



CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: AUG 20 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 July 30, 2014, of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

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.

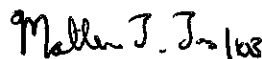
Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

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

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.

Sincerely,



Matthew J. Jones
Director

Enclosure
Licensing Inspection Summary

Violation Report: 13206 - 07/30/2014 - Riel, Becky
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted on 11/13/2013. The resident had a medical evaluation completed on 8/5/2013.

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.

Upon reception of the medical evaluation during the pre-admission process, the community erroneously used the date the form was completed rather than the date the resident was actually evaluated.

The Executive Director has audited the initial medical evaluation forms for all current residents. All initial medical evaluation form areas were completed within the date parameters for compliance.

All medical evaluation forms whether initial, annual, or significant change will be reviewed by both the Resident Services Director and 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) *Ken Williams*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Ken Williams, Executive Director</i>	<i>8/11/14</i>

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

The above plan of correction is approved as of 8.11.14
 (Date)

Plan of correction implementation status as of 8.11.14
 (Date)

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

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

Violation Report: 13206 - 07/30/2014 - Riel, Becky
 PGH 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 #1 was prescribed Metamucil/500mg (2 capsules daily) and Ditropan XL/5mg (1 tablet daily) on 7/15/2014. The Metamucil was discontinued on 7/19/2014 and was no longer available in the home. The Ditropan's prescription label shows that it was filled on 7/17/2014. The Medication Administration Record (MAR) lists the medications as starting on 7/21/2014; however, the first day they were administered was on 7/23/2014. There was a lapse of 7 days from the time the medications were ordered until the time they began to be administered by the home.
- Resident #1 went to the ER on 4/28/2014 and was discharged the same day with an order to hold administering Coumadin for two days (4/28 & 4/29). The home received an order on 4/30 to hold the Coumadin another day and restart Coumadin/2mg on 5/1. The medication was administered to the resident on 5/1 as prescribed, but then it was not administered on 5/2 or 5/3. It restarted on 5/4. There are no orders for the medication to be on hold for 5/2 or 5/3.

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 reception, the charge nurse failed to correctly transcribe both the Metamucil/500mg and the Ditropan XL/5mg onto the resident's Medication Administration Record (MAR).

The nurse has been re-educated. (Attachment A). The RSD will monitor all transcriptions for this nurse over the next 30 days.

The Resident Services Director will provide 1:1 in-services and re-education regarding proper transcription technique to every nurse and medication technician. To be completed by 8/20/2014

The coumadin order for 4/29/14 read, "Hold Coumadin tonight and restart 2mg on 5/1/14 and recheck PT/INR 5/2/14" The laboratory did not draw laboratory tests until 5/3/14, however the nurses on 5/2/14 and 5/3/14 failed to seek direction from the physician, creating an omission

The nurse working 5/2/14 is no longer employed with the community. The nurse working 5/3/14 has been re-educated (Attachment B).

The Resident Services Director is now auditing all Coumadin dosing daily and updating nursing daily.

The Resident Services Director will continue to audit medication administration records daily and continue to complete a weekly comprehensive Medication Administration Record (MAR) to Cart to Physician Order Sheet (POS) audit weekly.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/04/2014	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) *Ken Williams, Executive Director* Date *8/11/14*

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Plan of correction implementation status as of 8.11.14
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The above plan of correction was approved by *[Signature]*
 (Initials)

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APPENDIX A

**Commonwealth of Pennsylvania
Department of Public Welfare
Adult Residential Licensing
Fine Assessment Data**

(Part A)

Name of Facility: The Devon Senior Living

Address of Facility: 445 North Valley Forge Road, Devon, PA 19333

License Number: 132061 **# Residents served on date of insp:** 78

Inspection Dates: July 30, 2014

Repeat Violation Dates: 1/28/2014 & 6/4/2014

(Part B)

(Part C)

Repeat Violation (RV) Number	Violation Description	Correction Status (none, PC, full)	Seriousness 1 = less serious 2 = more serious	Steps taken to correct 1 = more steps 2 = less steps	Patterns 1 = No 2 = Yes	C L A S S	Dollar Amount of Fine Per Day	Fine Effective Date	Initial Fine Calculation
									Date: _____ One Time Y/N Calculation
187d	Not following prescriber's orders	PC-A	2	1	2	II			

Number SSI Served: 78

Check if No fine/SSI : _____

Check if Nonprofit home: _____

Check if No fine/Nonprofit: _____

Approval ARL Fines Manager: [Signature]

Date: 8/15/14

Approval ARL Enforcement Director: _____

Date: _____

Fine Tracking Number: C00027

Parts A and B - completed by the Regional Program Analysts; Part C - completed by the Administrative Fines Manager.