

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

February 20, 2024

[REDACTED], DIRECTOR OF QUALITY MANAGEMENT  
DEVEREUX FOUNDATION INC  
[REDACTED]  
BERWYN, PA, 19312

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 11/01/2023 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:** [REDACTED], [REDACTED], BERWYN, PA, 19312

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

**Certificate(s) of Occupancy**

**Type:** R 4      **Date:** 12/19/2000      **Issued By:** L&I

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 10      **Waking Staff:** 8

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**

**Reason:** Renewal      **Exit Conference Date:** 11/01/2023

**Inspection Dates and Department Representative**

11/01/2023    **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:** 4

**Diagnosed with Mental Illness:** 4      **Diagnosed with Intellectual Disability:** 3

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

**Inspections / Reviews**

11/01/2023 - Full

**Lead Inspector:** [REDACTED]      **Follow Up Type:** POC Submission      **Follow Up Date:** 11/24/2023

Inspections / Reviews *(continued)*

12/08/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 02/19/2024  
 Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 12/13/2023

12/13/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 02/19/2024  
 Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 01/15/2024

02/20/2024 Document Submission

Submitted By: [REDACTED] Date Submitted: 02/19/2024  
 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 11/01/2023, the home's most recent licensing inspection summary, dated 04/18/2023, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept [REDACTED] - 12/08/2023)

The program licensing summary was posted on 11/1/2023 after the inspection. To prevent the repeat of 2600.3c violation, the supervisor and administrator conduct quarterly check and post the updated Licensing Summary once received or to make sure the updated summary is posted beginning 1/31/2024 - 7/31/2024.

Licensee's Proposed Overall Completion Date: 12/04/2023

Implemented [REDACTED] - 02/20/2024)

64c - Annual Training

2. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff person A, [REDACTED], completed only 18 hours of Department-approved training in training year 2022.

Plan of Correction

Accept [REDACTED] - 12/08/2023)

The administrator completed more than 24 training hours for 2023. To prevent the repeat of violation 2600.64.c, the administrator will research, register and schedule of his trainings with Northampton Community College continuous education in advance to avoid not meeting his PCH required annual training hours in the first 90 days at the beginning of the year, starting 1/1/2024 - 3/31/2024.

Licensee's Proposed Overall Completion Date: 12/04/2023

Implemented [REDACTED] - 02/20/2024)

65b - Rights/Abuse 40 Hours

3. 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 B, who was hired on [REDACTED], has no record of completing training in the following topics

- 1. Resident rights.
- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

65b Rights/Abuse 40 Hours (continued)

4. Reporting of reportable incidents and conditions.

Plan of Correction

Accept ( ) - 12/13/2023)

During the staff meeting for November on 11/22/2023, staff B was trained on resident rights, emergency medical plan and mandatory reporting of abuse and neglect and reporting reportable incidents and conditions. Moving forward, every new hire in the program will be trained during the first day of orientation before working with the residents and veteran staff files will be reviewed for updated training every two month and there will be new hired tracking binder for all initial trainings in the program starting 1/1/2024 up to 6/30/2024.

Proposed Overall Completion Date: 12/12/2023

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

Implemented ( ) - 02/20/2024)

65f - Training Topics

4. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 3. Care for residents with dementia and cognitive impairments.
- 4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.

Description of Violation

During training year 2022, direct care staff person C did not receive training in

- 3. Care for residents with dementia and cognitive impairments
- 4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.

Plan of Correction

Accept ( ) - 12/08/2023)

After the inspection, the administrator developed a training plan that includes training on care for resident with Dementia and cognitive impairment to be conducted by the program clinician and Infection control and principle of cleanliness and hygiene to be conducted by the administrator once every 90 days during staff meetings and new hire orientation. starting 2/1/31/2024 12/31/2024. Moving forward, the clinician and administrator will conduct trainings for the mentioned training topics and maintain training records.

Licensee's Proposed Overall Completion Date: 12/04/2023

Implemented ( ) - 02/20/2024)

65g - Annual Training Content

5. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
- 5. Falls and accident prevention.

65g Annual Training Content (continued)

**Description of Violation**

*During training year 2022, staff person C did not receive training in*

- 1. fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert*
- 5. Falls and accident prevention.*

**Plan of Correction**

**Accept (████ - 12/08/2023)**

*After the inspection, Devereux training department provided a certificate for the Fire Safety Expert NE who puts together a fire safety video for staff and the program did a training during the monthly staff meeting on 11/22/2023. Moving forward, the fire safety expert for Devereux will conduct fire safety training with staff every six months beginning 1/31/2024.*

*Proposed Overall Completion Date: 12/04/2023*

**Licensee's Proposed Overall Completion Date: 12/04/2023**

**Implemented (████ - 02/20/2024)**

85a - Sanitary Conditions

**6. Requirements**

- 2600.
- 85.a. Sanitary conditions shall be maintained.

**Description of Violation**

*On 11/01/2023 at 09:30 AM, the 2 common bathrooms on the 2nd floor had no means of hand drying.*

*Repeat Violation: 08/05/2022*

**Plan of Correction**

**Accept (████ - 12/08/2023)**

*A maintenance request was entered for a paper towel holder for bathroom 210 and all other bathrooms in the program including the kitchen. Moving forward, the supervisor will conduct a monthly physical plant walk through for any damaged or missing items and immediately enter a maintenance request or make a purchase request to replace missing items. This process will begin on 12/31/2023 through 6/30/2024*

*Proposed Overall Completion Date: 12/04/2023*

**Licensee's Proposed Overall Completion Date: 12/04/2023**

**Implemented (████ - 02/20/2024)**

96a - First Aid Kit

**7. Requirements**

- 2600.
- 96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

**Description of Violation**

*The first aid kit in the staff station does not include tweezer, scissors, adhesive bandages, and adhesive tape.*

96a - First Aid Kit (continued)

Plan of Correction

Accept ( ) - 12/08/2023)

After the inspection, the supervisor added tweezer, tweezer, scissors, adhesive bandage and tape to the 1st Aid Kit on 11/2/2023. Moving forward, to prevent report of this violation, the supervisor and staffs will do monthly check of the 1st aid kit to make sure the kit has every required item in it and this process will start on 1/1/2024 through 7/31/2024.

Proposed Overall Completion Date: 12/04/2023

Licensee's Proposed Overall Completion Date: 12/04/2023

Implemented ( ) - 02/20/2024)

101j2 - Bedroom Chairs

8. Requirements

2600.

- 101.j. Each resident shall have the following in the bedroom:
  - 2. A chair for each resident that meets the resident's needs.

Description of Violation

Resident #1 does not have a chair that meets his/her needs in the room.

Plan of Correction

Accept ( ) - 12/08/2023)

After the inspection, a chair was placed in resident # 1 room. Also, to ensure that every room is in compliance with 2600.101.j, the supervisor did a walk through and placed chairs in room that do not have one and replaced the damaged ones with a new one. To prevent repeat of this violation, supervisor and staff will conduct room checks with a checklist to see what is missing or damage such as chair, mirror and bedside lamp and the supervisor will immediately enter a maintenance request and this process will start on 1/1/2024 through 12/31/2024.

Proposed Overall Completion Date: 12/04/2023

Licensee's Proposed Overall Completion Date: 12/04/2023

Implemented ( ) - 02/20/2024)

101j7 - Lighting/Operable Lamp

9. Requirements

2600.

- 101.j. Each resident shall have the following in the bedroom:
  - 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept ( ) - 12/08/2023)

After the inspection, a bedside lamp was purchased and placed in resident # 1 room. Moving forward, to prevent repeat of 2600.101.j violation, supervisor and staff will conduct room check with a checklist to see what is missing or damage such as chair, mirror and bedside lamp and the supervisor will immediately enter a maintenance request and this process will start on 1/1/2024 through 12/31/2024.

Proposed Overall Completion Date: 12/04/2023

101j7 - Lighting/Operable Lamp (continued)

Licensee's Proposed Overall Completion Date: 12/04/2023

Implemented ( ) - 02/20/2024)

103f - Refrigerator/Freezer Temps

10. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the freezer in the dry storage.

Plan of Correction

Accept ( ) - 12/08/2023)

A new thermometer was placed in each of the freezers and refrigerators on 11/5/2023. Moving forward, to prevent repeat of 2600.103.f violation, supervisor will conduct monthly appliance checks to ensure thermometers are in place and they are at the required temperature from 12/31/2023 through 12/31/2024.

Proposed Overall Completion Date: 12/04/2023

Licensee's Proposed Overall Completion Date: 12/04/2023

Implemented ( ) - 02/20/2024)

107c - Food/Water 3 Day Supply

11. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 11/01/2023, the home served 10 residents, requiring 30 gallons of emergency drinking water. However, the home had only 28 gallons. The home does not have a contract with a local bottled water supplier. The home's emergency food was expired.

Plan of Correction

Accept ( ) - 12/08/2023)

After the inspection, the program purchased 10 five-gallon jugs of emergency water and food supplies for more than 15 residents. The expired emergency food was removed from the pantry and disposed on 11/2/2023. Moving forward, supervisor will carry out food and water supply inventories every 90 days for expirations and document and replaced them and this process starts on 12/31/2023 through 12/31/2024.

Proposed Overall Completion Date: 12/04/2023

Licensee's Proposed Overall Completion Date: 12/04/2023

Implemented ( ) - 02/20/2024)

141b1 - Annual Medical Evaluation

12. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

141b1 - Annual Medical Evaluation (continued)

Description of Violation

Resident #2's annual medical evaluation for 2022 was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED]

Resident #3's annual medical evaluation for 2022 was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED]

Plan of Correction

Accept [REDACTED] - 12/08/2023)

After the inspection, the nurse was trained by the Director of Nursing on completing residents' annual medical evaluations within the period of 12 months, not after the documented date of the initial evaluation. Moving forward, to prevent repeat of 2600.141.b.1 violation, the administrator will review every resident's annual medical evaluation including resident # 2 and # 3 to make sure they are up-to-date and within the required timeframe and this process starts on 1/1/2024 through 12/31/2024.

Proposed Overall Completion Date: 12/04/2023

Licensee's Proposed Overall Completion Date: 12/04/2023

Implemented [REDACTED] - 02/20/2024)

183d - Prescription Current

13. 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 [REDACTED] a bottle of [REDACTED] prescribed for resident #4 for a [REDACTED] done in [REDACTED] was still in the home's medication cart; the medication is not on the resident's current med list.

Repeat Violation: 03/06/2023

Plan of Correction

Accept [REDACTED] - 12/08/2023)

After the discovery of resident # 4's [REDACTED] for [REDACTED] past [REDACTED] prep, it was removed from the Med Cart. Moving forward, to void being cited for 2600.183.d, staff will continue to do the overnight medication checks and remove any discontinued/expired medication from the Med Cart and notify the nurse the program supervisor the next day and this process started on 12/2/2023 and will continue up to 12/31/2024.

Licensee's Proposed Overall Completion Date: 12/04/2023

Implemented [REDACTED] - 02/20/2024)

185a - Implement Storage Procedures

14. 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 #5 is prescribed [REDACTED] twice daily at [REDACTED] and [REDACTED]. The controlled substance log for this medication indicates that the count of remaining pills went from 29 to 27 between [REDACTED] and [REDACTED] at [REDACTED]. The home cannot explain what happened to the missing one pill.

185a Implement Storage Procedures (continued)

Plan of Correction

Accept ( [redacted] - 12/08/2023)

After the inspection, staff were retrained on how check and document control substance medication before and after administration by one of Devereux medication administration trainers during the program staff meeting on 11/22/2023. Moving forward, to prevent repeat of 2600.185. violation, the supervisor start conducting weekly check of control substance logs for any discrepancies and supervisor will immediately have a 1:1 session with the staff responsible starting 12/2/2023 through 12/31/2024.

Licensee's Proposed Overall Completion Date: 12/04/2023

Implemented ( [redacted] - 02/20/2024)

187b - Date/Time of Medication Admin.

15. 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

Resident #5 is prescribed [redacted] twice daily at [redacted]. According to the controlled substance log, this medication was not signed out/administered on [redacted]. However, there is staff initials present as administered. Staff members who administered this medication at [redacted] and [redacted] did not enter the initials.

Plan of Correction

Accept ( [redacted] - 12/08/2023)

After the inspection, staff retrained on documentation of the administration of control substance medications by one of Devereux medication Administration trainers during the monthly staff meeting on 11/22/2023. Moving forward, supervisor will do weekly check of all control substance logs including resident # 5 for any discrepancies in the count and immediately report the issue to nursing and supervisor will have a 1:1 session with the staff responsible and this process starts 12/1/2023 through 12/31/2024.

Licensee's Proposed Overall Completion Date: 12/04/2023

Implemented ( [redacted] - 02/20/2024)

187c - Refusal of Medication

16. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #6 is prescribed [redacted] after brushing at bedtime. The resident refused to take this on [redacted]. The home did not report these refusals to the prescriber.

Plan of Correction

Accept ( [redacted] - 12/08/2023)

After the inspection, the program nurse notified the resident's doctor who prescribed the medication [redacted], and the medication was discontinued by doctor on [redacted] due to refusal and removed from the from the resident's MAR and the Med Cart. Moving forward, any resident's refusal including resident # 6 will be reported to nursing by staff and to the doctor by the program nurse and this process starts on [redacted] through [redacted].

187c - Refusal of Medication (continued)

Licensee's Proposed Overall Completion Date: 12/04/2023

Implemented ( ) - 02/20/2024)

187d - Follow Prescriber's Orders

17. Requirements

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

Description of Violation

Resident #5 is prescribed [redacted] twice daily at [redacted]. However, the resident was not administered this medication on 09/20/2023 at 08:00 AM.

Plan of Correction

Accept ( ) - 12/08/2023)

The prescribed [redacted] for resident # 5 was administered as prescribed, however staff failed to document after the administration. The staff responsible was giving a counseling note and scheduled for medication administration refresher with Devereux department 12/15/2023. Moving forward, in addition to the overnight checks by staff, the supervisor will conduct Med Cart audit every Wednesday to make sure that every medication listed on residents' MAR including resident # 6 is in the Med Cart and this process started on 12/1/2023 - 7/31/2024.

Licensee's Proposed Overall Completion Date: 12/04/2023

Implemented ( ) - 02/20/2024)

18. Requirements

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

Description of Violation

Resident #6 is prescribed [redacted] after brushing at bedtime.. However, this medication was not available on 11/01/2023.

Repeat Violation: 03/06/2023

Plan of Correction

Accept ( ) - 12/08/2023)

After the inspection, a request was sent to the prescriber for the prescribed [redacted] for resident # 6, but the prescriber discontinued it on [redacted] after the discovery due to the resident's constant refusal. Moving forward, in addition to the overnight check by staff, the supervisor will conduct Med Cart audit every Wednesday to make sure that every medication listed on residents' MAR including resident # 6 is in the Med cart and this process started on 12/1/2023 - 7/31/2024.

Licensee's Proposed Overall Completion Date: 12/04/2023

Implemented ( ) - 02/20/2024)

251b - Record Entries Legible

19. Requirements

2600. 251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

251b - Record Entries Legible (continued)

**Description of Violation**

Resident #5's controlled substance medication log for [REDACTED] contains the following:

- write over of amount of drug given on [REDACTED]
- write over of starting pill count on [REDACTED]
- ending pill count written over on [REDACTED]
- date write over on [REDACTED]

**Plan of Correction**

Accept [REDACTED] - 12/08/2023)

As the result of the documentation for resident # 5's [REDACTED], all staffs were retrained on medication administration documentation by one of Devereux's medications administrator trainers on 11/22/2023 and the supervisor has been working with the nursing department to improve the control substance log to avoid future errors from occurring. Moving forward, supervisor will continue to review the control substance log and any error and missed count.

Licensee's Proposed Overall Completion Date: 12/04/2023

Implemented [REDACTED] - 02/20/2024)