

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

November 21, 2023

[REDACTED], PROGRAM ADMINISTRATOR  
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 08/17/2023 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: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

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

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Incident Exit Conference Date: 09/05/2023

**Inspection Dates and Department Representative**

08/17/2023 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: 3  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

08/17/2023 - Partial  
 Lead Inspector: Charlotte Wiley Follow-Up Type: POC Submission Follow-Up Date: 09/28/2023

10/03/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 11/16/2023  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/08/2023

Inspections / Reviews *(continued)*

10/16/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/16/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/20/2023

11/21/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/16/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] staff person A and resident 1 had an altercation. This incident was observed by staff person B. However, this allegation of abuse was not reported to Adult Protective Services.

Plan of Correction

Accept [redacted] - 10/03/2023)

The incident between staff person A and resident 1 was verbally reported to the campus administrator and the staff person was removed from the program. Moving forward, when incident occurs, the program will make a report to Ault protective Services within 24 hours of the incident. To prevent reoccurrence, the Administrator will track any applicable incidents for APS reporting and audit on a weekly basis for three months ending the week of 12.25.23.

Licensee's Proposed Overall Completion Date: 09/20/2023

Implemented [redacted] - 11/21/2023)

15b - Supervisor Plan

2. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [redacted] staff person A and resident 1 had an altercation. The home did not develop and implement a plan of supervision approved by the Department or suspend staff person A.

Plan of Correction

Accept [redacted] - 10/03/2023)

After the inspection, the program developed a plan of supervision for staff person A for resident interactions and handling of crisis through application of Devereux Safe and Positive Approaches. Moving forward in the event of resident related abuse incident of any kind, the Administrator will develop a plan for the staff involved and immediately submit the plan to PCH. To prevent reoccurrence, the Administrator will track any applicable incidents for the need of a plan of supervision and audit on a weekly basis for three months ending the week of 12.25.23.

Licensee's Proposed Overall Completion Date: 09/20/2023

Implemented [redacted] 11/21/2023)

15d - Resident Abuse-Notification

3. Requirements

2600.

15.d. The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

Description of Violation

On [redacted] the home received a report of suspected abuse involving resident 1. The home did not notify the resident's guardian until [redacted]

15d - Resident Abuse-Notification (*continued*)**Plan of Correction**

Accept (█ - 10/03/2023)

The staff notified the campus administrator when the incident occurred. A family member of the resident was notified as well, but not until █. Devereux takes full responsibility for the delay. To prevent future occurrence, the campus administrator retrained the program's staff on Devereux Incident Reporting and the required timeline on 8/31/2023 during a staff meeting. Moving forward, the program supervisor and PCH administrator will monitor and provide feedback on reporting incidents to the appropriate persons when an incident happens, including contacting the resident's designated person of an incident. To prevent reoccurrence, the Administrator will track any applicable incidents for notification and audit on a weekly basis for three months ending the week of 12.25.23.

Licensee's Proposed Overall Completion Date: 09/26/2023

Implemented (█ - 11/21/2023)

## 16c - Written Incident Report

**4. Requirements**

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

**Description of Violation**

On █ staff person A and resident 1 had an altercation. The home did not report this incident to the Department until █.

**Plan of Correction**

Accept (█ - 10/03/2023)

A report was submitted to PCH on █, however it was delayed due to staff not notifying the On-Call supervisor for the weekend. To prevent future occurrence, the On-call supervisor and the program staff will be trained on completing and contacting PCH within the required timeline. When an incident occurs, the Administrator/On-call will make a report within 24 hours of the incident to the Department. To prevent reoccurrence, the Administrator will track any applicable incidents and audit on a weekly basis for three months ending the week of 12.25.23.

Licensee's Proposed Overall Completion Date: 09/27/2023

Implemented (█ - 11/21/2023)

## 42b - Abuse

**5. 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 █, Resident 1 and Staff Person A had an argument that led to a physical altercation. Resident 2 went to the living room/ kitchen area asked for a drink. Resident 1 told Resident 2 they could not have a glass of orange Juice because Staff person A would get upset. Resident 2 opened the refrigerator to get the orange juice, and saw brownies made by Resident 1 for the home. Resident 2 then asked Resident 1 if they could have a brownie and was told sure go ahead. At that time Staff Person A began to yell at Resident 1 for giving Resident 2 another snack since they had just had a snack. Staff Person A informed Resident 1 that they were not the food police and that they don't get to police the food. Resident 1 became upset and began to curse out Staff Person A. Staff Person A was standing while yelling at

**42b - Abuse (continued)**

the resident. Resident 1 felt intimidated after being yelled at for cursing. Staff Person A told Resident 1 that they weren't playing any games and that they "would put them down". Resident 1 then stood up, feeling intimidated by Staff Person A, and said they felt threatened. When the the resident tried to stand up. Staff Person A . put their arms out and tried to tackle him/her. They ended up on the floor. Staff Person A and Resident 1 were swinging and hitting each other. When they got back up Staff Person A then slammed Resident 1 into the door frame of the staff office holding her/him in a neck hold up against the door frame as a restraint to control the Resident. Staff Person B then intervened and broke up the fight. Staff Person A then left the home and walked to another home. At the other home ■ brought back 3 other staff members to the home to try to control the Resident. Resident 1 was frightened and felt threatened since now there were 6 staff members in the home to control the residents. Resident 1 did not receive any medical treatment for injuries until the following day when the nurse's notes state that Resident 1 had bruising in three areas on her/his back, facial lacerations and bruising.

**Plan of Correction**

Accept ■ - 10/03/2023)

When the incident happened, staff A left the program to de-escalate the situation and requested support from ■ coworkers but never came back to the program. The additional support staff only came to the program to support the resident through redirection, positive engagement, and verbal prompting. The staff were not there to restrain and intimidate the resident but to provide support. The program does not have a direct nursing staff, no nurse could be reached immediately after the incident, which resulted in the delay in assessing the resident until the next day. To prevent future occurrence the program and nursing department staff were retrained on 8.31.23 on assessing a resident after the incident and immediately reporting it to Devereux's nursing department for immediate nursing assessment of the resident. After any incident involving physical contact between staff and resident or resident to resident, staff will notify the nursing department for an immediate assessment and any recommendations. To prevent reoccurrence, the Administrator will monitor staff interaction and audit internal incident reporting on a weekly basis for three months ending the week of 12.25.23.

In addition to the above plan of correction: The administrator or designated staff person will interview 3 residents a month in reference to how staff are treating them. Documentation will be kept. ■

Licensee's Proposed Overall Completion Date: 09/26/2023

Implemented ■ - 11/21/2023)

**42p - Restraints****6. Requirements**

2600.

42.p. A resident shall be free from restraints.

**Description of Violation**

On ■ During the altercation Staff Person A restrained Resident 1 by using a neck restraint. and placing his/her arm against the resident's neck while pushing him/her against the door frame of the staff office.

**Plan of Correction**

Accept ■ - 10/03/2023)

After the incident, the staff person was retained on 8.31.23 on PCH regulation 42. p and Devereux's Safe and Positive Approaches that includes managing crises incidents. To reinforce staff understanding of PCH regulation 42. p, the program supervisor will add a refresher training of Devereux's Safe and Positive Approaches and the PCH

**42p - Restraints (continued)**

regulation 42p on the agenda for staff meetings. To prevent reoccurrence, the Administrator will track and audit on a weekly basis for three months ending the week of 12.25.23.

In addition to the above plan of correction: The administrator or designated staff person will interview 3 residents a month in reference to how staff are treating them. Documentation will be kept. MJ

Licensee's Proposed Overall Completion Date: 09/26/2023

Implemented (█ - 11/21/2023)

**42u - Right to Remain in Home****7. Requirements**

2600.

42.u. A resident has the right to remain in the home, as long as it is operating with a license, except as specified in § 2600.228 (relating to notification of termination).

**Description of Violation**

The home discharged resident 1, without notice, based upon a physical altercation, on █, with Staff person A. The resident's guardian was not notified.

**Plan of Correction**

Directed (█ - 10/16/2023)

The resident was not discharged from the program immediately after the incident. The resident was temporarily transferred to another Devereux's programs due to staffing. The resident's guardian was notified about the relocation of the resident outside of the reporting timeline. Moving forward, the Department will be notified of any temporary transfers or discharged, and the Administrator will track any transfers/discharges and audit once every month for three months ending the week of 12.25.23.

Proposed Overall Completion Date: 10/13/2023

**Directed**

Within 10 calendar days of receipt of the accepted plan of correction: All residents and staff persons will be educated on the right to remain in the home, as long as it is operating with a license, except as in regulation 2600.228.

Documentation of education will be kept. █

Directed Completion Date: 10/13/2023

Implemented (█ - 11/21/2023)

**56 - Admin 20 Hours/Week****8. 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 Person C █ has not been working 20 hours a week. Staff Person C admitted on site that they haven't been in this home since June 2023. Staff Person C is also responsible for two other facilities on the campus.

Repeated Violation 3/9/2023

## 56 - Admin 20 Hours/Week (continued)

**Plan of Correction****Directed (█ - 10/16/2023)**

The assigned Administrator left the position at this location. Staff person C along with assistance from another Devereux PCH Administrator will be present 20 hours per week in the program. To prevent reoccurrence, the Administrator has been spending 20 hours in the program to make sure that the program is in compliance with PCH regulations. There will be signature log for the administrator and will track and audited every Monday of the following week for three months ending the week of 12.25.23.

Proposed Overall Completion Date: 10/13/2023

In addition to the above plan of correction: The administrator will submit to the Department a monthly work schedule by the 30th of the month prior for the three months. █

Directed Completion Date: 10/13/2023

**Implemented (█ - 11/21/2023)**

## 201 - Positive Interventions

**9. Requirements**

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

**Description of Violation**

Resident 1 reacted to a situation about a brownie for Resident 2. Staff Person A argued and engaged in a physical altercation with Resident 1 over a brownie. The home did not implement positive interventions to modify or eliminate the behavior.

**Plan of Correction****Accept (█ - 10/03/2023)**

The incident started when Resident 1 tried to give Resident 2 food and staff person A prompted Resident 1 to not give food to Resident 2. Resident 1 declined to follow staff's prompts and became verbally aggressive to staff. To de-escalate the situation again, staff tried to redirect, verbally prompt and explain the situation to Resident 1. Resident 1 physically attacked staff person A. Indication from the incident report was that resident 1 was the physical aggressor and incident was reported to the Department as a physical assault by a resident. The supervisor will continue Safe and Positive Approaches training in every staff meeting to enhance staff knowledge and responsibility during a crisis of physical contact, To prevent reoccurrence, the Administrator will track and audit on a weekly basis for three months ending the week of 12.25.23.

In addition to the above plan of correction: The administrator or designated staff person will interview 3 residents a month in reference to how staff are treating them. Also the administrator or designated staff person will interview 1 staff person randomly during each shift to explain how to de-escalation a situation when residents are being aggressive and safe management techniques. Documentation will be kept. █

Licensee's Proposed Overall Completion Date: 09/26/2023

201 - Positive Interventions (continued)

Implemented (MJ - 11/21/2023)

202 - Prohibitions

10. Requirements

2600.

202. The following procedures are prohibited:

Description of Violation

On [REDACTED] Staff Person A and Resident 1 engaged in a physical altercation. Staff Person A used a neck restraint and pushed the resident's neck against the door frame of the staff office.

Plan of Correction

Accept ( [REDACTED] - 10/03/2023)

The supervisory team discussed with the program staff the importance of implementing Devereux's Safe and Positive Approaches during crises. Staff was also retrained on Safe & Positive Approaches during the monthly staff meeting on 8/31/2023. Moving forward the program supervisor will conduct a monthly refresher in Safe and Positive Approaches in every staff meeting until the end of December. The Administrator will track and audit on a weekly basis for three months ending the week of 12.25.23.

In addition to the above plan of correction: The administrator or designated staff person will interview 3 residents a month in reference to how staff are treating them. Also the administrator or designated staff person will interview 1 staff person randomly during each shift to explain how to de-escalation a situation when residents are being aggressive and safe management techniques. Documentation will be kept. [REDACTED]

Licensee's Proposed Overall Completion Date: 09/27/2023

Implemented [REDACTED] - 11/21/2023)

224a - Preadmission Screen Form

11. 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.

Description of Violation

Resident 1 was admitted to the home on [REDACTED]; however, the resident's preadmission screening form was not completed and available in the home.

Plan of Correction

Accept ( [REDACTED] - 10/03/2023)

After the inspection, the prescreening for resident 1 was completed and entered into [REDACTED] PCH binder on 8/6/2023 by the administrator. To prevent future reoccurrence, a binder was created for completing the prescreening form after every new admission in the program. Moving forward the administrator will track for new admissions and review the binder once a month ending the week of 12.25.23.

Licensee's Proposed Overall Completion Date: 09/27/2023

224a - Preadmission Screen Form (*continued*)*Implemented (█ 11/21/2023)*

## 228b - Discharge or Transfer

**12. Requirements**

2600.

228.b. If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract. A 30-day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates closure of the home.

**Description of Violation**

On █ resident 1 engaged with staff person A in a physical altercation. The home transferred resident 1 to another facility on █. However, the home did not provide 30 days written notice to resident 1 or guardian.

**Plan of Correction***Directed (█ - 10/16/2023)*

The resident was not discharged from the program immediately after the incident. The resident was temporarily transferred to one of Devereux's programs. The resident's guardian was notified about the temporary relocation of the resident. Therefore, there was no need for 30 days written notice. Moving forward, the Administrator will notify Devereux's plan to temporarily relocate or discharge a resident due to incident of physical aggression before a decision is made and this will be done once there is an incident for three months ending the week of 12.25.23.

*Proposed Overall Completion Date: 10/13/2023*

**Directed**

*Within 10 calendar days of the accepted plan of correction: The administrator will educate all residents and staff persons on the requirement for resident discharge including the 30 day advance notice to residents and acceptable grounds for discharge specified in 2600.228(a), (b), and (c). Documentation of education will be kept. █*

**Directed Completion Date: 10/13/2023**

*Implemented (█ 11/21/2023)*