

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to FIVE STAR QUALITY CARE NS OPERATOR, LLC  
LEGAL ENTITY

To operate THE DEVON SENIOR LIVING  
NAME OF FACILITY OR AGENCY

Located at 445 NORTH VALLEY FORGE ROAD, DEVON, PA 19333  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 84  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.  
(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 14

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from February 18, 2011 until February 18, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 132060

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

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

FEB 22 2011

Ms. Rosemary Esposito, SVP & COO  
Five 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 November 30, 2010 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.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky  
Acting Director

Enclosures  
License  
Violation Report


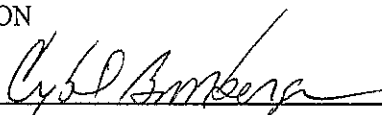
NAME AND ADDRESS OF PERSONAL CARE HOME THE DEVON SENIOR LIVING, 445 NORTH VALLEY FORGE ROAD DEVON, PA 19333		CURRENT LICENSE NUMBER 132060	
INSPECTION DATES (Include all dates of the inspection) 11/30/2010		REGIONAL REPRESENTATIVE Lori Gensil, Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Kenneth Williams, Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Kenneth Williams</i>	DATE <i>12/13/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bambery</i>	DATE <i>2/2/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
25b 25b - 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.	The contracts for residents 1, 2 and 3 were not signed by the residents.	<i>12/13/10</i>	<p>The contracts for residents 1, 2, &amp; 3 have been reviewed and signed by each resident. <i>Attachment A, B, &amp; C</i></p> <p>The Executive Director and Business Office Manager will complete a comprehensive audit of all contracts of current residents and assure all contracts are reviewed and signed by 1/15/2011</p> <p>The Executive Director will review all contracts upon move-in for all new residents to assure proper execution of signatures</p> <p>The Business Office Manager will audit all contracts on a quarterly basis.</p>	<p style="text-align: right;"><i>Steps have been taken to correct violation; full compliance is not verifiable</i></p> <hr/> <p style="text-align: right;">Date <i>2/2/11</i> Initials (DPW) <i>LS</i></p>


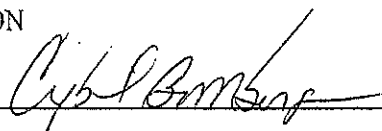
NAME AND ADDRESS OF PERSONAL CARE HOME THE DEVON SENIOR LIVING, 445 NORTH VALLEY FORGE ROAD DEVON, PA 19333		CURRENT LICENSE NUMBER 132060	
INSPECTION DATES (Include all dates of the inspection) 11/30/2010		REGIONAL REPRESENTATIVE Lori Gensil, Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Therese M. Sullivan</i>	DATE 12/13/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamber</i>	DATE 2/2/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
51/52 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).  Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15	The home did not request a criminal history background check for Administrator A, hire date 6/14/10.	12/1/10	While a criminal background was on file, the file did not include the State Police E-Patch. The proper background form has been completed and is currently on file. <i>Attachment D</i>  The Executive Director will review all new-hire paperwork to assure compliance of necessary procedures and forms prior to start date.  The Business Office Manager will audit the files of current employees on a quarterly basis to assure compliance.	2/2/11 <i>CB</i>

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, PA 19333		CURRENT LICENSE NUMBER 132060	
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(relating to protective services for older adults) and other applicable regulations.			<u>Cmt'd</u>	

NAME AND ADDRESS OF PERSONAL CARE HOME THE DEVON SENIOR LIVING, 445 NORTH VALLEY FORGE ROAD DEVON, PA. 19333		CURRENT LICENSE NUMBER 132060	
INSPECTION DATES (Include all dates of the inspection) 11/30/2010		REGIONAL REPRESENTATIVE Lori Gensil, Doug Hoover	
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133a2 If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.	There are two hallways that bisect on the third floor in front of the laundry room. The home does not have a directional exit sign indicating that there is an exit located at the end of the bisecting hallways.	12/1/10	<p>The existing exit sign has been rotated 90 degrees to provide immediate directional signage for both bisecting hallways. <i>Attachment E</i></p> <p>The Facilities Director will monitor the appropriateness of directional signage during daily safety rounds and either adjust current signs or contract to add additional signs as needed.</p>	2/2/11 