

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

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 March 31, 2014 until October 1, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 132061

Robert E. Robinson
ISSUING OFFICER

[Signature]
ACTING 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.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: MAR 3 1 2014

Mr. Bruce J. Mackey, Jr., President/CEO
Five Star Quality Care NS Operator, LLC
Attention: Licensing
400 Centre Street
Newton, Massachusetts 02458

RE: The Devon Senior Living
445 North Valley Forge Road
Devon, Pennsylvania 19333
License #: 132061

Dear Mr. Mackey:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 28, 2014, January 29, 2014 and March 14, 2014, of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #132060 dated March 21, 2014 to March 21, 2015 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated March 21, 2014 to March 21, 2015 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
187d	II	74	\$5	\$370	5 calendar days from mailing date of this letter
187a	III	74	\$3	\$222	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Public Welfare
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

Mr. Bruce J. Mackey, Jr.

3

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosures
License
Licensing Inspection Summary

Violation Report: 13206 - 01/28/2014 - Rosenblat, Dale
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
- (1) Evacuation procedures.
 - (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 - (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 - (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 - (5) The location and use of fire extinguishers.
 - (6) Smoke detectors and fire alarms.
 - (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION
 Staff person A, whose first day of work was 10/10/13, did not receive orientation in any of the required training topics.

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.

Although all team member have completed required training prior to or during the first work day, orientation documentation was not properly completed or completed on the wrong documentation form.

The orientation documentation form has been revised to represent, without ambiguity, the content listed within the mandatory training listed under 2600.65(a). (Attachment A)

An audit of all orientation documentation for all employees will be completed to assure documentation is complete.

All mandatory training listed under 2600.65(a) will be completed prior to or during the first work day for all new employees. Upon completion, the Business Office Manager will present completed documentation to the Executive Director for review and approval.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Ken Williams</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Ken Williams Executive Director	2/28/14

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

The above plan of correction is approved as of <u>3/11/14</u> (Date)	Plan of correction implementation status as of <u>3/14/14</u> (Date)
The above plan of correction was approved by <u>oe</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13206 - 01/28/2014 - Rosenblat, Dale
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
 (1) Resident rights.
 (2) Emergency medical plan.
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
 (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person B and Ancillary staff person C did not receive orientation in the Older Adult Protective Services Act (OAPSA) and Reportable Incidents within their first 40 hours of scheduled employment.

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.

Although all team member have completed required training prior to or during the first work day, orientation documentation was not properly completed or completed on the wrong documentation form.

The orientation documentation form has been revised to represent, without ambiguity, the content listed within the mandatory training listed under 2600.65(a). (Attachment A)

An audit of all orientation documentation for all employees will be completed to assure documentation is complete.

All mandatory training listed under 2600.65(a) will be completed prior to or during the first work day for all new employees. Upon completion, the Business Office Manager will present completed documentation to the Executive Director for review and approval.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Ken Williams*

Printed Name and Title of Legal Entity Representative *Ken Williams* Date *2/28/14*
 (Required on EVERY Page) *Executive Director*

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

The above plan of correction is approved as of <u>2/11/14</u> (Date)	Plan of correction implementation status as of <u>3/14/14</u> (Date)
The above plan of correction was approved by <u>KE</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13206 - 01/28/2014 - Rosenblat, Dale
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, hired on 7/25/13, provided unsupervised ADL services. Staff person B did not successfully complete and pass the Department-approved direct care training course and pass the competency test.

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.

Staff person B completion the department-approved direct care training course and passed the competency test prior to the next scheduled shift upon discovery (Attachment B).

All audit of all current direct care personnel to assure completion of the Department-approved direct care training course and competency test and/or documentation of a certified nursing assistant will be completed by 3/4/14. Any direct care personnel found to be out of compliance will not be scheduled until the completion of course and competency test.

Regardless if a newly hired direct care employee is a certified nursing assistant or not, all new employees of the nursing department will complete the Department-approved direct care training course and pass the competency test prior to or during the first work day, and prior to providing supervised or unsupervised ADL services.

The Business Office Manager will review all completed Department-approved direct care training course competency test scores for approval and present to the Executive Director for final review.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Henri Willoughs

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Henri Willoughs Executive Director

Date 2/28/14

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

The above plan of correction is approved as of 3/11/14
 (Date)

Plan of correction implementation status as of 3/14/14
 (Date)

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

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

Violation Report: 13206 - 01/28/2014 - Rosenblat, Dale
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 The water temperature at the bathroom sink in room 17 measured 126.6 degrees Fahrenheit.

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 spike in water temperature was caused by a malfunction in the temperature mix-valve, which was repaired upon discovery on 1/29/14.

The Director of Plant Operations will continue to monitor the completion and documentation of random water temperatures daily to assure they fall within the approved range.

The Director of Plant Operations will include a daily temperature check within the secured dementia unit.

Any and all temperatures that deviate from the approved range will be addressed immediately.

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) <i>Ken Williams Executive Director</i>	Date <i>2/28/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3/11/14</u> (Date)	Plan of correction implementation status as of <u>3/11/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13206 - 01/28/2014 - Rosenblat, Dale
 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.

2a. DESCRIPTION OF VIOLATION
 On 1/29/14, 2 pills, one very small white oval pill and one oval green pill, were found loose in the medication cart (Rehab) drawers.

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 reviewed and cleaned on 1/29/14

The community is in the process of securing an additional medication cart to foster greater organization. Consultation to occur 2/28/14.

Daily Audit and sign-off of medication carts to assure proper organization to begin 3/4/14 (Attachment C)

The Resident Services Director will review all medication carts weekly. Upon completion, Daily audit sheets and the Resident Services Director's review will be presented to the Executive Director.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/30/2013		
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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) <i>Ken Williams Executive Director</i>	Date <i>2/28/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	
<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 13206 - 01/28/2014 - Rosenblat, Dale
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 (1) The resident's name.
 (2) The name of the medication.
 (3) The date the prescription was issued.
 (4) The prescribed dosage and instructions for administration.
 (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
 On 1/28/14, a package of Bausch and Lomb, Erythromycin Ophthalmic Ointment was not labeled with the resident's name, date of RX, dosage/instructions or name of prescriber.

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 Bausch and Lomb ointment was discarded on 1/29/14

Inservice for all Registered Nurses, Licensed Practical Nurses and medication technicians to review proper labeling to be completed by 3/7/14.

All RNs, LPNs, and medication technicians to complete daily audit and sign-off to ensure all medications are labeled properly. (Attachment C)

Resident Services Director will audit medication carts weekly to ensure compliance of labeling requirement. Upon completion, Daily audit sheets and the Resident Services Director's review will be presented to the Executive Director.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Keen Williams Executive Director</i>	Date <i>2/28/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>3/11/14</i> (Date)	Plan of correction implementation status as of <i>3/14/14</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13206 - 01/28/2014 - Rosenblat, Dale

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.

2a. DESCRIPTION OF VIOLATION

The medication administration record (MAR) located in the Secured Unit does not include initials for staff person D.

The MAR located in the Personal Care medication room does not include initials for staff persons A and E.

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.

Upon discovery, staff person A, D, and E completed their initials on the signature page of each medication administration record.

Each RN, LPN, and medication technician will ensure proper documentation through daily audit and sign off. (Attachment C)

The Resident Services Director will review all medication administration records (MAR) weekly to ensure proper documentation. Upon completion, Daily audit sheets and the Resident Services Director's review will be presented to the Executive Director.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

01/30/2013

Signature of Legal Entity Representative:

(Required on EVERY Page)

Sean Williams

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Sean Williams Executive Director

Date

2/28/14

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The above plan of correction is approved as of

3/11/14
(Date)

Plan of correction implementation status as of

3/4/14
(Date)

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

The above plan of correction was approved by

SW
(Initials)

Violation Report: 13206 - 01/28/2014 - Rosenblat, Dale
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

- On 1/19/14, at 4pm, Resident #1's Ferrous Sulfate 325 (65)mg tab was not initialed as given.
- On 1/19/14, Resident #1's Pantoprazole sodium 40mg tab, 1 tab daily was not initialed as given.
- On 1/11/14, at 4pm and 9pm, Resident #2's Quetiapine Fumarate 50mg tab, 1tab 3X day was not initialed as given.
- On 1/11/14, Resident #3's blood pressure and pulse readings were not initialed as checked.
- On 1/2 and 1/18/14, at 8pm, Resident #4's Advair Discuss; 1 puff every 12 hours for Pulmonary HTN was not initialed as given.

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 documentation errors have been reviewed with the identified staff by the Resident Services Director including counseling and education.

In-service to include proper documentation to be completed for all RNs, LPNs, and medication technicians by 3/7/14.

All RNs, LPNs, and medication technicians will complete an audit and sign-off of all medication administration records to ensure proper documentation for both their shift and shift prior. (Attachment C)

The Resident Services Director will audit medication administration records weekly to ensure proper documentation. Upon completion, Daily audit sheets and the Resident Services Director's review will be presented to the Executive Director.

Repeat Violation: No Date(s) of Previous Violation(s):

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 *2/28/14*

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The above plan of correction is approved as of <u>3/11/14</u> (Date)	Plan of correction implementation status as of <u>3/14/14</u> (Date)
The above plan of correction was approved by <u><i>JKW</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13206 - 01/28/2014 - Rosenblat, Dale
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #5 has a prescription for Novolog Insulin; sliding-scale. On 1/15/14, blood sugar was 315, 4 units should have been administered, but only 3 units were provided. On 1/16/14, blood sugar was 290, 3 units should have been administered, but only 2 were provided.

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.

Personnel identified as responsible for the error created on 1/15/14 and 1/16/14 has been counseled and re-educated.

Resident Services Director will audit sliding scale documentation on a weekly basis to ensure compliance.

Community is in the process of securing our State-approved diabetic trainer for in-service with a focus on the sliding scale (date to be determined).

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/30/2013	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kevin M. Williams*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kevin Williams Executive Director</i>	Date <i>2/28/14</i>
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The above plan of correction was approved by <u>gcw</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

Violation Report: 13206 - 01/28/2014 - Rosenblat, Dale
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.233(c) - if key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION
 The directions for operating the home's locking mechanism is not posted with the correct numeric code, near the door to the SDCU courtyard exit door.

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 secured dementia unit has three exits, of which, two have common codes and a different code for the other. The posted codes became inadvertently switched. This was corrected upon discovery.

The Bridge to Rediscovery (SDU) Director will review all codes daily to ensure they are posted and posted by the correct door.

The Executive Director will review twice per week to ensure compliance.

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) <i>Ken Williams Executive Director</i>	Date <i>2/28/14</i>
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The above plan of correction was approved by <i>EW</i> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented