

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

April 4, 2023

[REDACTED]  
DEVEREUX FOUNDATION INC  
[REDACTED]  
[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 03/06/2023 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: *02/08/2024*

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: *139 LEOPARD ROAD, CHRIS BETTS, BERWYN, PA, 19312*

Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: *12/19/2000* Issued By: *CWOPA L&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: *03/06/2023*

**Inspection Dates and Department Representative**

03/06/2023 - 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: *4* Are 60 Years of Age or Older: *2*

Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *6*

Have Mobility Need: *1* Have Physical Disability: *0*

**Inspections / Reviews**

03/06/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/18/2023*

Inspections / Reviews (*continued*)

## 03/22/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/31/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/27/2023

## 03/28/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/31/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/31/2023

## 04/04/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/31/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 3/6/23, at 1:00 pm, The Medication Administration Record Binder was unlocked, unattended, and accessible in the resident common living area.

Plan of Correction

Accept (MJ - 03/22/2023)

After the inspection, the Medication Administration Record binder was removed from on top of the Med Cart and placed into staff's locked closet that only staff, nursing and the administrator have access to. Moving forward, the binder will be kept in the staff's closet at all times when not in use. The supervisor will conduct weekly checks starting March 20 and ending April 14 to ensure that the binder is locked up when not in use. If the binder is left in open space, there will be a disciplinary action taken to staff responsible for the failure to properly stored the binder.

Licensee's Proposed Overall Completion Date: 03/16/2023

Implemented (MJ - 04/04/2023)

57a - Designee Present/Age

2. Requirements

2600.

- 57.a. At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.

Description of Violation

On 3/6/23, at 9:00 am until 10:10 am, at least 3 residents were present in the home. During this time, there was no administrator or a designee available in the home.

Plan of Correction

Accept (MJ - 03/28/2023)

There was a direct care staff person/designee present in the home at during that timeframe. Moving forward, the staff person/designee will be identified to the inspector if the administrator is not present and assist with the inspection. The Program Administrator will communicate with two full time direct support staff the need to assist the PCH inspector until the PCH Administrator is present in the event of an inspection. The PCH Administrator will provide the two staff with a list of other team members that can assist as well until the PCH Administrator arrives. The PCH Administrator will train the two staff on 3.30.23.

Licensee's Proposed Overall Completion Date: 03/30/2023

Implemented (MJ - 04/04/2023)

183d - Prescription Current

3. Requirements

2600.

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

183d - Prescription Current (continued)

**Description of Violation**

On 3/6/23, [REDACTED] prescribed for Resident 1, was in the home's medication cart; however, the medication was not a current medication listed on the Resident's Medication Administration Record.

**Plan of Correction**

**Accept (MJ - 03/22/2023)**

The medication [REDACTED] was removed from the med cart. The MAR was updated with the addition of the medication and the medication was returned to the cart. Moving forward, staff will double check during overnight medications check and compare with the MAR to make sure that medications in the Med-Cart are listed on the MAR of each individual. The supervisor will conduct a weekly check to ensure that the overnight checks are accurate and correspond with the MAR. Documentation of the checks will be kept.

Licensee's Proposed Overall Completion Date: 03/16/2023

**Implemented (MJ - 04/04/2023)**

187d - Follow Prescriber's Orders

**4. Requirements**

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

**Description of Violation**

Resident 1 is prescribed [REDACTED]. However, this medication was not administered to resident 1 on 2/20/23 at 7:30 pm, 2/21/23 at 7:30 am, 2/21/23 at 3:00 pm, and 2/21/23 at 7:30 pm because the medication was not available in the home.

Resident 1 is prescribed [REDACTED]. However, this medication was not administered to resident 1 on 3/3/23 at 8:00 am, 3/3/23 at 8:00 pm, 3/4/23 at 8:00 am, 3/4/23 at 8:00 pm, 3/5/23 at 8:00 am, 3/5/23 at 8:00 pm, and 3/6/23 at 8:00 am because the medication was not available in the home.

**Plan of Correction**

**Accept (MJ - 03/22/2023)**

The medication [REDACTED] was reordered, but there was a delay from the pharmacy in delivering the medication at the site. The medication delivered on the day of the inspection 3/6/2023 and the evening dose was administered. Moving forward, a designated staff will check all medications at least weekly to determine the need for refills. The designated staff will ensure that there is always a minimum of three days supply of each medication, notify the pharmacy of any medications needed or notify the nurse to reorder, ensure that any medication ordered is delivered and communicate via team email and document in communication log any follow-up that is need if not delivered within 24 hours. Documentation of the checks will be kept.

Licensee's Proposed Overall Completion Date: 03/16/2023

**Implemented (MJ - 04/04/2023)**

224a - Preadmission Screen Form

**5. Requirements**

2600.  
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**224a - Preadmission Screen Form (continued)****Description of Violation**

Resident 1 was admitted to the home on [REDACTED]; however, the resident's preadmission screening form was incomplete and missing the signature of the person completing the form, Section II-E, Section II-F, and self-administration of medication have not been completed.

**Plan of Correction****Accept (MJ - 03/22/2023)**

After the discovery, the Pre-screening form was signed on section II-E and the self-administration section was checked-off for "Applicant cannot Administration". Moving forward the administrator will double check the form to make sure that every section on the form is filled out correctly.

Licensee's Proposed Overall Completion Date: 03/16/2023

**Implemented (MJ - 04/04/2023)**