



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

[REDACTED]
[REDACTED]
Devereux Foundation, Inc.
[REDACTED]
[REDACTED]

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] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *05/10/2001* Issued By: *CWOPA*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *13* Waking Staff: *10*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *10/18/2022*

Inspection Dates and Department Representative

10/18/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *21* Residents Served: *13*

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: *13* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

10/18/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 11/11/2022

11/16/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/20/2022
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 11/21/2022

12/02/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/20/2022
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: 12/15/2022

01/13/2023 - Document Submission

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

183d - Prescription Current

1. 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 10/12/22, Acetaminophen 325mg and Cepacol XST Sore throat Lozenges prescribed for Resident #1 was in the home's Medication's Cart. However, these medications were discontinued on 10/11/22.

Plan of Correction

Accept (█ - 12/02/2022)

The medications Acetaminophen 325mg and Cepacol XST sore throat Lozenges prescribed for resident #1 were removed by the program supervisor on 10/18/2022 from the Med Cart immediately after the discovery during the inspection to be returned to the pharmacy for disposal.

As the result of the discovery of discontinued medications, the program supervisor put a plan in place to ensure that there is no repeat of the incident moving forward. A binder was put together on 10/21/2022 for daily medication cart check by Med Certified Direct Care staff and medications count during overnight. The check started on 10/21/2022. The Supervisor will review the checklist once a week for the next 90 days.

Licensee's Proposed Overall Completion Date: 11/18/2022

Not Implemented (█ - 01/12/2023)

183f - Discontinued Medications

2. Requirements

2600.

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 For resident #1 were present in the medication cart and were expired:

- Acetaminophen 325mg with expiration of 02/01/22
- Artificial Tears Sol 1.4% with expiration of 07/01/22
- Cepacol extra strength with expiration of 08/2022
- Methocarbamol 500mg with expiration of 02/03/22
- Loperamide 2mg cap with expiration 01/20/22

Plan of Correction

Accept (█ - 12/02/2022)

These following expired medications Acetaminophen 325mg with expiration of 02/01/22, Artificial Tears Sol 1.4% with expiration of 07/01/22, Cepacol extra strength with expiration of 08/2022, Methocarbamol 500mg with expiration of 02/03/22 and Loperamide 2mg cap with expiration 01/20/22 for residents #1 were removed by the program supervisor from the Med Cart on 10/18/2022 and to be returned to the pharmacy for proper disposal. To prevent the issue of expired and discontinued medications being left in the Med Cart, an overnight Med Cart check binder was created and started on 10/21/2022 by the program supervisor. There will be nightly check of the medication cart by Direct Care staff for any expired and discontinued medications and logged in any discovery in the binder for supervisor review the next morning and will be in place for the next 90 days.

Licensee's Proposed Overall Completion Date: 11/18/2022

183f - Discontinued Medications (continued)

Not Implemented () - 01/12/2023)

185a - Implement Storage Procedures

3. 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 10/12/22, medications were not available in the home for administration as follows:

- Resident #1's Ondansetron 4mg as needed.
- Resident #2's Acetaminophen 325mg and Urea Cream 40% as needed.
- Resident #3's Lorazepam Tab 1mg as needed

Plan of Correction

Accept () - 12/02/2022)

The following medications for Resident #1's Ondansetron 4mg as needed, Resident #2's Acetaminophen 325mg and Urea Cream 40% as needed and Resident #3's Lorazepam Tab 1mg as needed were reviewed with the program nurse on 10/21/2022. These medications were added to Resident #1, 2, 3 MAR and Chartmeds by the program nurse on 10/24/2022. Staff were also trained by the program supervisor to reorder medications that have automatic refilled for the residents on 10/25/2022 and ongoing trainings during every monthly staff meeting. The MAR will be reviewed by the supervisor weekly to ensure that all required medications are present in the Cart. This plan started on 10/21/2022 and will be in place for the next 90 days. There will be ongoing reviews conducted as needed.

Licensee's Proposed Overall Completion Date: 11/18/2022

Not Implemented () - 01/12/2023)

4. 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#2 is prescribed Lorazepam Tab 2mg at 8am. On 10/16/22 at 8am, the narcotic sheet was not signed out for Lorazepam Tab 2mg at 8am.

Plan of Correction

Accept () - 12/02/2022)

Resident #2 prescribed Lorazepam tab 2mg for 8am count sheet was enforced by the program on 10/19/2022 by Director of Quality Management and the Director of Nursing. The count sheet was created on 6/5/2019. There will be a control count at the end of every shift with the incoming shift staff, documented and signed. The Supervisor will review the count sheet every morning and compared with the actual count of the medications for any discrepancy. This plan started on 10/21/2022 and will be kept in place for the next 90 days.

Licensee's Proposed Overall Completion Date: 11/18/2022

Not Implemented () - 01/12/2023)

5. 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.

185a - Implement Storage Procedures (continued)

Description of Violation

Resident #4's glucometer was not calibrated with the correct time. The glucometer time was shown as 2:40pm when the actual time was 4:03pm.

Plan of Correction

Accept (█) - 12/02/2022)

Resident #4's glucometer was calibrated on 11.11.22 by the program nurse. For the next three months, in addition to the other review of documentation, the program nurse will conduct an audit of the date and time on the glucometer to ensure that it is correct. The audits started on 10.1.22 by the program nurse and will occur each month for three months. If it is found to be out of compliance, then the review period starts again and the period of review will be extended.

Licensee's Proposed Overall Completion Date: 11/18/2022

Not Implemented (█) - 01/12/2023)

6. 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

The home's narcotics were not locked in a secured box in medication cart. The narcotics were mixed in with other medications.

Plan of Correction

Accept (█) - 12/02/2022)

The controls (Narcotics) were separated from other medications and removed from the regular section of the Med Cart and placed into the double locked section of the cart with the control count sheet attached on 10/18/2022 by program supervisor. The assigned full time Direct Care staff of the program for the overnight shift will do Med Cart check. During overnight med cart check, staff will remove any narcotics mixed with other medications and documented the discovery for supervisor review the next morning and have a 1:1 session with the staff that is responsible and issue the appropriate disciplinary action for repeated offenders. This plan will be in place for the next 90 days beginning 10/21/2022.

Licensee's Proposed Overall Completion Date: 11/18/2022

Not Implemented (█) - 01/12/2023)

185b - Medication Procedures

7. 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

The home's procedures for the safe use of medications and medical equipment do not include a process to investigate and account for missing medications and medication errors.

Resident #1 is prescribed Vimpat 100mg twice per day.

- On 10/11/22 through 10/17/22 the home did not sign the narcotic sheet. On 10/10/22 at 8am, the remaining pill count was shown as 10 pills. The next entry on the narcotic control sheet was on 10/18/22 where the entry prior to administering the medication shows as 4 pills, with one administered, and a remaining pill count of 2. The

185b - Medication Procedures (continued)

home cannot account for the missing medications.

Resident #3 is prescribed Lorazepam Tab .5mg at 8am and at 4pm, and another order of Lorazepam Tab 1mg at 8pm.

- On 10/07/22 at 8am, the remaining pill count for the morning medication was 5 pills. The narcotic log nor the MAR indicated that the medication was administered on 10/08/22. On 10/09/22, the count was down to 3 pills.
- On 10/13/22 at 8am, the MAR shows this medication was administered by Staff member A at 7:26am. The narcotic control sheet did not indicate that this medication was withdrawn from the container, nor a time, pill count, or staff who administered the medication.
- On 10/16/22 at 8am, the narcotic control sheet indicates that Staff member B removed the medication at 8am. However, the MAR does not indicate that this medication was administered. The home's staff sheet indicates this staff person worked on the 3pm - 11pm shift this day. The MAR does not indicate that this resident was administered any dose of this medication at all on 10/16/22.
- On 10/17/22, he MAR shows this medication was administered by Staff member A at 7:29am. The narcotic control sheet did not indicate that this medication was withdrawn from the container, nor a time, pill count, or staff who administered the medication.
- There are no documented administration of Lorazepam 0.5mg at 4pm from 10/04/22 through 10/12/22. However, the narcotic control sheet indicates these medications were removed from the container.
- The narcotic control sheet does not indicate the time or the name of the staff member who removed the 4pm doses of Lorazepam 0.5 mg on 10/6, 10/7, 10/8, 10/9, 10/10, 10/13, 10/14, or 10/15/2022.
- The narcotic control sheet for the 4pm dose of Lorazepam 0.5 mg as of 10/12 at pm shows a remaining pill count of 4. There were three dates listed after: 10/13, 10/14, and 10/15 that have a date but no time, staff member, or remaining pill count. On 10/16/22 at 4pm, the pill count was 28 prior to the administration. The home cannot account for the missing medications.

Plan of Correction

Accept [REDACTED] - 12/02/2022)

A review of medication administration and documentations was initiated by the program supervisor after the inspection on 10/20/2022. MAR and Chartmeds were reviewed by the program supervisor to see which staff administered medications on the mentioned dates. Appropriate disciplinary action was issued on 10.26.22 by the program supervisor based on the recommendation from the Quality Management Department. An overnight check of the MAR and med cart will be done by the Direct Care staff and will remain in place for the next 90 days for missing signatures and failure to document any administration accordingly. The is plan started on 10/20/2022 and continue until 1/31/2023.

Licensee's Proposed Overall Completion Date: 11/18/2022

Not Implemented ([REDACTED] - 01/12/2023)

187a - Medication Record

8. 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 #1 is prescribed Vimpat Tab 100mg. However, resident's #1

187a - Medication Record (continued)

medication administration record does not indicate diagnosis or purpose for the medication.

Plan of Correction

Accept (█) - 12/02/2022)

There is a physician order for the Vimpat indicating the diagnosis and purpose for the medication (attachment #2). An audit was conducted by the program nurse on 11.3.22 (supporting document #3) to verify that the diagnosis is on all medications, The audits will continue monthly by the program nurse through December 2022.

Licensee's Proposed Overall Completion Date: 11/18/2022

Not Implemented (█) - 01/12/2023)

187b - Date/Time of Medication Admin.**9. 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

On 10/13, 10/14 and 10/15 at 4pm, resident #3 was administered Lorazepam .5mg. Staff persons did not initial or record the date and time of administration.

On 10/04,10/13,10/14,10/16 and 10/17 at 8am, resident #3 was administered Daily-Vite Tab. Staff persons did not initial or record the date and time of administration.

On 10/09, 10/12 and 10/14 at 8am, resident #3 was administered Artificial Sol Tears. Staff persons did not initial or record the date and time of administration.

Plan of Correction

Accept (█) - 12/02/2022)

The staff responsible for the documentation error of resident # 3 were disciplined accordingly. Those staff responsible were given counsel notes for the error on 10/28/2022. A plan was put in place to prevent documentation errors by the Program supervisor. The supervisor will conduct morning checks of the MAR for any missing signatures or failure to document critical information after medication administration beginning 10/21/2022. This plan will be in place for the next 90 days to ensure that staff are following through correctly.

Licensee's Proposed Overall Completion Date: 11/18/2022

Not Implemented (█) - 01/12/2023)

187d - Follow Prescriber's Orders**10. Requirements**

2600.

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

Description of Violation

Resident #1 is prescribed Aspirin Low CHW 81mg 1 tab by mouth daily. However, resident #1 was not administered this medication from 10/2 through 10/6, 10/8, 10/9, and 10/11 through 10/16/22.

Resident #1 is prescribed Sod Chloride tab 1gm by mouth three times a day However, resident #1 was not administered Sod Chloride at 4pm from October 1, 2022 through October 11, 2022.

Resident #1 is prescribed Vimpat 100mg twice daily. On 10/8/22 at 8am, 10/12/22 at 8am, 10/14/22 at 8am and

187d - Follow Prescriber's Orders (continued)

8pm, and 10/15/22 at 8am, this medication was not administered.

Plan of Correction

Accept (████) - 12/02/2022)

The staff responsible for the documentation error of resident #1 were disciplined accordingly on 11/5/2022; they were issued counsel note. A plan was put in place to prevent documentation errors by the supervisor on 10/21/2022. The supervisor will conduct morning checks of the MAR for any missing signatures or failure to document critical information after medication administration. This plan started on 10/21/2022 and will be in place for the next 90 days to ensure that staff are following through correctly.

Licensee's Proposed Overall Completion Date: 11/18/2022

Not Implemented (████) - 01/12/2023)

11. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed Aspirin Low CHW 81mg. However, this medication was not administered to resident #1 on 08/18/22 at 8am because the medication was not available in the home.

Plan of Correction

Accept (████) - 12/02/2022)

Resident #1 Aspirin Low CHW 81mg was discontinued on 7/1/2022. After the inspection, the MAR and Chartmeds were updated by the program nurse with the current prescriptions on 11/1/2022 and the Aspirin Low CHW 81mg was removed.

To prevent the recurring of this violation, The program will do the following:

- Overnight med Cart and medication count checks by Overnight Direct Care staff effective 10/21/2022
- The program Supervisor will review the med count and Med Cart checklists every morning and any discrepancy for 90 days with the start date of 10/21/2022 and end on 1/31/2023.

Licensee's Proposed Overall Completion Date: 11/18/2022

Not Implemented (████) - 01/13/2023)