



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
ROOM 423 HEALTH & WELFARE BUILDING
7TH & FORSTER STREETS
HARRISBURG, PENNSYLVANIA 17120

ADULT RESIDENTIAL LICENSING

FEB 18 2010

PHONE: (717)783-3670
FAX: (717)783-5662

Ms. Rosemary Esposito, SVP/COO
Fie Star Quality Care NS Operator, LLC
400 Centre Street
Newton, Massachusetts 02458

RE: The Devon Senior Living
445 North Valley Forge Road
Devon, Pennsylvania 19333

Dear Ms. Esposito:

As a result of the Department of Public Welfare's licensing inspection on December 21, 2009 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

As a result of your personal care home's recent adjustment of the use of physical space, we are revising your licensed capacity. The enclosed license reflects an increase in your home's secured dementia care unit from 13 to 14.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,
Handwritten signature of Kevin T. Casey in cursive script.

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME The Devon Senior Living 445 North Valley Forge Road Devon, Pennsylvania 19333		CURRENT LICENSE NUMBER 132060	
INSPECTION DATE(S) (Include all dates of the inspection) December 21, 2009		REGIONAL REPRESENTATIVE Gloria Emick and Serena Chou	
SIGNATURE OF LEGAL ENTITY <i>Sue Hanes</i>	DATE 1/14/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Emick</i>	DATE 1/27/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
17 Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.	At approximately 3:00 pm on the day of the inspection, physician orders for Resident #1 were found lying on top of a trash receptacle in the home's nourishment room. The room was unlocked and accessible. PCH Division Central Region Field Office	1/15/2010	All staff will be inserviced on the acceptable destruction of information containing PHI. Ongoing inservicing will occur as part of employee new hire and annual orientation. Each dept will have access to a shredder for destruction. Housekeeping will randomly inspect trash receptacles for compliance. Compliance will be monitored as part of monthly QI meetings.	Steps have been taken to correct violation; full compliance not verifiable Initials (DPW) Date

JAN 15 2010

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SIGNATURE OF LEGAL ENTITY <i>Sue Harris</i>	DATE 1/14/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamber</i>	DATE 1/27/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
65d Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following: (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.	The home could not produce certificates of completion for the on-line training course and competency test for direct care staff person A, hired 8/13/09, or staff person B, hired 3/23/09.	1/15/2010	The 2 staff members missing certificates will complete the on-line training by 1/15/2010. New employees requiring the online training will produce the certificate of completion on or before their start date. Compliance will be monitored by the Business Office Manager and reviewed by the Exec. Director monthly. Compliance will be reviewed at the monthly QI meetings.	Steps have been taken to correct violation; full compliance is not verifiable Date: <i>1/27/10</i> Initials: <i>(DPW)</i>

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SIGNATURE OF LEGAL ENTITY <i>Sue Haines</i>	DATE 11/15/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Emick</i>	DATE 11/27/10

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183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	<ul style="list-style-type: none"> Resident #1 is capable of self-administering medications. A medication sample of synthroid oil that expired 10/01/06 was found in Resident #1's room. The Medication Administration Record (MAR) for Resident #2 listed pravastatin sodium, 40 mg as being discontinued as of 12/03/09, and mirtazapine, 15 mg, being discontinued as of 11/15/09. The medications were still 	11/11/2010	All residents self-administering medications will have apartment rooms inspected monthly by Resident Services Director & designed to assure medications are being stored properly and expired medications have been removed. A letter explaining the inspection process has been sent to all self-medicating residents 11/11/2010. Continued	2/3/10 <i>CB</i>


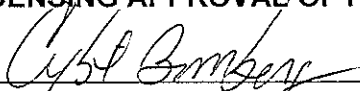
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	being stored in the medication cart.	1/15/2010	Nursing will perform a weekly audit of the medication cart to assure that all discontinued medications have been removed. Audits will be reviewed by the RSD or designee and random audits by RSD or designee will be conducted to assure compliance. Compliance will be reviewed at monthly QI meeting.	2/3/10 <i>CS</i>

The administrator or designee is maintaining written documentation of the weekly medication audits that are being conducted to ensure compliance.
CS 1/27/10

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183e Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.	Ten unidentified tablets/ capsules of different sizes and shapes were found in the bottom of drawers in the home's medication carts.	12/21/09	Effective immediately, upon medication cycle change, carts will be inspected and cleaned to assure no medications are loose at the bottom of the drawers. Random inspections will be conducted by RSD designee and compliance will be reviewed at monthly QI meeting.	2/3/10 

The administrator/designee is maintaining documentation of the medication audits which are being conducted to ensure proper storage of medications.
 OB 1/27/10