

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

April 7, 2023

[REDACTED]
DEVEREUX FOUNDATION
[REDACTED]

RE: GATESIDE
830 MAPLE AVENUE
BERWYN, PA, 19312
LICENSE/COC#: 14215

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/09/2023 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: *GATESIDE* License #: *14215* License Expiration: *01/17/2024*
 Address: *830 MAPLE AVENUE, BERWYN, PA 19312*
 County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *DEVEREUX FOUNDATION*
 Address: *PO BOX 638, 444 DEVEREUX DRIVE, VILLANOVA, PA, 19085*
 Phone: *6102966807* Email: *rwright5@devereux.org*

Certificate(s) of Occupancy

Type: *Other* Date: *09/24/1982* Issued By: *Department of Health*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *5* Waking Staff: *4*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *03/09/2023*

Inspection Dates and Department Representative

03/09/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *5* Residents Served: *5*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *0*
 Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

03/09/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/31/2023*

Inspections / Reviews (*continued*)

04/04/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/07/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/07/2023

04/07/2023 - Document Submission

Submitted By: [REDACTED] rley

Date Submitted: 04/07/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

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 03/09/2023 the home's current violation report, and copy of 55 Pa. Code Chapter 2600 were not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (MJ - 04/04/2023)

The violation report and a copy of 2600 regulations was posted on 3/9/23 in the common area of the program. Moving forward, the Program Supervisor will conduct monthly checks to ensure they remain posted for three months beginning 4/3/23 for three months.

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

Implemented (MJ - 04/07/2023)

56 - Admin 20 Hours/Week

2. Requirements

2600.

56. Administrator Staffing - The administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.

Description of Violation

Staff member A the administrator of the home stated that he/she is not able to be present in the home for an average of 20 hours or more per week in each calendar month because he/she is in charge of two additional facilities.

Plan of Correction

Accept (MJ - 04/04/2023)

The Administrator of the home unexpectedly left employment. A new supervisor was hired and is currently in training to become a PCH Administrator. Moving forward, there will now be three PCH Administrators to supervise the three PCH residences. In the event that a PCH Administrator leaves, one of the two remaining PCH Administrators can provide the duties of the PCH Administrator while meeting the regulation of being present in the home for 20 hours per week. A designee was also identified and will be trained on PCH regulations and the inspection process on 4/4/23.

Licensee's Proposed Overall Completion Date: 04/04/2023

Implemented (MJ - 04/07/2023)

88a - Surfaces

3. Requirements

2600.

- 88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On March 9, 2023, the shower in the second-floor bathroom had a brown stain that appeared to be dirt.

Plan of Correction

Accept (MJ - 04/04/2023)

A maintenance request was entered on 3/9/23 to remove the stain in the bathroom. Moving forward, the Program

88a - Surfaces (continued)

Supervisor will conduct weekly physical plant checks and report any need for repairs of damaged items beginning 4/3/23 for at least three months.

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

Implemented (MJ - 04/07/2023)

103d - Storing Food Off Floor**4. Requirements**

2600.

103.d. Food shall be stored off the floor.

Description of Violation

On March 9, 2023, there were two cases of 32 water bottles stored on the kitchen floor and a gallon of water on the basement floor.

Plan of Correction

Accept (MJ - 04/04/2023)

The cases of water were removed from the floor and put on a shelf in the basement. Moving forward, the Program Supervisor will do weekly checks to ensure the water is on the shelf at all times beginning 4/3/23 for at least three months.

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

Implemented (MJ - 04/07/2023)

103i - Outdated Food**5. Requirements**

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

Six cans of green beans, one large can of Quaker Oats, seven cans of SPAM, and six cans of albacore tuna food with expiration dates of 12/2022 were observed in the basement as emergency food supplies.

Plan of Correction

Accept (MJ - 04/04/2023)

All expired foods were removed from the pantry upon discovery on 3/9/23. Moving forward, the Program Supervisor will conduct weekly checks to ensure that there is no expired food in the pantry and remove and expired food found beginning 4/3/23 for three months.

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented (MJ - 04/07/2023)

107b - Emergency Procedures**6. Requirements**

2600.

107.b. The home shall have written emergency procedures that include the following:

107b - Emergency Procedures (continued)

1. Contact information for each resident's designated person.
2. The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
3. Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
4. Means of transportation in the event that relocation is required.
5. Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
6. Alternate means of meeting resident needs in the event of a utility outage.

Description of Violation

The home's written emergency procedures do not include contact information for each resident's designated person and contact telephone numbers of local and state emergency management agencies.

Plan of Correction**Accept (MJ - 04/04/2023)**

There is one designated Emergency Preparedness Plan (EPP) for Devereux Advanced Behavioral Health- PA Adult Services that covers all programs, including Gateside. Information pertaining to #1, #2, #4, #5 and #6 is already in the procedure. The procedure has been revised to include contact information for the State emergency management agency. Contact information for local emergency management and other emergency contacts is posted in each residence as well as the center's Emergency Evacuation Removal and Temporary Relocation Plan which is posted in each residence and includes information specific to each residence. Moving forward, The Director of Quality Management will review PCH emergency procedure regulations when reviewing the EPP on an annual basis.

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented (MJ - 04/07/2023)**162c - Menus Posted****7. 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 menu was published for the upcoming week, which was March 12–18. However, the weekly menu for the current week, March 5–11, was not displayed in a conspicuous and public place inside the home.

Plan of Correction**Accept (MJ - 04/04/2023)**

The weekly menu was updated and posted in kitchen. Moving forward, the Program Supervisor will post the menu weekly and conduct weekly checks during the week to ensure it remains posted beginning 4/3/23 for three months.

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented (MJ - 04/07/2023)