implemented***

All required documents are present in the file. Documentation attached.

58b - Awake Staff Mobility Needs

1. Requirements

2600.

58.b. If a home serves one or more but less than 16 residents with mobility needs, at least one direct care staff person shall be awake at all times residents are present in the home.

58b - Awake Staff Mobility Needs *(continued)*

Description of Violation

On 1/8/22, Staff B was on duty but asleep on the home's living room couch from 3:30pm to 6:30pm. No other staff persons were on the premises at this time. On this day, the home served 10 residents, 1 of which has mobility needs.

Plan of Correction ***Directed***

The staff was immediately removed from care. An internal investigation was conducted and submitted to the Department. The staff is no longer employed with the provider. As a preventative measure, the Program Administrator reviewed the center's Sleeping While on Duty procedure with the program staff. The weekday On-call Supervisor will do an unannounced walk through between 5pm - 10pm weekly

Directed Plan of Correction 3/25/22 CM:

Starting 3/26/22 and continuing weekly for four months, the administrator or designee shall conduct random walkthroughs, to include weekends, nights, and holidays to ensure that scheduled staff are present and awake as scheduled. Documentation of these observations shall be provided to the Department.

Completion Date: *03/22/2022*

Document Submission ***Implemented***

The Administrator conducted random observations to ensure that a medication administration trained staff is available and awake in the home as scheduled. 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

The resident 2's medical evaluation dated [redacted] did not include the resident's body positioning/movement, health status, Cognitive functioning, medical diagnoses, or mobility needs.

Plan of Correction ***Accept***

The PCP for Resident 2 received a report of the findings and will review the documentation and will make an addendum to the findings. For the next 12 months, the nurse will need to have a second person , The Director of Nursing or the Nurse Manager, review the DME to ensure that the physician completed all sections of the form. They will send an email verifying completion.

Completion Date: *03/21/2022*

141a 1-10 Medical Evaluation Information *(continued)*

Document Submission ***Implemented***

see above

141b1 - Annual Medical Evaluation

1. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 3's most recent medical evaluation was completed on [redacted]. The resident's previous medical evaluation was completed on [redacted]

Plan of Correction ***Accept***

Resident 3 was hospitalized with [redacted] during the date of [redacted] scheduled annual physical in December of [redacted] The annual physical was completed during the follow up with this PCP after [redacted] discharge from the hospital. The Nurse Manager will support the nurse for the program to track all dates of annual physicals and have supporting documentation filed electronically if there is a missed annual physical. Monthly reminders will be sent for the next 12 months to ensure timely annual physical scheduling.

Completion Date: *03/21/2022*

Document Submission ***Implemented***

see above

181c - Self-administration Assessment

1. Requirements

2600.
181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident 1 self-administers medications to include [redacted]. However, resident 1 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

Plan of Correction ***Accept***

The physician immediately notified of the expectation based on the Personal Care Home regulations. A verbal order was obtained noting the ability to self-administer the [redacted] with the supervision of a nurse or a medication certified staffed trained by a [redacted] certified educator . The MAR will be documented with these findings. The center has initiated scheduling a training with a [redacted] certified educator and are awaiting available dates from them. This will be reviewed annually with the self medication assessment and the annual physical.

Completion Date: *03/21/2022*

Document Submission ***Implemented***

see above

182b - Prescription Medication

1. Requirements

182b - Prescription Medication *(continued)*

2600.
182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

Description of Violation

Staff person C allowed and supervised resident 1 while administering [redacted] to [redacted] Staff person C is not qualified to administer [redacted] to residents.

Plan of Correction ***Directed***

After the inspection, resident # 1 met with the program's clinician to discuss the outcome of the investigation and it explained to resident # 1 that based on the outcome from the inspection, only the program nurses and staffs that are trained in [redacted] educations are to administer the [redacted] and [redacted] was not [redacted] was not trained and certified in medication administration. The nurse will administered resident #1 daily before or at the scheduled time for the administration.

Directed Plan of Correction 3/25/22 CM:

Starting 3/26/21 and continuing weekly for three months, the administrator or medication train-the-trainer shall observe [redacted] administrations. Deficiencies shall be corrected immediately and documented. Documentation of observations shall be provided to the Department.

Completion Date: *03/22/2022*

Document Submission ***Implemented***

The facility is still working with obtaining [redacted] training from the vendor. In the meantime, only nursing staff is administering [redacted].

190b - Insulin Injections

1. Requirements

2600.
190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Staff person C, who allowed and supervised Resident [redacted] to administer [redacted] to [redacted], has not completed the Department-approved [redacted] patient education program within the past 12 months.

Plan of Correction ***Directed***

After the inspection, the program put a plan in place which requires on the program nurse administered resident #1 [redacted]. Also, The Administrator working along with Nursing Department are working together in scheduling the program staffs for the [redacted] Education Training.

Directed Plan of Correction 3/25/22 CM:

Starting 3/26/21 and continuing weekly for three months, the administrator or medication train-the-trainer shall observe [redacted] administrations. Deficiencies shall be corrected immediately and documented. Documentation of observations shall be provided to the Department.

Completion Date: *03/23/2022*

190b - Insulin Injections *(continued)*

Document Submission ***Implemented***

The facility is still working with obtaining [redacted] training from the vendor. In the meantime, only nursing staff is administering [redacted].

190c - Record of Training

1. Requirements

2600.
190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for staff person C does not include the successful completion of the medication administration annual practicum on 2/19/21. There is no indication that an annual practicum was completed in February 2022.

Plan of Correction ***Accept***

After the inspection Staff C completed the department-approved medications administration training on [redacted].
An audit of all staffs Training Records was done 3/24/2022.
Moving forward, the Administrator/Supervisor will review staffs files for updated training records every 90 days and scheduled training for staff who's trainings are close to expiring.
Completion Date: *03/24/2022*

Document Submission ***Implemented***

see above

252 - Record Content

1. Requirements

2600.
252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

Resident1's record does not include the reportable incident involving resident on 1/8/22.

Plan of Correction ***Accept***

All aspect of the reportable incident that occurred on 1/8/2022 involving resident # 1 was completed and the results were filed in resident # 1 and other residents PCH binders.
Moving forward, after completion of an investigation of a reportable incident, the Supervisor will immediately request copies of the results for filing in residents PCH binders and also, residents PCH binders will be review every 90 days for updated information.
Completion Date: *03/24/2022*

Document Submission ***Implemented***

see above