

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 26

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 June 16, 2011 until February 18, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 132060

Robert E. Robinson

ISSUING OFFICER

R. C. King

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.

PW 628 - 01/11



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

ADULT RESIDENTIAL LICENSING

JUN 22 2011

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

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 your personal care home's recent adjustment of the use of physical space, we are issuing a revised license under the authority of 55 Pa.Code Ch. 2600 (relating to Personal Care Home Licensing). The revised license indicates a revised SDCU licensed capacity for your personal care home. The expiration date of the license remains unchanged. Your revised license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Ronald Melusky" followed by a stylized flourish.

Ronald Melusky
Acting Director

Enclosure
License

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	
INSPECTION DATES (Include all dates of the inspection) 04/20/2011		REGIONAL REPRESENTATIVE Lynn Loudenslager	
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>Kenneth M. Anshus</i>	DATE 5/4/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Phil R. Cody</i>	DATE 6/16/11

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
133a1 If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.	There are two exits from the dining room in the secure dementia unit. There are no signs to indicate they are exits. There is a gate with a magnetic lock in the courtyard of the secure dementia unit. The administrator reported that the gate is used as a means of egress in the event of fire. There is no sign at the gate to indicate it is an exit.		Exit signs have been installed to the left and right exits of the dining room. An exit sign was also installed to the courtyard gate. The Executive Director and Director of Plant Operations will inspect the community quarterly to review exit signage throughout the community. -Attachments A-C	NSC 6/16/11
PCH Division Central Region Field Office MAY - 9 2011 RECEIVED				

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	
INSPECTION DATES (Include all dates of the inspection) 04/20/2011		REGIONAL REPRESENTATIVE Lynn Loudenslager	
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>Kenneth M. Williams</i>	DATE 5/4/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Theresa P. Coyle</i>	DATE 6/16/11

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
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.	When exiting the bedrooms there is no directional sign to mark the line of travel to the exit door located across from the laundry room and restroom.		The existing exit sign was turned 90 degrees as recommended at time of inspection. The exit is now visible from the bedrooms. The Executive Director and Director of Plant Operations will inspect the community quarterly to review exit signage throughout the community. <i>- Attachment D</i>	NSC 6/16/11