

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

January 23, 2023

[REDACTED], ADMINISTRATOR
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 08/05/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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:** [REDACTED] **Email:** [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Type: C 2 LP **Date:** 12/19/2000 **Issued By:** Commonwealth of Pennsylvania

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 12 **Waking Staff:** 9

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 08/05/2022

Inspection Dates and Department Representative

08/05/2022 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 18 **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: 4 **Are 60 Years of Age or Older:** 3
Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 7
Have Mobility Need: 1 **Have Physical Disability:** 1

Inspections / Reviews

08/05/2022 - Full

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 08/25/2022

Inspections / Reviews (*continued*)

12/15/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/30/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/15/2022

01/23/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/20/2023

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

The U.S. Department of Health and Human Services ("HHS") issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The Privacy Rule standards address the use and disclosure of individuals' health information—called "protected health information". The Privacy Rule protects all "individually identifiable health information" held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. "Individually identifiable health information" is information, including demographic data, that relates to: the individual's past, present or future physical or mental health or condition, the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).

The home discarded pill packs with resident individually identifiable health information visible in the trash.

POC Submission

Directed (█ - 09/12/2022)

A trash can with a lid was purchased on 8/9/2022 for discarding and concealing individuals information on pillow packs.

Staffs will be trained by the Administrator/Supervisor on Regulation 18 by 9/1/2022, Applicable Health and Safety laws. Administrator/Supervisor will conduct daily checks around the MedCart to ensure that pillow packs are discarded accordingly.

In addition to the above plan of correction: Administrator or designated person will blackout residents individual health information from pill packs prior to disposal. MJ 9/12/22

Directed Completion Date: 08/30/2022

Implemented (█ - 01/23/2023)

60c - Housekeeping/Maintenance

2. Requirements

2600.

60.c. Additional staff hours, or contractual hours, shall be provided as necessary to meet the laundry, food service, housekeeping and maintenance needs of the home.

Description of Violation

On 8/5/22, the common areas of the home, the kitchen, and the stairs leading to the resident room were not clean. According to the administrator, the services were not provided due to a lack of staff to complete the task.

POC Submission

Accept (█ 08/31/2022)

The dinner and kitchen floors were immediately mopped and cleaned on 8/5/2022on the morning shift.

60c Housekeeping/Maintenance (continued)

Supervisor inspected later before the end of shift to make sure the floors were cleaned.

The overnight shift also mopped and cleaned the basement, common areas kitchen, the community bathrooms on 8/6/2022. Supervisor did a walkthrough and spot checks and provide immediate feedback to staffs.

Supervisor/Administrator posted the daily cleaning schedule on the white board on 6/8/2022.

Staffs will be educated by the Administrator on Regulation 60.c, "housekeeping and maintenance needs of the program" by 9/1/2022 during staff meeting.

Licensee's Plan Completion Date: 08/30/2022

Implemented (█ - 01/23/2023)

85a - Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On █ at █, the insulin pen belonging to resident #1 was stored in the staff refrigerator without being properly covered, labeled and stored in a refrigerator for medication or medical equipment.

On █, at █, the room for resident #2, had a strong unclean odor.

POC Submission

Accept █ - 09/12/2022)

A mini refrigerator purchased on 8/19/2022 for medication storage only in the pantry and #1 insulin was labeled with █ initial and placed in the fridge. Resident #2 room █ was cleaned on 8/6/2022.

The Administrator/Supervisor will check the refrigerator daily, Monday through Friday each week. Food or any non medical items stored in Fridge will be trash immediately. Administrator will discuss Regulation 85.a in the staff meeting on 9/1/2022. Staff will cleaned #2 room once a week and supervisor/administrator will do a daily spot checks for cleanliness and odor.

Licensee's Plan Completion Date: 08/30/2022

Implemented █ - 01/23/2023)

95 - Furniture and Equipment

4. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The ceiling light in room #205 was very dim and had a short in the wire as evidence by blinking.

POC Submission

Accept █ - 08/31/2022)

A maintenance request was entered on 8/9/2022 to replaced the dim/blinking light in room 205 and the repaired was completed on 8/12/2022.

The Administrator/Supervisor did a physical plant walkthrough on 8/8/2022 for any damage and/or broken items

95 - Furniture and Equipment (continued)

in the program.

Staffs will be educated on Regulation 60.c, "housekeeping and maintenance needs of the program" by 9/1/2022 during staff meeting.do physical plant checks twice every month by or before the 15th and 30th and entered maintenance request for damage repair and/or replaced broken items in the program.

Licensee's Plan Completion Date: 08/30/2022

Implemented (████) 01/23/2023)

101j3 - Bed/Linens/Pillows/Blankets

5. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

The bed for resident #2, did not have pillow cases for the two pillows on the bed.

POC Submission

Accept (████) - 09/12/2022)

Pillow cases were purchased on 8/9/2022 for resident #2.

The Administrator/supervisor purchased more linens and pillows cases for the program by 9/23/2022. Staffs will check residents linens and pillows and report to Supervisor for replacement. Regulation 101.j3. will be review with staff during staff meeting on 9/1/2022.

Licensee's Plan Completion Date: 08/30/2022

Implemented (████) - 01/23/2023)

101o - Walls, Floors, Ceilings

6. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

The ceiling located on the first floor hallway leading towards room 108 is not in good repair due to water damage.

POC Submission

Accept (████) - 08/31/2022)

Maintenance request was entered on 4/20/22, 5/25/2022 and 8/25/2022.

The Administrator/Supervisor spoke with Director of Maintenance about the damage on 8/19/2022.

Administrator will work with the Maintenance Department to know when the damage will be fix. Staffs will complete a work order for any damage in the program or report it to the Administrator/supervisor within 24 hours of any discovery.

Licensee's Plan Completion Date: 08/30/2022

Implemented (████) - 01/23/2023)

101r - Bedroom - shades/drapes/window covering

7. Requirements

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

The window in bedroom #212 does not have shades, blinds, or shutters.

POC Submission

Accept (████) - 09/12/2022)

A maintenance request was entered on 8/9/2022 for room #212 for a replacement blinds. Maintenance is still working on replacing the blinds and scheduled to complete the work on 9/5/2022.

Supervisor will do physical plant checks once a every week for any damage or broken items such as blinds, door knobs, ceiling damage and lights.

Administrators will emphasize on the importance of regulation 101.r with staff during 1:1 sessions and staff meetings every month.

Licensee's Plan Completion Date: 08/30/2022

Implemented (████) - 01/23/2023)

103e - Left Overs

8. 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 2 unlabeled, undated containers in the refrigerator and freezer of the home. The contents were not identifiable.

Repeated Violation: 7/7/21

POC Submission

Accept (████) - 09/12/2022)

The unlabeled and undated food containers were removed from the kitchen refrigerator on 8/5/2022 and trashed. Staffs were told not store any unlabeled food items in the fridge during shift changed on 8/5/2022.

Supervisor will discuss labelling and dating of leftovers and storage during the staff meeting on 9/1/2022.

Supervisor will do daily checks for any unlabeled and undated food items in the refrigerator and removed them,

Licensee's Plan Completion Date: 08/30/2022

Implemented (████) - 01/23/2023)

105c - Supply Linens/Towels

9. Requirements

2600.

105.c. The supply of bed linens and towels shall be sufficient to ensure a complete change of bed linen and towels at least once per week.

Description of Violation

The home does not have an extra supply of towels and linens.

105c - Supply Linens/Towels (continued)

POC Submission

Accept (█) - 09/12/2022)

Linens and towels were purchased on 8/14/2022 and kept in storage for individuals used. Supervisor check every room in the program and conducted inventory check on linens and towels 8/14/2022.

Supervisor will order new linens to replaced wear and tear ones with new ones once two months. Staffs will be retrained on spot checks of individuals rooms for old and damage linens and replaced them with new ones.

Licensee's Plan Completion Date: 08/30/2022

Implemented (█) 01/23/2023)

105g - Lint Removal and Duct Cleaning

10. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 8/5/22, there was an approximate 3 inch accumulation of lint on the outer duct hose of the dryer in the home. The large accumulation of lint present a fire safety hazard.

POC Submission

Accept (█) - 09/12/2022)

The lint on the outer duct of the dryer was removed and the duct was cleaned on 8/5/2022 by staff and Supervisor conducted a spot check on 8/20/2022 and 8/25/2022

Supervisor/Staffs will do a laundry room spot checks once a week for lint. Supervisor discuss with staffs about checking and cleaning the laundry room including clearing of lint in and around dryers.

Licensee's Plan Completion Date: 08/30/2022

Implemented (█) 01/23/2023)

124 - Notice to Fire Department

11. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

POC Submission

Accept (█) - 09/06/2022)

A request for copy of written notification was send to the local fire department was send to Devereux's Maintenance and QM departments on 8/16/2022.

Supervisor will retain copy of the written notification to the local fire department and kept in the program once received from the mentioned departments.

124 - Notice to Fire Department *(continued)*

Licensee's Plan Completion Date: 08/30/2022

Implemented (█) - 01/23/2023)

132f - Alternate Exit Routes

12. Requirements

2600.
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The front and side exits were the only exit routes used during the fire drills held on 5/12/22, 6/17/22, 7/19/22 and 8/3/22.

POC Submission

Accept (█) - 09/06/2022)

The door in the front stairwell has been added to other evacuation exits in the program during fire drill for the September fire drill.

The September fire drill will be discuss during the staff meeting on 9/1/2022. Supervisor will review reports after every drill to make sure that all routes/exits in the program are used and reflected in the report.

Licensee's Plan Completion Date: 08/30/2022

Implemented (█) - 01/23/2023)

144c1 - Smoking Area Guidelines

13. Requirements

2600.
144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home's designated smoking area is also being utilized for storage. The items stored are not within the fire safe guidelines of an outdoor smoking area. The following items were potential fire hazards :

- *Unknown contents in plastic bags*
- *Shower chair*
- *Unidentified clothing of a resident in the home*

POC Submission

Accept (█) - 09/12/2022)

The designated smoking area in the program annex porch was cleared on 8/6/2022 and 8/7/2022 of any safety hazard. The annex porch which is the designated smoking area was cleaned and receptacles were emptied.

Regulation 144.c will be discuss in the staff meeting on 9/1/2022 as refresher/training for staffs. Supervisor will do a checks weekly to make sure that nothing is being store there.

144c1 Smoking Area Guidelines (continued)

Licensee's Plan Completion Date: 08/30/2022

Implemented [REDACTED] - 01/23/2023)

161b - Well-Balanced Meals

14. Requirements

2600.

161.b. At least three nutritionally well-balanced meals shall be offered daily to the resident. Each meal shall include an alternative food and drink item from which the resident may choose.

Description of Violation

On 8/5/22, at the lunch meal residents #3 and #4 were served peanut butter and jelly sandwiches. An alternative food was not available.

POC Submission

Accept [REDACTED] - 09/12/2022)

Meals based on the menu and individuals' diets were purchased on 8/6/2022,, 8/13/2022, 8/20/2022 and 8/27/2022 for individuals' alternative choice during breakfast, lunch and dinner.

Residents including residents #3 and #4 will be given the alternative meal choice listed on the menu during breakfast, lunch and dinner. Supervisor/Administrator will make sure there are enough alternative meals choices are in pantry for individuals based on the menu prepared by the dietician. Administrator will train on regulation 161b.

Licensee's Plan Completion Date: 08/30/2022

Implemented [REDACTED] - 01/23/2023)

162c - Menus Posted

15. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 8/1/22 was not posted in the home.

POC Submission

Accept [REDACTED] - 09/12/2022)

The updated menu for the month was posted on 8/5/2022.

An updated weekly menu for the program will be posted in the kitchen every Monday of each week alongside the monthly menu.

Licensee's Plan Completion Date: 08/30/2022

Implemented [REDACTED] - 01/23/2023)

162e - Menu Changes

16. Requirements

2600.

162e - Menu Changes (continued)

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

On 8/5/22, sliced roast beef and cheese sandwich with lettuce and tomato was listed on the menu for lunch. Peanut butter and jelly was served instead. No notice was provided to the residents in advance of the meal.

POC Submission

Accept [redacted] - 09/12/2022)

The menu was followed during dinner preparation on 8/5/2022 and individuals were notified about what was on the menu for dinner.

Since 8/5/2022, staffs have been following menu prepared by the dietician and inform the individuals prior to preparation of breakfast, lunch and dinner preparation Also, the weekly menu is shared and discussed during house meeting on Tuesday of each week.

Licensee's Plan Completion Date: 08/30/2022

Implemented ([redacted] - 01/23/2023)

183c - Refrigerated Meds Locked

17. Requirements

2600.

183.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

Description of Violation

On [redacted] at [redacted], the insulin pen prescribed for resident #1, was unlocked and accessible in the staff refrigerator.

POC Submission

Accept [redacted] - 09/12/2022)

A pouch to store resident #1 insulin pen purchased on [redacted] and [redacted] insulin was labeled with [redacted] initial and kept in the regular refrigerator until mini medical Fridge was ordered on 8/19/2022. Resident #1 insulin was transferred to the mini fridge for storage on same day.

Medications and medical equipment that required refrigeration will be kept in the mini fridge in the pantry and locked at times. Supervisor will do daily checks to make sure nothing other than medications or medical equipment are stored in the mini fridge. Staff will complete the daily temperature log. Staff will retrained on 183c during staff meeting on 9/1/2022.

Licensee's Plan Completion Date: 08/30/2022

Implemented ([redacted] - 01/23/2023)

183f - Discontinued Medications

18. Requirements

2600.

183f - Discontinued Medications (continued)

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

The following medications [redacted] belonging to resident #4 were expired as of [redacted] 1. This is not an approved method of destroying medications according to the Department of Environmental Protection and Federal and State regulation.

Repeated Violation: 7/7/21

POC Submission

Accept [redacted] - 09/12/2022)

The expired medication [redacted] belonging to resident #4 was removed from the MedCart immediately after discovery on 8/5/2022 and later returned to the pharmacy on 8/8/2022. The MedCart was audited again on 8/8/2022 for any expired and discontinued medications.

The overnight staffs will do medication and MedCart audit every night to make sure the MedCart is cleared of expired and discontinued medications. Supervisor/Administrator will do medications and MedCart audit every Friday as a followed up to staff's checks.

Licensee's Plan Completion Date: 08/30/2022

Implemented [redacted] - 01/23/2023)

185a - Implement Storage Procedures

19. 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

On [redacted] the insulin pen for resident #1, was stored in the staff refrigerator. The insulin pen was uncovered, and unlabeled.

POC Submission

Accept [redacted] - 09/12/2022)

A bag was purchased to store resident #1 insulin pen with the bag labeled with [redacted] initial and kept in refrigerator. Also, a mini Fridge was ordered on 8/19/2022 to store all medications that required storage. Staff will keep the pantry locked at all times.

Staff will be the person to retrieve the medication from the fridge and returned it to the fridge after every medications administration.

Supervisor will do daily checks to make sure staffs are following the procedure in storing and handling of resident #1 insulins and other medications.

Licensee's Plan Completion Date: 08/30/2022

Implemented [redacted] - 01/23/2023)

20. Requirements

2600.

185a - Implement Storage Procedures (continued)

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 #4 is prescribed [redacted] as needed. On 8/5/22 this medication was not available in the home.

POC Submission

Accept [redacted] - 09/12/2022)

The [redacted] that resident #4 takes as needed was reordered 8/30/2022 by the program nurse.

The overnight staffs will do a MedCart audit every night to make sure the MedCart is cleared of expired and discontinued medications and control substances are accounted for. Supervisor review the audit every Friday and provides feedback and carries out additional audit of the MedCart on the same day.

Licensee's Plan Completion Date: 08/30/2022

Implemented ([redacted] 01/23/2023)

221b - Activity Types

21. Requirements

2600.

221.b. The program must provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner.

Description of Violation

The home's activities calendar does not include activities that are tailored to the resident's in the home. The activities calendar posted was tailored for the Devereux Campus.

POC Submission

Accept ([redacted] - 09/12/2022)

The weekly activities scheduled was created to tailored to the program's residents with some Campus activities included after discussion during the house meeting on 8/8/2022 and was posted.

The Administrator/Supervisor will update and post the program weekly activities schedule every Monday morning for the week. Supervisor will include some campus monthly activities when updating the program weekly activities schedule.

Licensee's Plan Completion Date: 08/30/2022

Implemented ([redacted] - 01/23/2023)