

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

May 31, 2023

[REDACTED]
DEVEREUX FOUNDATION INC
[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 04/18/2023 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 **Licen e #:** 19819 **Licen e 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: [REDACTED]

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 05/10/2021 **Issued By:** Department of Labor & Industry

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:** 04/18/2023

Inspection Dates and Department Representative

04/18/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

Licen e Capacity: 18 **Re ident Served:** 10

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Re ident Served:**

Hospice

Current Re ident : 0

Number of Residents Who:

Receive Supplemental Security Income: 4 **Are 60 Years of Age or Older:** 3

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

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

Inspections / Reviews

04/18/2023 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/15/2023

Inspections / Reviews (*continued*)

05/12/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/30/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 05/17/2023

05/17/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/30/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/31/2023

05/31/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/30/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] 23, a [REDACTED] pm, while watching television, resident #1 witnessed staff person A, kick resident #2. Resident #1 reported that staff person A demanded that resident #2 go to [REDACTED] room. When resident #2 did not go to [REDACTED] room, Staff person A physically kicked resident #2 in the buttocks area of [REDACTED] body.

Plan of Correction

Accept ([REDACTED] - 05/12/2023)

Staff A was immediately removed and placed on administrative leave. An investigation was conducted by a certified investigator from the Quality Management Department and the Administrative Review Team determined that the outcome was substantiated. As a result, staff A was terminated on [REDACTED] 2023. For long term compliance, the supervisor will conduct ongoing training of Devereux's policy on Abuse and Neglect during monthly staff meeting for a duration of six months from May 2023 to December 2023. In addition, there will also be documented discussion about the policy during staff 1:1 meeting with supervisor.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented ([REDACTED] - 05/31/2023)

44b - Retaliation

2. Requirements

2600.

44.b. The home shall permit and respond to oral and written complaints from any source regarding an alleged violation of resident rights, quality of care or other matter without retaliation or the threat of retaliation.

Description of Violation

On [REDACTED] 23, a complaint was filed with the home by resident #1, regarding physical abuse of staff person A, toward resident #2. Resident #1, reports since the complaint was made, the staff in the home have made comments of retaliation such as, "Why would you do that? Why did you tell on [REDACTED]"

Plan of Correction

Accept ([REDACTED] - 05/12/2023)

The staff making the comments was administered discipline. For long term compliance, the supervisor will conduct ongoing training of Devereux's policy on Abuse and Neglect with emphasis on retaliation during monthly staff meeting for a duration of six months from May 2023 to December 2023. In addition, there will also be documented discussion about the policy during staff 1:1 meeting with supervisor.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented ([REDACTED] 05/31/2023)

51 - Criminal Background Check

3. Requirements

2600.

51 - Criminal Background Check (continued)

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

On 4-18-23 at 9:00am, two building contractors were present in the home providing renovation services. The home did not have the criminal background checks available and onsite.

Plan of Correction

Accept (████ - 05/12/2023)

Criminal background checks for the non-employee outside contractors was provided on 4/19/2023. For long term compliance, the Maintenance Department will provide copies of background checks for outside contractors to the supervisor before any work is started.

Licensee's Proposed Overall Completion Date: 05/11/2023

Implemented (████ - 05/31/2023)

65d - Initial Direct Care Training

4. 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

Direct care staff person A, hired on █████-22, began providing unsupervised ADL services on █████-22. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction

Accept (████ - 05/17/2023)

An immediate correction could not be made as staff person A was terminated before this area of non-compliance was found. For long term compliance, the supervisor will ensure that new hires complete and pass the Department-approved direct care training upon completion of the first day of orientation training which occurs before on-site training and working with any residents. The supervisor will maintain a binder with copies of the training for inspection purposes. All current employees' files were reviewed on 5.15.23 and each contained a copy of the Department-approved direct care training certificated that all the employees passed.

Licensee's Proposed Overall Completion Date: 05/17/2023

Implemented (████ - 05/31/2023)