

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

January 15, 2025

[REDACTED]  
DEVEREUX FOUNDATION, INC.  
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/05/2024 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 POCONO CENTER, DREHER MANOR License #: 23526 License Expiration: 10/27/2025
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]
Phone: [Redacted] Email: [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: 12/05/2024

Inspection Dates and Department Representative

12/05/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

Table with 4 columns: Category, Value, Category, Value. Rows include General Information (License Capacity: 24, Residents Served: 8), Secured Dementia Care Unit (In Home: No, Area, Capacity, Residents Served), Hospice (Current Residents: 1), and Number of Residents Who (Receive Supplemental Security Income: 0, Are 60 Years of Age or Older: 7, Diagnosed with Mental Illness: 5, Diagnosed with Intellectual Disability: 7, Have Mobility Need: 3, Have Physical Disability: 0).

Inspections / Reviews

Table with 3 columns: Date, Type, Details. Rows include 12/05/2024 Full (Lead Inspector, Follow-Up Type: POC Submission, Follow-Up Date: 12/26/2024) and 12/26/2024 - POC Submission (Submitted By, Date Submitted: 01/14/2025, Reviewer, Follow-Up Type: Document Submission, Follow-Up Date: 12/31/2024).

Inspections / Reviews *(continued)*

01/15/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/14/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

101j7 - Lighting/Operable Lamp

1. 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

Bedroom [redacted], bed [redacted] did not have a working light within reach of the bed.

Plan of Correction

Accept [redacted] - 12/26/2024)

The lamp was located and placed at bedside during the inspection on 12/5/2024. All lamps were present and functioning in other individual's rooms. The systemic plan of correction is that the Personal Care Home Manager or designee will ensure the lamp is at bedside and functioning. The responsibility for this has been added to the Manager's monthly checklist.

Licensee's Proposed Overall Completion Date: 12/23/2024

Implemented [redacted] - 01/15/2025)

125a - Combustible Storage

2. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

One sock was found lying behind the dryer located in the laundry room of the home. There also was a small area of lint on the floor near the dryer vent hose connection.

Plan of Correction

Accept [redacted] - 12/26/2024)

Maintenance immediately removed the lint and the sock and cleaned the area on 12/5/2024. The systemic plan of correction is that the Facilities Manager has updated the monthly maintenance checklist to include sliding out the washer and dryer, inspecting for any debris behind them, and inspecting the connections on a monthly basis.

Licensee's Proposed Overall Completion Date: 12/23/2024

Implemented [redacted] - 01/15/2025)

132a - Monthly Fire Drill

3. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

Staff member A and staff member B reported that staff and residents are aware of the day a fire drill will occur in the home. Resident [redacted] and resident [redacted] reported they are made aware the day a fire drill will occur in the home.

Plan of Correction

Accept [redacted] - 12/26/2024)

The Personal Care Home (PCH) Manager or designee will run an unannounced fire drill each month. The PCH manager will ensure that no prior notification to residents or staff occurs. The PCH Manager will ensure that the drill will be run by a staff that is not currently on duty. An unannounced drill was run 12/19/2024.

Licensee's Proposed Overall Completion Date: 12/23/2024

132a Monthly Fire Drill (continued)

Implemented [redacted] - 01/15/2025)

227d Support Plan Medical/Dental

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

Repeat Violation [redacted]

Plan of Correction

Accept [redacted] - 12/26/2024)

The PCH Administrator will discuss the risks of the bedrails versus the risk of falling out of bed with the physician. The physician will determine if the bedrails are medically necessary. The Program Specialist will update the Resident Assessment Support Plan to include the medical necessity determination, and the risks associated with the use of the bedrails for resident [redacted]. The systemic plan of correction is that an audit will be completed by the Program Specialist for any other individuals requiring medically necessary bedrails. Covers for the bedrails are currently in use

Licensee's Proposed Overall Completion Date: 01/16/2025

Implemented [redacted] - 01/15/2025)