



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: July 14, 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 Human Services licensing inspection on March 14, June 4 and July 9, 2014 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Sincerely,

A handwritten signature in black ink that reads "Jaime Erb".

Jaime Erb
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 13206 - 03/14/2014 - Rosenblat, Dale
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b);
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 1/9/14, does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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 identified team member was taken off the schedule upon discovery on 3/14/2014. The community is submitting a waiver request 3/28/14. The identified team member's status will remain inactive pending the approval of the waiver request.

The community completed an audit of all employees of the nursing department to assure proper credentials and documentation.

The credentials and documentation of all Direct Care Staff will be reviewed by the Executive Director prior to hire effective 3/14/2014.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ken W. Williams, Executive Director</i>	Date <i>3/28/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4.1.14
 (Date)

Plan of correction implementation status as of 6.4.14
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

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

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

PCH Name: THE DEVON SENIOR LIVING		License Number: 13206
Address: 445 NORTH VALLEY FORGE ROAD, DEVON, PA 19333		County: Chester
Administrator: Ken Williams		Region: CENTRAL
Legal Entity Name: FIVE STAR QUALITY CARE NS OPERATOR LLC		
Legal Entity Address: 400 CENTRE STREET, NEWTON, MA 2458		
Certificate(s) of Occupancy C-2 LP 08/26/2003 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 104 Waking Staff: 78		
Type of Inspection: Interim - POC		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) <i>Provisional / Incident</i>		
On-Site Inspections Dates and Department Representatives On-Site 06/04/2014: Rosenblat, Dale; Loudenslager, Lynn		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>JUN 20 2014</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 84 Number of Residents Served: 80 Secured Dementia Care Unit in Home: Yes Area: Bridges to Rediscovery Secured Dementia Unit Capacity, if Applicable: 26 Number of Residents Served in Secured Dementia Care Unit, if applicable: 14 Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 15	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 80 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 24 Have a Physical Disability: 1	

Violation Report: 13206 - 06/04/2014 - Rosenblatt, Dale
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.185(a) - 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.

2a. DESCRIPTION OF VIOLATION

The prescription medications Acetaminophen 325mg tab; 2 tabs every 4 hours as needed for pain and Benadryl 25mg capsule; 1 cap every 6 hours as needed for itching belonging to resident #1 was not available in the home.

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.

Both PRN medications, Acetaminophen 325mg and Benadryl were re-ordered and are now available.

The Resident Services Director will complete a comprehensive weekly audit to include all medications, medication administration record (MAR), and physician order sheet (POS) to assure proper documentation, labeling, and availability of medications pursuant to physician orders.

The community will utilize an external source to audit medications on a bi-weekly basis.

Charge nurses and medication technicians will continue to utilize shift to shift audit sheets to review medications and medication record (Attachment A)

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ken Williams, Executive Director* Date *6/17/14*

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The above plan of correction is approved as of *6/24/14*
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction implementation status as of *7/9/14*
 (Date)

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

Violation Report: 13206 - 06/04/2014 - 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 06/01/2014, at 8pm, resident #1's Lantus Insulin 100mg/1ml inject 30 units subcutaneously at bedtime was not initialed as given. Staff person A verified the injection was given.
 On 06/02/2014, resident #2's Ared softgels, once daily was not initialed as given. The home verified the medication was 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.

While administration of medications has been verified, the employee has been counseled as a result of failure to document the medication administration record on both 6/1/2014 and 6/2/2014 (Attachment B & C)

Charge nurses and medication technicians will continue to utilize shift to shift audit sheets to review medications and medication record (Attachment A)

The Resident Services Director will continue to review the medication administration record for proper documentation on a daily basis as well as during a weekly comprehensive audit of all medications and records.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/28/2014
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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>6/17/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6/24/14
 (Date)

Plan of correction implementation status as of 7/9/14
 (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 - 06/04/2014 - 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 #3, has a prescription for Oxygen @ 2L via Nasla Cannula at bedtime AND as needed for shortness of breath. The Medication Administration Record (MAR) indicates the Oxygen is administered as PRN and no staff initials are written to show oxygen was administered at bedtime. The home could not verify that the oxygen was administered at bedtime.

Resident #4 has a prescription for omeprazole, 20mg; 1 caplet everyday before breakfast. Breakfast is between 8:00am and 9:00am. The medication is being administered after breakfast at 11:00am.

Resident #4 has a prescription for Levaquin, 1 tab every day for 10 days. The pharmacy dispensed 10 tablets. The MAR indicates the Levaquin was given 05/23/2014 thru 06/01/2014, which is 10 days. "Last dose" was written on the MAR on 06/01/2014. The pharmacy card with one tablet remaining was in the medication cart. Only 9 tablets were administered to the resident.

Resident #4 has a prescription for Lorazepam, 1 Tab 3X day. The MAR indicates a tab should be administered at 11:00am, 4:00pm, and 8:00pm. On 05/25/2014 and 5/31/2014, the narcotic inventory log indicates only the 11:00am and 4:00pm doses were removed. The physical count of the tabs matches the inventory sheets. The resident did not receive the 8:00pm dose of Lorazepam on 05/25/2014 and 05/31/2014. The MAR is initialed on both of those days to indicate the 8:00pm dose was administered.

Resident #5 has a prescription for Namenda 10mg; take 1 tab daily. This order is accurately reflected on the MAR. The pharmacy label on the medication bottle indicates Namenda 5mg; take 1 tab twice a day. There are no instructions anywhere to give 2 tabs from the bottle to equal the required 10mg. The resident is receiving one 5mg tab of Namenda once a day.

Resident #3 prescription for Oxygen has been clarified as PRN only (Attachment D). Resident #4 prescription for Omeprazole has been clarified as to be administered at 11am (Attachment E). Failure to identify a discrepancy in medication vs days for Levaquin has resulted in employee counseling (attachment F). Failure to properly document administration of Lorazepam on 5/25 and 5/31 has resulted in employee counseling (attachment G & H).

Resident #5 prescription for Namenda 10mg has been re-ordered and is available to assure the medication dose and label match the physician's orders.

The Resident Services Director will complete a comprehensive weekly audit to include all medications, medication administration record (MAR), and physician order sheet (POS) to assure proper documentation, labeling, and availability of medications pursuant to physician orders.

The community will utilize an external source to audit medications on a bi-weekly basis.

Charge nurses and medication technicians will continue to utilize shift to shift audit sheets to review medications and medication record (Attachment A)

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/28/2014	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) *Ken Williams, Executive Director* Date *6/17/14*

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The above plan of correction is approved as of *6/24/14*
 (Date)

The above plan of correction was approved by *JE*
 (Initials)

Plan of correction implementation status as of *7/9/14*
 (Date)

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