

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

October 17, 2025

[REDACTED], EXECUTIVE DIRECTOR
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 10/01/2025 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]
[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: *Dept. L&I*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Renewal* Exit Conference Date: *10/01/2025*

Inspection Dates and Department Representative

10/01/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *24* Residents Served: *7*

Secured Dementia Care Unit

In Home: *No* Area: [REDACTED] Capacity: [REDACTED] Residents Served: [REDACTED]

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *6*
 Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *7*
 Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

10/01/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/19/2025*

10/17/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *10/17/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

10/17/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/17/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

103i - Outdated Food

1. Requirements

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103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There were unlabeled, undated bags of previously opened bags of flour, sugar, chocolate chips and cornstarch in the main kitchen.

Plan of Correction **Accept (█ - 10/16/2025)**

The opened, unlabeled, undated bags of flour, sugar, chocolate chips and cornstarch were put into separate bags, labeled, and dated by the Personal Care Home Manager. This was completed 10/1/2025.

Person Responsible--Manager

To ensure that this does not occur in the future, the Residential Director has updated the Quality Compliance Review checklist to ensure that all food (refrigerated and non-refrigerated) must be in a sealed container that is dated and labeled.

Person Responsible--Manager or Designee

Licensee's Proposed Overall Completion Date: 10/16/2025

Implemented (█ - 10/17/2025)

132f - Alternate Exit Routes

2. Requirements

2600.
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The front door at the main entrance of the home was the only exit route used during the fire drills held on 9/24/25, 8/8/25, 7/22/25, 6/24/25, 5/21/25, 3/25/25, 3/7/25 and 1/13/25.

Plan of Correction **Accept (█ - 10/16/2025)**

A Fire Drill was run using alternate exit on 10/13/25 by the Residential Director.

Person Responsible--Residential Director

To ensure that this does not occur in the future, the Facilities Manager will review all fire drills and add them to the Fire Drill Spreadsheet to check for all required components.

Person Responsible--Facilities Manager

Licensee's Proposed Overall Completion Date: 10/16/2025

Implemented (█ - 10/17/2025)

252 - Record Content

3. Requirements

2600.
252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

Resident #1's record does not include the resident's ethnicity, eye color, hair color or identifying marks.

252 - Record Content (continued)

Plan of Correction**Accept (█ - 10/17/2025)**

The Record was corrected, and the missing information was added on 10/16/25

Person Responsible--Program Specialist

To ensure that this does not occur in the future, the Program Specialist will review and verify that the record includes all required components monthly and again upon receipt of quarterly Electronic Health Record Report which highlights missing information for each resident.

Person Responsible--Program Specialist

Licensee's Proposed Overall Completion Date: 10/16/2025

Implemented (█ - 10/17/2025)