

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

February 15, 2024

[REDACTED], ADMINISTRATOR
DEVEREUX FOUNDATION, INC.
[REDACTED]
[REDACTED]

RE: DEVEREUX POCONO CENTER,
DREHER MANOR
1547 MILL CREEK ROAD
NEWFOUNDLAND, PA, 18445
LICENSE/COC#: 23526

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/19/2023 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: DEVEREUX POCONO CENTER, DREHER MANOR License #: 23526 License Expiration: 10/27/2024
 Address: 1547 MILL CREEK ROAD, NEWFOUNDLAND, PA 18445
 County: WAYNE Region: NORTHEAST

Administrator

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

Legal Entity

Name: DEVEREUX FOUNDATION, INC.
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: C-1 Date: 12/20/1993 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 11 Waking Staff: 8

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 12/19/2023

Inspection Dates and Department Representative

12/19/2023 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 24 Residents Served: 9
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 2
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 8
 Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 8
 Have Mobility Need: 2 Have Physical Disability: 0

Inspections / Reviews

12/19/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/20/2024

01/24/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/14/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/31/2024

Inspections / Reviews *(continued)*

02/08/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/14/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/12/2024

02/15/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/14/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

There is no documentation that staff member A, hired [REDACTED], had an orientation in general fire safety and emergency preparedness on the employee's first day worked.

Repeat Violation 11-8-22

Plan of Correction

Accept ([REDACTED] - 02/08/2024)

Internally, staff mentoring form was reviewed by the center's Operations Manager on 12/19/2023, to ensure notation of regulatory requirements including general fire safety and emergency preparedness are present and performed during the staff member's orientation period. A review of employee training files was conducted by the center's training manager and no further violations of fire safety training were noted.

All new hires will complete operations mentoring during their 2-week orientation period which includes fire safety training and emergency preparedness, with a fire drill conducted.

Documentation of operations mentoring will be initialed and signed by the residential manager and new hire to confirm each discipline was reviewed and understood. Documentation will be submitted to the center's training manager for secondary review, input into the center's digital tracking system, and storage within the staff member's file. Submission of staff mentoring packet must be submitted to center's training manager 30-days after orientation period is completed. Review of mentoring packet will be conducted by the training manager to ensure all disciplines are completed. Training manager will conduct semi-annual reviews of employee files to ensure all trainings are completed, on-going training needs are met, and all required documentation is on file.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented ([REDACTED] - 02/15/2024)

103g - Storing Food

2. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A torn package of frozen waffles was found in the freezer located in the home's kitchen.

Plan of Correction

Accept ([REDACTED] - 02/08/2024)

Torn package of waffles was immediately removed from the freezer and all other packages were checked to ensure proper packaging and dating. This action was completed by a DSP, on 12/19/2023, who has been assigned to regular kitchen duties, and charged with the upkeep and operation of kitchen and meal processes.

On-going all food will be inspected upon weekly delivery from the center's food service provider by the assigned DSP charged with food services in the program on the day the food is delivered. Any torn packages will be removed from boxes will be placed in sealed bags and dated accordingly by the DSP charged with food services in the program.

103g - Storing Food (continued)

Bi-monthly audits will occur by trained staff, who are assigned by the center's QI department to ensure regulatory compliance is adhered to. Documentation of audits will be submitted to the center's QI department for review, remediation, and documentation of findings. Follow-up remediation identified will be charged to the program's residential manager and reported to the center's QI team upon completion.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented [redacted] - 02/15/2024)

103i - Outdated Food

3. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

An undated and unlabeled bag of frozen carrots was found in the freezer located in the home's kitchen.
Repeat Violation 11-8-22

Plan of Correction

Accept [redacted] - 02/08/2024)

Carrots and other foods found in chest freezer were immediately reviewed on 12/19/2023 to ensure compliance. Carrots were labeled appropriately. No other issues were noted.

On-going all food will be inspected upon weekly delivery from the center's food service provider by the assigned DSP charged with food services in the program. Packages removed from boxes will be placed in sealed bags and dated accordingly by the DSP charged with food services in the program. Bi-monthly audits will occur by trained staff, who are assigned by the center's QI department to ensure regulatory compliance is adhered to. Documentation of audits will be submitted to the center's QI department for review, remediation, and documentation of findings. Follow-up remediation identified will be charged to the program's residential manager and reported to the center's QI team upon completion. Same comments as above

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented [redacted] - 02/15/2024)

162c - Menus Posted

4. 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

On 12-19-23, the home's menus were posted through 12-9-23.

Plan of Correction

Accept [redacted] - 02/08/2024)

Menu for the week of 12/18/2023 was immediately replaced by the DSP assigned to food services on 12/19/2023 to comply with regulatory requirements.

Menus will be updated weekly, on Monday, by the staff member identified to be in charge of food services.

162c Menus Posted (continued)

Residential Manager will review weekly to ensure menus are posted as required in the program. Bi monthly audits will occur by trained staff, who are assigned by the center's QI department to ensure regulatory compliance is adhered to. Documentation of audits will be submitted to the center's QI department for review, remediation, and documentation of findings. Follow up remediation identified will be charged to the program's residential manager and reported to the center's QI team upon completion. Weekly spot audits will occur by the program's residential manager to ensure on going compliance, remediation, and staff training.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented [REDACTED] - 02/15/2024)

227d - Support Plan Medical/Dental

5. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident 1 uses a bedside mobility device. The Resident Assessment Support Plan dated [REDACTED] for Resident 1 does not include the specific need for the device, the intended use, any risks associated with the device, the resident's ability to use the device for the intended purpose, identification of the specific device to be used and if a cover is required to meet FDA guidelines.

Plan of Correction

Accept [REDACTED] - 02/08/2024)

Program specialist and team reviewed updated 2023 standards regarding 2600.227 on 01/16/2024. A review of the center's RASP was also conducted by the center's Assistant Clinical Director. Updates to internal documentation were identified and reported to the Devereux National EHR Implementation team on 01/17/2024.

National HER implementation team will update RASP to include all areas noted in the regulatory guidelines. Template will include each domain required and will be mandatory entry data points that must be completed prior to finalization of report. Reports will also be audited by center's clinical team semi annually to ensure all requirements are met. Document set to be revised and in use by 02/20/2024

Licensee's Proposed Overall Completion Date: 02/20/2024

Implemented [REDACTED] - 02/15/2024)