



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: FEBRUARY 3, 2023

[REDACTED]
[REDACTED]
Devereux Foundation, Inc.

[REDACTED]
Berwyn, Pennsylvania 19312

RE: Devereux PA Adult Services PCH - Hillcrest Cottage
229 Leopard Road
Berwyn, Pennsylvania 19312
License #: 198141

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection August 31, 2022 and October 18, 2022 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance 198140 dated February 8, 2022 to February 8, 2023 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated February 8, 2022 to February 8, 2023 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from February 3, 2023 to August 3, 2023.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

[REDACTED]

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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

Facility Information

Name: DEVEREUX PA ADULT SERVICES PCH - HILLCREST COTTAGE **License #:** 19814 **License Expiration:** 02/08/2023
Address: 229 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:** 12/13/2001 **Issued By:** L&I

Staffing Hours

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

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 08/31/2022

Inspection Dates and Department Representative

08/31/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 21 **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: 3 **Are 60 Years of Age or Older:** 8
Diagnosed with Mental Illness: 11 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

08/31/2022 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *09/22/2022*

09/20/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: *12/20/2022*
 Reviewer: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *09/25/2022*

09/29/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: *12/20/2022*
 Reviewer: [REDACTED] Follow Up Type: *Document Submission* Follow Up Date: *10/21/2022*

01/12/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: *12/20/2022*
 Reviewer: [REDACTED] Follow Up Type: *Enforcement*

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 08/31/2022 the home's current license, dated 02/08/2022, was not posted in a conspicuous and public place in the home. The one posted was expired on 02/08/2021.

POC Submission

Accept [redacted] - 09/29/2022)

On 8.31.2022, the program posted the updated License in a conspicuous and public place in the program. Effective 9.31.2022, the supervisor began the monthly audit for the duration of six months to make sure that PCH updated License, posters and regulations posted in conspicuous areas in the program.

Licensee's Plan Completion Date: 09/22/2022

Implemented [redacted] - 12/20/2022)

25b - Contract Signatures

2. 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 of the home or a designee.

POC Submission

Accept [redacted] - 09/29/2022)

The home contract for resident #1 was signed by the administrator on 9.6.22. The other residents' home contracts were audited on 9/15/2022 and the PCH books were updated with current contracts. The administrator along with the program supervisor will do a PCH book audit once a month and update the books with current documentations. The audit will begin on 9/30/2022 and continue for the next six months.

Licensee's Plan Completion Date: 09/22/2022

Implemented [redacted] - 12/20/2022)

65d - Initial Direct Care Training

3. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. 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 07/19/2021,

POC Submission

Accept (CM - 09/29/2022)

Staff person A is currently on Administrative leave from work, The PCH administrator and the program supervisor

65d - Initial Direct Care Training (continued)

will supervise the staff testing of DCS immediate upon their returned to work. The program supervisor will review the staff training folders every three months until next annual inspection beginning 10/1/2022 to ensure staff records are up-to-date.

Licensee's Plan Completion Date: 09/22/2022

Implemented (CM - 12/20/2022)

101j2 - Bedroom Chairs

4. Requirements

2600.

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

- 2. A chair for each resident that meets the resident's needs.

Description of Violation

Bedroom [redacted] is occupied by two residents; however, there was only one chair in this room.

POC Submission

Accept [redacted] - 09/29/2022)

A chair for bedroom [redacted] was purchased and installed on 9.7.22. All other bedroom in the program inspected as well on 9.7.22 to make sure they have chairs in them. The Administrator along with the program supervisor will do a physical plant check once a month starting 9/30/2022 to look for any damaged or missing items and Supervisor will entered a maintenance request for any damaged item and placed an order with the business for any missing items n the residents rooms. The check will continue up to the next annual inspection.

Licensee's Plan Completion Date: 09/22/2022

Implemented [redacted] - 12/20/2022)

103g - Storing Food

5. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A 5 lb bag of rice in the kitchen cupboard was opened and unsealed. A bag of pollack fish sticks in the kitchen freezer was opened and unsealed.

POC Submission

Accept [redacted] /29/2022)

On 8.31.2022 the program supervisor purchased ziplocked bags and food label stickers. Opened and unlabeled food tems was bagged and labeled on 8.31.22. The administrator and program supervisor will conduct a daily check to ensure that leftovers are sealed and labeled with names and date and stored properly. The check started on 9/10/2022 and will continue for next six months.

Licensee's Plan Completion Date: 09/22/2022

Implemented [redacted] - 12/20/2022)

132a - Monthly Fire Drill

6. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

132a - Monthly Fire Drill (continued)

Description of Violation

The home did not have a monthly fire drill record on file for Feb 2022.

POC Submission

Accept [REDACTED] - 09/29/2022)

Fire drill was conducted in February 2022, but the documentation was misplaced by the staff who did the drill. The administrator contacted the Protection Bureau for record on the February drill on 8/10/2022, but still awaiting their response. The Administrator along with the program supervisor will conduct a monthly fire drill audit on the 15th of every month to ensure the drill was conducted and will allow for extra time if needed to comply with the monthly requirement. The PCH form and Fire Drill binder will be reviewed for updated entry of the drill conducted for the month. Also, the administrator will retrain staff on conducting fire drills and documentation during staff meeting 9/31/2022. The fire drill review will continue for at least three months beginning Oct 1, 2022.

Licensee's Plan Completion Date: 09/22/2022

Implemented [REDACTED] - 12/20/2022)

141a 1-10 Medical Evaluation Information

7. 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] did not include (5) allergies, (7) medications including ability to self-administer medications, (8) body positioning/movement, and (9) cognitive function.

Resident #2's medical evaluation dated [REDACTED] did not include (4) special health or dietary need, (8) body positioning/movement, and (9) cognitive function.

Resident #3's medical evaluation dated [REDACTED] did not include (8) body positioning/movement and (9) cognitive function.

POC Submission

Accept [REDACTED] /29/2022)

The prescribing doctor provided corrections for Resident #1, Resident #2, and Resident #3 and provided orders related to these citations. Corrections made on the DME forms on 9/14/22. Moving forward nursing will have a second person review the physical upon completion and sign off with a second signature verifying review for completion. All records are in the process of being audited 9/26/22; Program Nurse and Nurse Manager responsible for auditing to occur 10/1/22-12/1/22.

Licensee's Plan Completion Date: 09/26/2022

141a 1-10 Medical Evaluation Information (continued)

Implemented [redacted] - 12/20/2022)

183d - Prescription Current

8. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 08/31/2022, Metronidazole 0.75% [redacted] prescribed for resident #1 was in the home's med cart; however, the medication was ordered for 5 days only and dispensed in July 2021 and had an expiration date of 06/2022.

POC Submission

Accept [redacted] - 09/29/2022)

The medication was removed from the MedCart on 8/31/2022 by the program supervisor. An overnight checklist was created by Supervisor on 9/19/2022 for medication and MedCart audit. A check was done on 9/19/2022 by the overnight DSP staff. The checklist will be reviewed every morning. Supervisor will send any discontinued or expired medications removed from the Cart back to the pharmacy for disposal. The MedCart audit started on 9/19/2022 by the supervisor and will continue for 90 days.

Licensee's Plan Completion Date: 09/26/2022

Not Implemented [redacted] - 12/20/2022)

185a - Implement Storage Procedures

9. 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 08/31/2022, resident #4's glucometer was not calibrated to correct time. It was 04:49 PM while the glucometer displayed 03:26 PM.

Resident #5 is prescribed Lorazepam 0.5 mg at 07:00 AM. According to the resident's Lorazepam 07:00 AM sign-out sheet, the count is off by 1 (between 08/06 and 08/07). After 08/06 07:00 AM administration, the remaining balance should have been 22, not 23. This discrepancy should have been identified by the staff responsible for counting of the controlled substances at each shift change.

POC Submission

Accept [redacted] - 09/29/2022)

The Director of Nursing notified the program nurse on 9.26.22 to address the calibration of the glucometer. The program nurse will contact the manufacturer on 9.26.22 to troubleshoot the issue. If the issue cannot be resolved, the program nurse will order a replacement glucometer.

The discrepancy was not identified by the staff. An overnight checklist was created by Supervisor on 9/19/2022 for medication and MedCart audit. A check was done on 9/19/2022 by the overnight DSP staff. The checklist will be reviewed every morning. Supervisor will send any discontinued or expired medications removed from the Cart back to the pharmacy for disposal. The MedCart audit started on 9/19/2022 by the supervisor and will continue for 90 days.

Licensee's Plan Completion Date: 09/26/2022

Not Implemented [redacted] - 12/20/2022)

185a - Implement Storage Procedures (continued)

10. 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 #5 is prescribed [redacted] and Sudogest 30 mg tab as needed. On 08/31/2022, these medications were not available in the home.

POC Submission

Accept [redacted] 09/29/2022)

The medication was ordered on 9.14.22 by the program nurse and delivered on 9.15.22. The overnight medication checks by the overnight DSP staff and supervisor review the checklist the next morning accuracy and error and to ensure that all medication is present. The program supervisor will conduct a weekly medication check in addition to every morning checklist review from the overnight. This process will continue at least 90 days

Licensee's Plan Completion Date: 09/29/2022

Not Implemented [redacted] - 12/20/2022)

187a - Medication Record

11. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed [redacted] 10 mg. However, the resident's August medication administration record (MAR) does not indicate the diagnosis or purpose of the medication.

POC Submission

Accept [redacted] - 09/29/2022)

The physician provided a diagnosis for [redacted] 10mg. Supporting documentation provided. An audit of the diagnosis' monthly will be provided for the next three months by the nurse manager verifying diagnosis' on all medications. If there are no errors, then the monthly audits will cease. Physician provided a diagnosis on 09/20/22. The program nurse sent the order to the pharmacy. The pharmacy will update the MAR and it will be on the physician orders processed into October for November. The nurse will manually updates it on the EMAR. The audits will begin for October, 2022 and conclude in December, 2022. They will be done by the nurse manager.

Licensee's Plan Completion Date: 09/26/2022

Not Implemented [redacted] - 12/20/2022)

187b Date/Time of Medication Admin.

12. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #5 is prescribed [redacted] 70 mg tab once a week. The resident's August Medication Administration Record (MAR) does not include the initials of the staff person who administered this medication on 08/24/2022 and 08/31/2022.

187b - Date/Time of Medication Admin. (continued)

POC Submission

Accept [REDACTED] - 09/29/2022)

The Direct Support Staff who administered resident #5 [REDACTED] 70mg attended a 1:1 session with program supervisor to address the issue and documented on 9/14/2022. There will be a weekly check of the MAR by the supervisor starting on 9/19/2022. There will a refresher training on medication administration/initialing the MAR immediately after administering medication with all the Direct Support Staff 9/30/2022 and documented. The Administrator along with the supervisor will conduct daily checks of the MAR for the next 90 days and immediately address any medication or documentation error through appropriate action.

Licensee's Plan Completion Date: 09/22/2022

Not Implemented [REDACTED] - 12/20/2022)

187d - Follow Prescriber's Orders

13. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #6 is prescribed [REDACTED] 2 mg at 07:00 PM daily. However, this medication was not signed out/administered to the resident at 07:00 PM on 08/08/2022.

POC Submission

Accept [REDACTED] - 09/29/2022)

The [REDACTED] 2mg for resident #6 was administered, but was not documented by the staff. The reason for the documentation error is due to staff rushing through (not following the various steps) medication Administration process without paying closed attention to every steps. The supervisor will retrain staff on the medication administration process during the staff meeting on 9/30/2022. The program supervisor will supervise daily medication administration process from 9/15/2022 for the next six months. There will be 1:1 session held immediately upon discovery with staff who failed to follow the steps and disciplinary actions.

Licensee's Plan Completion Date: 09/22/2022

Not Implemented [REDACTED] - 12/20/2022)

251b - Record Entries Legible

14. Requirements

2600.
251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

On the controlled substance record for resident #5's [REDACTED] 0.5 mg, the medication count at the start of administration of 08/06 entry was written over and the medication count at the end of administration of 08/24 entry was scratched out without proper notation.

POC Submission

Accept [REDACTED] - 09/29/2022)

The control substance, [REDACTED] 0.5mg for resident #5 was properly listed in new MAR for the month of September. The control sheets were not attached to the blister pack. Staffs will be retrained on 9.30.2022 during the staff meeting on medication administration protocols and steps. The Administrator along with the program supervisor will also conduct weekly medication/MAR audit in addition to the overnight MedCart and MAR audit and address any errors through appropriate actions. The check started on 9/19/2022 and will continue for next 90 days

251b - Record Entries Legible *(continued)*

Licensee's Plan Completion Date: 09/22/2022

Implemented [REDACTED] - 01/12/2023)