

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

March 3, 2026

[REDACTED]
DEVEREUX FOUNDATION INC

[REDACTED]
CHRIS BETTS
[REDACTED]

RE: DEVEREUX PA ADULT SERVICES PCH
- HILLTOP COTTAGE
237 LEOPARD ROAD
BERWYN, PA, 19312
LICENSE/COC#: 19819

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/02/2026 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 PA ADULT SERVICES PCH - HILLTOP COTTAGE **License #:** 19819 **License Expiration:** 02/08/2026

Address: 237 LEOPARD ROAD, BERWYN, PA 19312

County: CHESTER **Region:** SOUTHEAST

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 2 LP **Date:** 12/13/2001 **Issued By:** Commonwealth of Pennsylvania, L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 9 **Waking Staff:** 7

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**

Reason: Incident **Exit Conference Date:** 02/02/2026

Inspection Dates and Department Representative

02/02/2026 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 18 **Residents Served:** 9

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 3 **Are 60 Years of Age or Older:** 3

Diagnosed with Mental Illness: 5 **Diagnosed with Intellectual Disability:** 5

Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

02/02/2026 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 03/02/2026

Inspections / Reviews (*continued*)

02/26/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/02/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/02/2026

03/03/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/02/2026

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] at approximately 4:14 PM, staff person A told resident # [redacted] to [redacted] in an annoyed tone. This incident was observed by staff person B. This was immediately reported to staff person C on [redacted] and the staff person was suspended pending an investigation. However, this allegation of abuse was not reported to the local area agency on aging.

Plan of Correction

Accept [redacted] - 02/26/2026)

Upon observation of the incident, Staff person B reported the incident and Staff person A was placed on administrative leave. The incident was reported to PCH and a certified investigation was conducted. Devereux's Incident Reporting procedure for PCH homes was reviewed on 2.3.26 and revised to ensure clear reporting requirements and reporting responsibilities, including required reporting in accordance with the Olde Adult Protective Services. A training session on recognizing and reporting abuse, respecting residents' rights, and understanding the Older Adult Protective Services Act and 6 Pa. Code §§ 15.21—15.27 was held on 2.19.26. To prevent recurrence, the Director of Quality Management, or designee, will send a communication on reporting requirements upon notification of an allegation of suspected abuse, neglect, exploitation or abandonment.

Licensee's Proposed Overall Completion Date: 02/25/2026

Implemented [redacted] - 03/03/2026)

25b Contract Signatures

2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [redacted], for resident [redacted] was not signed by the administrator, the administrator's designee or the resident.

The residents initial resident-home contract, dated [redacted], for resident # [redacted] was not signed by the resident.

Plan of Correction

Accept [redacted] - 02/26/2026)

The PCH administrator met with resident [redacted] and reviewed the updated contract, ensuring that everyone understood the terms and obligations before signing. Signatures were obtained on 2/4/2026. The supervisor audited all resident-home contracts to find any missing signatures and updated every resident's binder on 2/11/2026.

To prevent recurrence, the program supervisor will assign a staff member to monitor contract compliance and ensure that all new contracts are properly signed. The PCH administrator will conduct quarterly audits to assess adherence with the implementation of the review checklist, which will be completed after every review. This review will begin

25b Contract Signatures (continued)

on 2/23/2026 and continue through 12/31/2026.

Licensee's Proposed Overall Completion Date: 02/25/2026

Implemented [redacted] - 03/03/2026)

25b SOPa - Rent Rebate: Contract

3. Requirements

2600.

25b.a. The resident-home contract is to include whether the home collects a portion of a resident's rent rebate under § 2600.25(d) (relating to resident-home contract).

Description of Violation

The resident home contract, dated [redacted], for resident [redacted] does not indicate whether the home collects a portion of the resident's rent rebate benefit.

Plan of Correction

Accepted [redacted] - 02/26/2026)

The administrator reviewed the resident home contract with Resident [redacted] and their representative, explaining all terms, including the rent rebate provision, and clarifying that the home does not collect any rebate portion. Afterward, the resident signed the updated contract on 2/4/2026.

To ensure compliance with § 2600.25b, the administrator will audit all resident home contracts to identify missing rent rebate disclosures. If any contract lacks this information, it will be updated and reviewed with residents for understanding and signatures.

To ensure compliance related to resident home contracts, the PCH administrator will regularly review each resident's PCH binder and home contract, focusing on disclosures, signatures, and standards from February 23 to December 31, 2026.

Licensee's Proposed Overall Completion Date: 02/25/2026

Implemented [redacted] - 03/03/2026)

41e - Signed Statement

4. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident [redacted]'s record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accepted [redacted] - 02/26/2026)

The administrator met with Resident [redacted] to review the resident rights and complaint procedures, obtained a signed acknowledgment statement from Resident [redacted] and the administrator attested to the receipt of the information by 2/4/2026.

41e - Signed Statement (continued)

The PCH administrator conducted an audit of all resident records to identify any other cases where signed acknowledgment statements were missing. For any records that lacked this documentation, the administrator initiated the process to rectify the situation by meeting with residents and obtaining signatures on 2/10/2026

The program supervisor will be responsible for monitoring compliance with acknowledgment statements in resident records, scheduling monthly audits, and promptly addressing any compliance gaps. This review will begin on 2/23/2026 and continue through 12/31/2026.

Licensee's Proposed Overall Completion Date: 02/25/2026

Implemented [REDACTED] - 03/03/2026)

42c - Treatment of Residents

5. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [REDACTED], at approximately 4:14 PM, staff person A told resident [REDACTED] to [REDACTED] in an annoyed tone. This incident was witnessed by staff person B.

Plan of Correction

Accept ([REDACTED] 02/26/2026)

Upon observation of the incident, Staff person B reported the incident and Staff person A was placed on administrative leave. Upon completion of a certified investigation, the Administrative Review Team determined a substantiated outcome and as a result, Staff person A's employment was terminated. A refresher training for staff was held on 2.19.26 that emphasized treating residents with dignity and kindness. The administrator reviewed effective communication, policies, residents' rights, and respectful interaction guidelines, including consequences for non-compliance.

To prevent violations related to resident treatment, the supervisor will implement a systematic approach, including frequent spot checks, direct observations of staff-resident interactions, and seek feedback from residents on their experiences and satisfaction to fostering open communication so residents can express concerns without fear of reprisal.

To support continuous improvement, residents will have the opportunity to share thoughts and experiences about staff interactions during weekly resident council meetings. (This should always occur so I would not put dates on this). These meetings empower residents and highlight areas for improvement.

Licensee's Proposed Overall Completion Date: 02/25/2026

Implemented [REDACTED] - 03/03/2026)

141a 1-10 Medical Evaluation Information

6. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident [redacted] medical evaluations, dated [redacted] and [redacted] do not include a list of medications. "See physician order" is written in the Medication Addendum on both medical evaluations but there are no physician's orders attached to the medical evaluations.

Plan of Correction

Accept [redacted] - 02/26/2026)

The program nurse overseeing Resident [redacted] care added the physician order for Resident [redacted] to [redacted] PCH binder, updating the medical evaluations to include a comprehensive list of medications, as per regulatory requirements on 2/6/2026.

To maintain precise resident records, the PCH administrator will conduct quarterly reviews of all medical evaluations, confirm medication documentation, and add any missing information as needed. The review begins on 2/23/2026 and continues through 12/31/2026.

Licensee's Proposed Overall Completion Date: 02/25/2026

Implemented ([redacted] 03/03/2026)

191 - Resident Right to Refuse

7. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident [redacted] admitted [redacted], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept [redacted] - 02/26/2026)

The administrator met with Resident [redacted] on 2/4/2026 to review their medication rights, including the right to question or refuse medication if they suspect an error. The PCH administrator conducted an audit on 2/6/2026 to identify residents who lacked information about their rights to question or refuse medications and records were updated as needed.

To ensure residents are informed of their medication rights, the administrator met with residents on 2/10/2026 during the resident council meeting to discuss their right to refuse medication, per regulation 2600.191. Regular

191 - Resident Right to Refuse (continued)

audits of PCH records will be conducted to check compliance with education requirements for new admissions, with any issues addressed promptly. The review starts on 2/23/2026 and runs through 12/31/2026.

Licensee's Proposed Overall Completion Date: 02/25/2026

Implemented () - 03/03/2026)

254a - Records Discharge/Active**8. Requirements**

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On () several boxes containing old resident records were unlocked, unattended, and accessible in the downstairs conference room.

Plan of Correction

Accept () 02/26/2026)

The program supervisor properly secured individuals' PHI as required by HIPAA and other state laws and regulations, placed active resident records in lockable cabinets on 2/6/2026 and relocated inactive records to the secure storage area at Devereux's vocational campus on 2/24/2026. The records will be securely stored in the proper location to prevent unauthorized access.

To ensure compliance, the program supervisor will conduct monthly audits from 2/23/2026 to 12/31/2026 to verify that all records are kept confidential and protected from unauthorized access.

Licensee's Proposed Overall Completion Date: 02/25/2026

Implemented () - 03/03/2026)

254b - Policy and Procedures**9. Requirements**

2600.

254.b. Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

Description of Violation

The home's policy and procedures for Client Records (Procedural Memorandum #224, section III.) indicates that Discharged/deceased consumer files will be maintained forever." On () staff person C, the Administrator stated all the boxes, which contained old resident records, in the downstairs conference room were to be destroyed. The boxes were initially to be taken by the home's shredding company, Iron Mountain, but then the home's corporate management told the administrator to just throw them out. I asked about a box that had a resident's name on it. The Administrator replied that resident (resident ()) died years ago.

Plan of Correction

Accept () - 02/26/2026)

The program supervisor will properly identify and secure an Individual's PHI, as required by the HIPAA Privacy Regulations, and other state laws and regulations, in a Designated Record Set (DRS). The program will maintain all records for the minimum period required by applicable state or Federal laws and regulations, whichever is longer.

254b - Policy and Procedures (continued)

The program will maintain records for 10 years after last treatment and/or death of resident as best practice. Records of inactive residents will be maintained securely in the file storage area located at Devereux's vocational campus or maintained securely offsite with Iron Mountain. The records will be stored securely to prevent unauthorized access. When record destruction is applicable, the method of destruction will render the protected health information (PHI) unreadable, indecipherable, and unable to be reconstructed. The program supervisor will audit monthly from 2/23/2026 to 12/31/2026 to ensure confidentiality and protection.

Licensee's Proposed Overall Completion Date: 02/25/2026

Implemented [REDACTED] - 03/03/2026)