

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

(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 March 21, 2013 until March 21, 2014,
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.

PW 628 - 01/11



MAR 21 2013

Mr. Bruce J. Mackey, Jr., President/CEO
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 Mr. Mackey:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 30, 2013 and January 31, 2013 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 Human Services 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", written over a light blue horizontal line.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 13206 - 01/30/2013 - Chou, Serena
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2. DESCRIPTION OF VIOLATION

On 1/19/2013 to 1/20/2013, from 11:00 pm to 7:00 am, 72 residents were present in the home. During this time, one staff person was present in the home who was certified in first aid.


3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The community has secured a certified First Aid training course to occur on 2/15/2013 to facilitate this training need for our overnight staff members. The Resident Services Director has adjusted both the master schedule and her own schedule to assure the necessary coverage of two first aid certified staff members at all times.

The Executive Director has created a spreadsheet to track the expiration dates of each employees First Aid and CPR certifications. Courses will be scheduled in advance of expiration. The community has secured a CPR & First Aid re-certification course for 3/6/2013 and will continue to schedule to maintain the proper ratio of certified staff members.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Ken Williams Executive Director	2/14/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2-15-13
 (Date)

Verification of Legal Entity Representative Signature 2-15-13
 (Date)

The above plan of correction was approved by KE
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13206 - 01/30/2013 - Chou, Serena	
PCH Name: THE DEVON SENIOR LIVING	
1. REGULATION 55 Pa.Code §2600	
2600.183(e) - 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.	
2. DESCRIPTION OF VIOLATION	
On 1/31/2013, one white, round pill and one blue, gel capsule were found in the Wellness medication cart.	
On 1/31/2013, Resident #2's Novolog was opened with no opening date recorded. The manufacturer's instructions read, "throw away an opened vial after 28 days of use."	
On 1/31/2013, Lantus for Residents #2, #4, and #5 were opened with no opening date recorded. The manufacturer's instructions read, "opened container can be stored for up to 28 days."	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)	
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.	
<p>The medication carts have been re-organized to ensure safe storage and a full audit of medications was completed. The carts will be fully cleaned and audited every other day by the 11p-7a charge nurse .</p> <p>All medication administration records now have updated insulin storage instructions. The records now include an insulin record including resident name, insulin and manufacturer, and date opened. This process will be monitored routinely by the Resident Services Director.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
<i>Ken Williams</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Ken Williams Executive Director</i>	<i>2/14/13</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>2-15-13</u> (Date)	Verification of Legal Entity Representative Signature <u>2-15-13</u> (Date)
The above plan of correction was approved by <u>KE</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13206 - 01/30/2013 - Chou, Serena
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2. DESCRIPTION OF VIOLATION

The medication administration record for Resident #1 does not include staff initials for the administration of Lisinopril and Metoprolol on 12/19/2012.

The medication administration record for Resident #3 does not include staff initials for the administration of Simvastatin, Aspirin, and Atenolol on 1/28/2013.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All medication administration records have been reviewed to ensure accurate administration of medication.

Medication administration records will be audited by the Resident Services Director on a weekly bases. The medication administration records will be reviewed by the charge nurse and Medication Technician at the beginning of each shift and prior to exiting shift. Daily MAR shift audits will be verified as completed via signature sheet. Upon identifying missing initials person reviewing the medication administration record is responsible to immediately contact the previous shifts charge nurse to determine if medication was in fact provided. This will be documented on the back of the medication administration record and the Resident Services Director and Executive Director will be made aware via written documentation

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Ken Williams*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ken Williams Executive Director* Date *2/14/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2-15-13</u> (Date)	Verification of Legal Entity Representative Signature <u>2-15-13</u> (Date)
The above plan of correction was approved by <u>KE</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13206 - 01/30/2013 - Chou, Serena
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

2. DESCRIPTION OF VIOLATION

Resident #1's Haldol was not available from 12/2/2012 to 12/6/2012; Lipitor was not available on 12/4/2012 and 12/17/2012.
 Resident #3's Simvastatin was not available from 1/6/2013 to 1/9/2013.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The medication carts were audited to ensure all medications were available immediately following the inspection.

The pharmacy and families who supply medications for their loved ones will have 24 hours to provide medications upon request. Initial requests will be noted on the back of the Medication Administration Record as well as notification to the resident's physician. In the event that a family who provides medication fails to do so, then a 7 day supply will be ordered from the pharmacy. If the pharmacy fails to provide medication, the pharmacy will be immediately contacted to determine the reason for the delay, which will be documented on the back of the Medication Administration Record including assisting pharmacist's name, date, and time explanation provided. The Resident Services director will be immediately notified if medication can not be sent. The Resident Services director will immediately contact the pharmacy upon notification.

All medication carts will be cleaned and audited during the 11pm-7am shift by the charge nurse every other day.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/09/2012
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Ken M. Williams*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ken Williams Executive Director</i>	Date <i>2/14/13</i>
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The above plan of correction is approved as of 3-4-13
 (Date)

Verification of Legal Entity Representative Signature 3-4-13
 (Date)

The above plan of correction was approved by BC
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented