



Pennsylvania
Department of Human Services

Sent via e-mail [REDACTED]
May 22, 2025

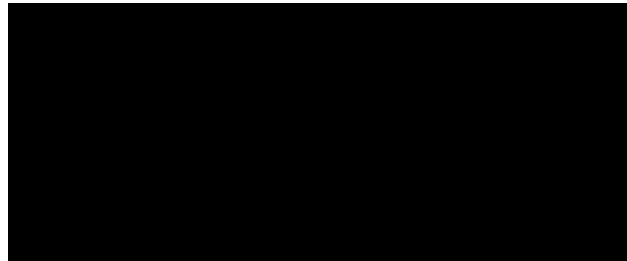
[REDACTED]
Administrator
Devereux Foundation, Inc.

RE: Gateside
830 Maple Avenue
Berwyn, Pennsylvania 19312
License #: 14215

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) review on March 4, 2025 and May 20, 2025 of the above facility, we have determined that your submitted plan of correction for the January 30, 2025 inspection is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,



Enclosure
Licensing Inspection Summary

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

Facility Information

Name: *GATESIDE* License #: *14215* License Expiration: *01/17/2026*
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

Type: *Other* Date: *09/24/1982* Issued By: *COPA*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *3* Waking Staff: *2*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *01/30/2025*

Inspection Dates and Department Representative

01/30/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *5* Residents Served: *3*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *0*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

01/30/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/02/2025*

03/04/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/04/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/09/2025

03/04/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/04/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/01/2025

05/20/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/04/2025

Reviewer: [REDACTED]

Follow-Up Type: Exception

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 1/30/2025 the home's current violation report, dated 2/29/2024, was not posted in a conspicuous and public place in the home.

Repeat violation: 2/29/24

Plan of Correction

Accept (█ - 03/04/2025)

The violation report from 2/29/2024 was immediately posted on 1/30/2025 after the inspector's discovery. To prevent the reoccurrence of this violation, the program supervisor will walk through the program once every quarter to ensure that violations and other documentation that needs to be posted in conspicuous areas are updated and posted beginning 1/31/2025 through 11/30/2025.

Proposed Overall Completion Date: 02/25/2025

Licensee's Proposed Overall Completion Date: 02/25/2025

Evidence of Completion

Implemented (█ - 05/20/2025)

See attached.

42q - Compensation

2. Requirements

2600.

42.q. A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home. Residents may voluntarily and without coercion perform tasks related directly to the resident's personal space or common areas of the home.

Description of Violation

Resident 1 collects trash from the shared bathroom of the home to earn Bee Cards, which can be turned into the home in exchange for gift cards. PA State 2600 Regulations require that "residents must be paid in accordance with Federal wage and hour requirements (at least minimum wage) for any work they choose to do on behalf of the home. This includes the performance of any task that would otherwise have to be completed by a staff person. Residents may not volunteer to perform such tasks without compensation. Compensation must be made in cash or by check negotiable for cash."

Plan of Correction

Accept (█ - 03/04/2025)

The administrator understands PCH regulation 2600.42.q that residents do not work in their homes; therefore, to prevent this violation from occurring in the future, the administrator will train the program staff on Regulation 2600.42.q., and the program supervisor will conduct monthly observations to ensure staff are utilizing the training. The training will be conducted on 3/13/2025 during a staff meeting. The observation will begin on 3/31/2025 and continue through 12/31/2025.

Proposed Overall Completion Date: 02/25/2025

42q - Compensation (continued)

Licensee's Proposed Overall Completion Date: 02/25/2025

Evidence of Completion

Implemented (█) - 05/20/2025

See attached.

65f - Training Topics

3. Requirements

2600.

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

- 1. Medication self-administration training.

Description of Violation

Direct care staff person A did not receive training in medication self-administration training during training year 2024.

Direct care staff person B did not receive training in medication self-administration training during training year 2024.

Repeat violation: 2/29/24

Plan of Correction

Accept (█) - 03/04/2025

After the inspection, staff A and B were scheduled for self-administration training on 3/13/2025. To prevent this violation, the supervisor will conduct monthly staff record checks to ensure that all required training, including self-administration, is updated and filed. This process will start on 3/31/2025 and end on 12/31/2025.

Proposed Overall Completion Date: 02/25/2025

Licensee's Proposed Overall Completion Date: 02/25/2025

Evidence of Completion

Implemented (█) - 05/20/2025

See attached.

65g - Annual Training Content

4. 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:

- 3. Resident rights.

Description of Violation

Staff person A did not receive training in resident rights during training year 2024.

Staff person B did not receive training in resident rights during training year 2024.

Repeat violation: 2/29/24

Plan of Correction

Accept (█) - 03/04/2025

After the inspection, the program supervisor scheduled staff persons A and B for resident rights training with Devereux's training department on 3/13/2025. The supervisor will conduct monthly staff record checks to ensure that all required training, including self-administration, is updated and filed. This process will start on 3/31/2025 and end on 12/31/2025.

65g - Annual Training Content (continued)

Licensee's Proposed Overall Completion Date: 02/25/2025

Evidence of Completion

Implemented () - 05/20/2025

See attached.

132a - Monthly Fire Drill

5. Requirements

2600.

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

Description of Violation

The Fire Drill binder, which is kept in the office and is accessible to all staff, contains a fire drill schedule for the year of 2025, detailing the shift each fire drill will take place and the location of the hypothetical fire.

Plan of Correction

Accept () - 03/04/2025

After the inspector discovered the fire drill schedule in the office, the supervisor removed it on 1/30/2025. Moving forward, an unannounced and unscheduled fire drill will be conducted in the program, and no scheduled drill will be posted. And review the fire drill binder every month to ensure the drills are done and filed. This process started on 2/17/2025 and will continue up to 12/31/2025.

Proposed Overall Completion Date: 02/25/2025

Licensee's Proposed Overall Completion Date: 02/25/2025

Evidence of Completion

Implemented () - 05/20/2025

See attached.

141b1 - Annual Medical Evaluation

6. Requirements

2600.

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

Description of Violation

Resident 2's most recent medical evaluation was completed on ()

Resident 3's most recent medical evaluation was completed on () which was not documented on a form specified by the Department.

Plan of Correction

Do Not Accept () - 03/04/2025

A retraining will occur for all staff that upon inspection, the nurse manager and health care coordinator are notified and medical documentation requested by the survey team is presented by nursing. Documentation of training will be kept in the employees' personnel files.

After every physical, a copy of the physical and completed DME form with an updated dental hygiene plan is placed in a binder at the home accessible to staff or licensing upon inspection at any time.

Licensee's Proposed Overall Completion Date: 03/15/2025

Update: 03/04/2025

Please indicate the immediate action that was taken to correct the violation.

141b1 - Annual Medical Evaluation (continued)

Please indicate any additional steps/actions that will be put into place to monitor or audit for ongoing compliance.

This could be specific audits, reviews, spot checks, etc. Please include detailed information regarding start dates, frequencies and titles of person responsible for each step.

Plan of Correction**Accept (█ - 03/04/2025)**

All staff will be retrained, and the nurse manager and health care coordinator will be notified upon inspection. Nursing will present medical documentation requested by the survey team. Documentation of training will be kept in the employees' personnel files, and the individuals' PCH binders will be reviewed once every month to ensure that all updated information is filed. This process started on 3/1/2025 and will continue until 12/31/2025. After every physical, a copy of the physical and completed DME form with an updated dental hygiene plan is placed in a binder at the home, accessible to staff or licensing upon inspection at any time.

Proposed Overall Completion Date: 03/04/2025

Licensee's Proposed Overall Completion Date: 03/04/2025

Evidence of Completion**Not Implemented (█ - 05/20/2025)**

See attached.

162c - Menus Posted**7. 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 1/30/2025, the menu posted in the home was titled "Spring/Summer Week 3, 2024".

Repeat violation: 2/29/24

Plan of Correction**Do Not Accept (█ - 03/04/2025)**

The program supervisor posted the menu two weeks after the inspector discovered that only one week had been posted. Moving forward, the supervisor will post the updated two-week menu in the kitchen, and the process will start on 1/30/2025, right after the inspection. The supervisor will conduct weekly program checks to ensure all documents, including two weeks of menus, are posted and updated, which began on 1/30/2025 and will continue until 12/31/2025.

Licensee's Proposed Overall Completion Date: 02/25/2025

Update: 03/04/2025

This regulation requires the menu be posted in a public place in the home. Is the kitchen a public place?

Plan of Correction**Accept (█ - 03/04/2025)**

The program supervisor posted the menu two weeks after the inspector discovered only one week had been posted. Moving forward, the supervisor will post the updated two-week menu in the kitchen, and the process will start on 1/30/2025, right after the inspection. The supervisor will conduct weekly program checks to ensure all documents, including two weeks of menus, are posted and updated, which began on 1/30/2025 and will continue until 12/31/2025.

162c - Menus Posted (continued)

Licensee's Proposed Overall Completion Date: 03/04/2025

Evidence of Completion

Not Implemented (█ - 05/20/2025)

See attached.

185a - Implement Storage Procedures

8. 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 3 is prescribed █; on 1/30/2025 at 2:00 pm, this medication was not available in the home.

Plan of Correction

Accept (█ - 03/04/2025)

Resident 3 was prescribed █ was delivered on 1/30/2025. To prevent this violation from occurring in the future, the program supervisor will conduct weekly supervisory checks to ensure that there are enough medications for residents and place a refill order if any medication is running low with three to four days of medications left, and this process started on 1/30/2025 and will continue to 12/31/2025.

Licensee's Proposed Overall Completion Date: 02/25/2025

Evidence of Completion

Implemented (█ - 05/20/2025)

See attached.

227g -Support Plan Signatures

9. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 2 participated in the development of █ support plan on █ However, the support plan was not signed by the resident or the assessor.

Resident 3 participated in the development of █ support plan on █ However, the support plan was not signed by the resident.

Plan of Correction

Accept (█ - 03/04/2025)

The resident and program specialist signed the Resident 2 support plan on 2/3/2025. To prevent this violation from occurring again, the program supervisor will conduct monthly resident PCH documentation and binder reviews to ensure that all required documentation is up-to-date and has the required signatures. This process started on 2/3/2025 and will continue up to 12/31/2025.

Licensee's Proposed Overall Completion Date: 02/25/2025

Evidence of Completion

Not Implemented (█ - 05/20/2025)

See attached.