

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

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

To operate THE DEVON SENIOR LIVING

Located at 445 NORTH VALLEY FORGE ROAD, DEVON, PA 19333

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 February 19, 2012 until February 19, 2013,
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

MAR 13 2012

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

Ms. Rosemary Esposito, Senior VP & 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 February 9, 2012 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
Director

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, PA 19333		CURRENT LICENSE NUMBER 132060	
INSPECTION DATES (Include all dates of the inspection) 02/09/2012		REGIONAL REPRESENTATIVE Doug Hoover, McKinley Rouse	
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 W. Smith</i>	DATE 2/24/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glori Emitt</i>	DATE 2-24-12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
65e Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	Direct care staff person A, hired 3/25/09, received 11.5 hours of annual training in 2012. PCH Division Central Region Field Office FEB 24 2012 RECEIVED	3/1/12 and ongoing 3/1/12 and ongoing	Direct care staff person A, received all the mandatory training, however was 0.5 hours short of the mandatory 12 hours. All training schedules and records are now centralized within the business office so that accurate scheduling, documentation, and tracking of training hours occurs. Scheduled and completed training hours will be reviewed by the Business Office Manager and Executive Director on a monthly basis to ensure the annual requirements are met.	Steps have been taken to correct violation; full compliance is not verifiable 2-24-12 GE Date Initials (DPW)

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) 02/09/2012		REGIONAL REPRESENTATIVE Doug Hoover, McKinley Rouse	
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>Herbert M. Williams</i>	DATE 2/24/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn E. Smith</i>	DATE 2-24-12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	The February 2012 Medication Administration Record (MAR) for resident #1, admitted 9/17/11, lists <i>Lorazepam, 0.5 mg.</i> and <i>Morphine Sulfate, 20 mg/ml</i> as PRN medications. The narcotics log had no record of the medications and the medications were not present in the home. Procedures for the security, use and distribution of these medications were not implemented and followed by trained staff persons.	3/1/12 3/1/12 and ongoing 3/1/12 and ongoing 3/5/12 and ongoing	It was determined that the medications were never delivered. The medications were on hold until this hospice resident's condition required the use of the medications. All medication aides and licensed staff will receive training on accepting, recording, and storage of all medication including controlled substances. The charge nurse receiving medications will use the pharmacy manifest to confirm that all ordered medications are received. Should medications not be delivered, the charge nurse will contact the pharmacy to ascertain why the medication was not delivered and will notify the physician as indicated The 11p-7a charge nurse will verify that all medications including controlled substances are properly stored and available for resident use.. The Resident Services Director will review the pharmacy receipt log with the Executive Director on a weekly basis.	Steps have been taken to correct violation; full compliance is not verifiable 2-24-12

Date _____ Initials (DPW) _____

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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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. Williams</i>	DATE 2/24/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Smith</i>	DATE 2-24-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
187d The home shall follow the directions of the prescriber.	<ul style="list-style-type: none"> Resident #1 did not receive <i>Artificial Tears</i>, as prescribed on 2/7/12 at 2:30 PM, because the medication was not available. 	2/9/12	Medications identified as missing were immediately obtained.	Steps have been taken to correct violation; full compliance is not verifiable 2-24-12 <i>GE</i> Date Initials (DPW)
	<ul style="list-style-type: none"> Resident #3 did not receive <i>Lisinopril, 2.5 mg. tablet</i>, as prescribed on 2/1/12 and 2/3/12 at 8:00 AM, because the medication was not available. 	2/10/12	Community completed a cart audit to ensure all prescribed medications are available for resident use. An audit of six resident's medications per medication cart will be completed weekly.	
	<ul style="list-style-type: none"> Resident #4 did not receive 8:00 AM medications on 2/9/12 because the resident was out of the home visiting with family. No arrangements were made to ensure that the resident received the medications. 	3/1/12 and ongoing	The charge nurse receiving medications will use the pharmacy manifest to confirm that all ordered medications are received. Should the medications not be delivered, the charge nurse will contact the pharmacy to ascertain why the medication was not delivered and will notify the physician as indicated.	
		3/1/12 and ongoing	Charge Nurses and Medication Technicians will receive an inservice regarding proper procedures and documentation for medications during a resident leave of absence to ensure administration.	
		3/1/12		

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Henry M. Miller</i>	DATE 2/24/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn E. Smith</i>	DATE 2-24-12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	The preadmission screening for for resident #6, dated 11/15/11, does not indicate whether the resident's service needs can be met by the home.	3/1/12 3/1/12 and ongoing	All preadmission documentation will be completed. All staff responsible to complete the preadmission screen will receive training on the proper completion of the tool. To ensure completion, the Resident Services Director will review all preadmission documentation with the Executive Director prior to the date of the move-in.	Steps have been taken to correct violation; full compliance is not verifiable 2-24-12 Date Initials (DPW)

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SIGNATURE OF LEGAL ENTITY <i>Kenneth M. Williams</i>	DATE 2/24/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria E. Smith</i>	DATE 2-24-12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
234a Within 72 hours of the admission or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.	Resident #3 was admitted to the secured dementia care unit on 12/22/11. No support plan was developed within 72 hours of admission.	3/1/12 2/23/12 and ongoing	A 72 hours support plan will be created for each resident that moves into our secured dementia unit. All Staff involved in the completion of the 72 hour support plan will be trained on the timely completion of this tool. To ensure the timely completion of the 72-hour support plan, the Executive Director will review and sign the completed document.	Steps have been taken to correct violation; full compliance is not verifiable <u>2-24-12</u> Date	Initials (DPW)

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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>Heather M. Matthews</i>	DATE 2/24/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Smith</i>	DATE 2-24-12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
234e The resident or the resident's designated person shall be involved in the development and the revisions of the support plan.	<ul style="list-style-type: none"> • Resident #3's designated person was not involved in the development of the Resident Assessment and Support Plan (RASP) on 1/5/12. Resident #3 declined to participate. • Resident #7's designated person was not involved in the development of the RASP on 2/2/12. Resident #7 refused to participate. 	<p>2/9/12 and ongoing</p> <p>2/23/12 and ongoing</p> <p>2/23/12 and ongoing</p>	<p>The community will involve the resident and/or their designated person in the development of the support plan.</p> <p>On admission, this participation will be communicated by the Executive Director to the resident and designated person(s) as mandatory.</p> <p>The Executive Director will audit the support plans for completion and appropriate signatures.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: right;">2-24-12 <i>HE</i></p> <p style="text-align: right;">Date Initials (DPW)</p>