

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

January 18, 2023

[REDACTED]  
DEVEREUX FOUNDATION, INC.  
[REDACTED]  
[REDACTED]

RE: DEVEREUX POCONO CENTER,  
DREHER MANOR  
1547 MILL CREEK ROAD  
NEWFOUNDLAND, PA, 18445  
LICENSE/COC#: 23526

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/08/2022, 11/09/2022, 11/14/2022 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 POCONO CENTER, DREHER MANOR License #: 23526 License Expiration: 10/27/2023  
Address: 1547 MILL CREEK ROAD, NEWFOUNDLAND, PA 18445  
County: WAYNE Region: NORTHEAST

**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 1 Date: 12/20/1993 Issued By: PA L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 15 Waking Staff: 11

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal, Incident Exit Conference Date: 11/14/2022

**Inspection Dates and Department Representative**

11/08/2022 On Site [Redacted]  
11/09/2022 On Site [Redacted]  
11/14/2022 Off Site [Redacted]

**Resident Demographic Data as of Inspection Dates**

General Information			
License Capacity: 24	Residents Served: 9		
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 1			
Number of Residents Who:			
Receive Supplemental Security Income: 2	Are 60 Years of Age or Older: 7		
Diagnosed with Mental Illness: 8	Diagnosed with Intellectual Disability: 9		
Have Mobility Need: 6	Have Physical Disability: 1		

**Inspections / Reviews**

**11/08/2022 - Full**

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 12/18/2022

Inspections / Reviews (*continued*)

## 01/05/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/18/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 01/12/2023

## 01/17/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/18/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 01/20/2023

## 01/18/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/18/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

20b3 - Written Receipts

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

On [REDACTED] 2022, a cash disbursement of [REDACTED] was made to Resident #1. However, the home did not obtain the resident signature for the receipt of the disbursement.

Plan of Correction

Accept ([REDACTED] - 01/17/2023)

The Operations Director was assigned as the new financial custodian. Any new financial custodian identified will be trained by the center's Financial Specialist regarding all financial responsibilities.

On-going the financial custodian will acquire signatures from all residents prior to disbursement of funds. These requests will be submitted to the center's Financial Specialist for second review and disbursement of requested funds.

Licensee's Proposed Overall Completion Date: 01/16/2023

Implemented ([REDACTED] - 01/18/2023)

42c - Treatment of Residents

2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Per staff and resident interviews, Staff Person C uses disrespectful language, is combative and uses a "mean" tone of voice when speaking to residents.

Plan of Correction

Accept ([REDACTED] - 01/17/2023)

Due to the findings both internally & by the department, the identified target has been terminated from [REDACTED] employment with the Devereux Pocono Center on [REDACTED]/2022

All current staff members will receive training, which is due on 12/30/2022, on interrupting and reporting appropriate behaviors which include abuse & neglect, and violations of rights. All staff will be required to take the noted training on an annual basis, and for newly hired staff training will be provided during their orientation period. Training completion will be documented in the program's electronic database. The training coordinator will review training tracking to ensure all staff are trained on time.

Licensee's Proposed Overall Completion Date: 01/16/2023

Implemented ([REDACTED] - 01/18/2023)

65a - FS Orientation 1st Day

3. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

65a - FS Orientation 1st Day (continued)

**Description of Violation**

Staff Person A, date of hire [REDACTED]/22, did not receive orientation on the following topics:

- 1. Evacuation procedures;
- 4. Smoking safety procedures, the home's smoking policy and location of smoking; areas, if applicable;
- 5. The location and use of fire extinguishers;
- 6. Smoke detectors and fire alarms;
- 7. Telephone use and notification of emergency services

**Plan of Correction**

Accept [REDACTED] - 01/17/2023)

The identified staff has not worked since [REDACTED]/2022. Upon the staff members return, the staff member will be trained on the identified areas by the acting residential manager or designee. The mentoring checklist has been revised to ensure all requirements of 2600.65 are met. (Attachment #1).

All newly hired staff will complete operations mentoring during their initial orientation period, within the first 30-days of employment. Operations mentoring will be completed by the programs acting manager, or assigned designee. Items noted in red on the orientation form must be completed prior to the staff member working alone with any individual. Staff member receiving the training, and staff member providing the training will both initial each discipline once information is trained and newly hired staff are comfortable with the topic. Training completion will be documented in the program's electronic database. The training coordinator will notify staff's supervisor if mentoring is not completed within 30 days.

Licensee's Proposed Overall Completion Date: 01/16/2023

Implemented [REDACTED] - 01/18/2023)

65b - Rights/Abuse 40 Hours

**4. Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

**Description of Violation**

Staff person A did not complete training in 4. Reporting of reportable incidents and conditions.

**Plan of Correction**

Accept [REDACTED] - 01/17/2023)

The identified staff has not worked since [REDACTED]/2022. Upon the staff members return, the staff member will be trained on the identified areas by the acting residential manager or designee. The mentoring checklist has been revised to ensure all requirements of 2600.65 are met. (Attachment #1).

All newly hired staff will complete operations mentoring during their initial orientation period, within the first 30-days of employment. Operations mentoring will be completed by the programs acting manager, or assigned designee. Items noted in red on the orientation form must be completed prior to the staff member working alone with any individual. Staff member receiving the training, and staff member providing the training will both initial each discipline once information is trained and newly hired staff are comfortable with the topic. Training completion will be documented in the program's electronic database. The training coordinator will notify staff's supervisor if mentoring is not completed within 30 days.

Licensee's Proposed Overall Completion Date: 01/16/2023

65b - Rights/Abuse 40 Hours (continued)

Implemented [REDACTED] - 01/18/2023)

65d - Initial Direct Care Training

5. Requirements

2600.

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

- 1. Training that includes a demonstration of job duties, followed by supervised practice.

Description of Violation

Staff person A, hired on [REDACTED]/22, and Staff Person B, date of hire [REDACTED]/22 did not complete training that included a demonstration of job duties, followed by supervised practice.

Plan of Correction

Accept [REDACTED] - 01/17/2023)

The identified staff has not worked since [REDACTED]/2022. Upon the staff members return, the staff member will be trained on the identified areas by the acting residential manager or designee. The mentoring checklist has been revised to ensure all requirements of 2600.65 are met. (Attachment #1).

All newly hired staff will complete operations mentoring during their initial orientation period, within the first 30-days of employment. Operations mentoring will be completed by the programs acting manager, or assigned designee. Items noted in red on the orientation form must be completed prior to the staff member working alone with any individual. Staff member receiving the training, and staff member providing the training will both initial each discipline once information is trained and newly hired staff are comfortable with the topic. Training completion will be documented in the program's electronic database. The training coordinator will notify staff's supervisor if mentoring is not completed within 30 days.

Licensee's Proposed Overall Completion Date: 01/16/2023

Implemented [REDACTED] - 01/18/2023)

103e - Left Overs

6. 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 was an unlabeled, undated package of square potato hash browns in the standalone freezer in the home's kitchen.

Plan of Correction

Accept [REDACTED] - 01/05/2023)

All staff members within the program will be retrained on food safety, including but not limited to, proper storage and package sealing, labeling products to identify what the product is, and the date received and/or opened for use. To ensure on-going compliance this process will be added to the program's daily shift responsibilities document and signed off by staff members who are tasked with ensure food safety occurs. (Attachment #2)

Licensee's Proposed Overall Completion Date: 12/30/2022

Implemented [REDACTED] - 01/18/2023)

103g - Storing Food

7. Requirements

2600.  
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

*The bag of ravioli in the standalone freezer in the home's kitchen was opened and unsealed.*

Plan of Correction

Accept [REDACTED] - 01/05/2023)

*All staff members within the program will be retrained on food safety, including but not limited to, proper storage and package sealing, labeling products to identify what the product is and the date received and/or opened for use. To ensure on-going compliance this process will be added to the program's daily shift responsibilities document and signed off by staff members who are tasked with ensure food safety occurs. (Attachment #2)*

Licensee's Proposed Overall Completion Date: 12/30/2022

Implemented [REDACTED] - 01/18/2023)

183e - Storing Medications

8. Requirements

2600.  
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

*Resident #2 is prescribed [REDACTED] The container was open but did not contain an open date. The medication expires 90 days after opening.*

Plan of Correction

Accept [REDACTED] - 01/17/2023)

*Staff certified to administer medications in the program will receive retraining by 12/30/2022 on proper recording and storage of medications. Training documentation completed by the acting residential manager, or designee will be submitted to the program's training coordinator for documentation in the program's training database. On-going, monthly medication reviews will occur when medication refills are received, and when a new medication or medication change occurs to ensure proper documentation of the medication has occurred, and proper documentation of first-day of use occurs. Reviews will occur by the assigned medication administration staff member with a 2nd check completed by another trained staff member on duty.*

Licensee's Proposed Overall Completion Date: 01/16/2023

Implemented [REDACTED] 01/18/2023)

184a - Resident's Meds Labeled

9. Requirements

2600.  
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

*Resident #3 is prescribed [REDACTED]. The medication label states "Take 2 tabs 3 times daily." The correct order*

184a - Resident's Meds Labeled (continued)

states to administer 2 tabs twice daily.

Resident #3 is prescribed [REDACTED] The medication label states "take 2 tabs by mouth in the morning, one tablet in the afternoon, and 2 tabs in the evening." The correct order states to administer one tab at 1pm.

Plan of Correction

Accept [REDACTED] - 01/17/2023)

Staff certified to administer medications in the program will receive retraining by 12/30/2022 on proper recording and storage of medications. Training documentation completed by the acting residential manager, or designee will be submitted to the program's training coordinator for documentation in the program's training database. On-going monthly medication reviews will occur when medication refills are received, and when a new medication or medication change occurs to ensure proper documentation of the medication has occurred, and proper documentation of first-day of use occurs. Reviews will occur by the assigned medication administration staff member with a 2nd check completed by another trained staff member on duty.

Licensee's Proposed Overall Completion Date: 01/16/2023

Implemented [REDACTED] - 01/18/2023)

185a - Implement Storage Procedures

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 #3 is prescribed [REDACTED] and [REDACTED]. The medications were not available in the medication cart at time of inspection.

Plan of Correction

Accept [REDACTED] - 01/17/2023)

Staff certified to administer medications in the program will receive retraining by 12/30/2022 on proper recording and storage of medications. Training documentation completed by the acting residential manager, or designee will be submitted to the program's training coordinator for documentation in the program's training database. On-going monthly medication reviews will occur when medication refills are received, and when a new medication or medication change occurs to ensure proper documentation of the medication has occurred, and proper documentation of first-day of use occurs. Reviews will occur by the assigned medication administration staff member with a 2nd check completed by another trained staff member on duty.

Licensee's Proposed Overall Completion Date: 01/16/2023

Implemented [REDACTED] - 01/18/2023)

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:

## 187a - Medication Record (continued)

**Description of Violation**

Resident #3 is prescribed [REDACTED], take 2 tabs two times a day. The resident's medication administration record does not indicate that this medication was administered on 11/2/22 at 8pm. Inspector verified that the medication was administered and that this was due to the Med Tech not signing the medication record.

**Plan of Correction****Accept [REDACTED] 01/17/2023)**

The identified staff member resigned from their position prior to receiving the scheduled training as an immediate corrective action.

On-going, a MAR review will be conducted to ensure medications were administered and documented as mandated by the approved training. All new employees must complete the ODP Medication Administration course, and conduct a skill-out of all disciplines taught in the class, which will be reviewed by a staff member trained as a trainer in the ODP Medication Administration course. Staff competencies will be reviewed by a certified trainer every 3 months to ensure individual staff continue to provide medication management within the guidelines of the trained materials. Documentation of the skill-outs identified will be logged into the center's training system for documentation. The center's training coordinator will notify certified trainers monthly of which employees are due for monitoring.

Licensee's Proposed Overall Completion Date: 01/16/2023

**Implemented ([REDACTED] - 01/18/2023)**