

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

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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 November 6, 2014 until November 6, 2015
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 132060

Robert E. Robinson

ISSUING OFFICER

Matthew J. [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.

PW 628 - 10/13



NOV 06 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 #: 132060


Dear Mr. Mackey:

As a result of the Department of Public Welfare's licensing inspection on October 15, 2014 and October 16, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,


Matthew J. Jones
Director
/s/

Enclosures
License
License Inspection Summary

Violation Report: 13206 - 10/15/2014 - Gensil, Lori
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 The telephones in Resident Bedrooms #118 and #103 do not have emergency service numbers posted on or near the telephones.

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.

Phone tags with emergency phone numbers have been attached to all phones. In addition, the community has placed emergency phone numbers on the wall of each phone jack. (Attachment D)

The Director of Maintenance will complete a monthly inspection of all phones to assure emergency numbers remain posted. (Attachment A)

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>10/27/2014</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>10-30-14</u> (Date)	Plan of correction implementation status as of <u>10-30-14</u> (Date)
The above plan of correction was approved by <u>KE</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 - 10/15/2014 - Gensil, Lori
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 The bed located in Resident Room #125 does not have a source of light that can be turned on/off from bedside.

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.

A bedside source of light has been placed next to the bed for RM 125. A full inspection of each resident room has been completed for full compliance. The Director of Maintenance will complete a monthly inspection of all bedside light sources to assure proper placement and working order. (Attachment A.)

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 Williams, Executive Director</i>	Date <i>10/27/14</i>
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 (Initials)

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

Violation Report: 13206 - 10/15/2014 - Gensil, Lori
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

On 10/15/14, Resident #1 refused to take a requested dose of Lorazepam .5 mg. The home did not document the refusal in the resident's record.

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.

On 10/15/2014, PRN medication Lorazepam 0.5mg was requested and then refused. The medication was never poured, nor administered, however documented as administered. The refusal of the medication was not properly documented by the Charge Nurse.

The Charge Nurse received both disciplinary action and an educational review of the medication management program guidelines regarding the medication process and documentation related to refusal of medication. (Attachment B)

The community will continue to complete shift to shift MAR audits as well as routine MAR to Cart to POS audits to maintain compliance

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

10/27/14

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Violation Report: 13206 - 10/15/2014 - Gensil, Lori
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION,
 The records for Resident #2, #3, and #4 do not include hair color and identifying marks.

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 current resident body sheet, completed upon move-in, contains information related to eye color, hair color, and identifying marks. (Attachment C). Upon switching to the newer form, the community failed complete this information for residents who had moved in prior.

The community has audited all resident charts. As of 10/24/2014, all resident charts include eye color, hair color, and identifying marks.

This information will be audited on a quarterly basis to assure compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kenn Williams, Executive Director</i>	Date <i>10/27/14</i>
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