pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 2 4 2016

Mr. Bruce J. Mackey, Jr., President/CEO
Five Star Quality Care NS Operator, LLC
Attn: 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 Human Services' annual licensing inspections on November 3, 2015 and November 4, 2015 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,

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: THE DEVON SENIOR LIVING	License Number: 13206
Address: 446 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 02458

Certificate(s) of Occupancy

C-2 LP
08/26/2003
Labor & Industry

Staffing Hours

Resident Support: 0 | Total Daily Staff: 109 | Waking Staff: 82

Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced

Reason(s) for Inspection(s)

Renewal, Complaint

On-Site Inspections Dates and Department Representatives On-Site

11/03/2015: McCloskey, Jason; OPake, Hope; Hoover, Douglas
11/04/2015: McCloskey, Jason; OPake, Hope; Hoover, Douglas

Off-Site Inspection Dates and Inspectors, if Applicable

Other Details

Partial or Full Triggers: | Random Indicators:

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 84

Number of Residents Served: 84

Secured Dementia Care Unit in Home: Yes

Area: Bridges of Rediscovery

Secured Dementia Unit Capacity, if Applicable: 26

Number of Residents Served in Secured Dementia Care Unit, if applicable: 16

Number of Current Hospice Residents: 7

Number of Hospice Residents in past year: 18

Number of Residents who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 84

Have Mental Illness: 2

Have an Intellectual Disability: 0

Have a Mobility Need: 25

Have a Physical Disability: 1

Violation Report: 13206 - 11/03/2015 - McCloskey, Jason
PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 7/2/15, during an episode of heightened agitation, Resident 1 attempted to pull Resident 2 out of a wheelchair. The home documented that during this same episode, Resident 1 physically assaulted a staff member by attempting to strangle the Director of the Secure Dementia Care Unit (SDCU). The home did not report this incident to the Department.

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 7/2/2015 Resident 1, during an episode of heightened agitation, behaved aggressively toward Resident 2 as well as the Director of the Secure Dementia Unit. While the charge nurse did document the incident as a nurse's note, both the charge nurse and Director of the SDU failed documentation and notification internal processes. As a result, the incident was not properly reported.

Both the charge nurse and SDU Director are no longer employed with The Devon Senior Living. The nurses and medication technicians have been re-educated on reportable incidents and conditions including indentifying and both internal and external reporting procedures (Attachment 24)

Nursing department personnel received re-education on recognizing and reporting abuse and neglect on 12/15/15 and 12/16/15. Additional training will occur on 1/6/16 and 1/7/16. (Attachment 1)

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

Signature of Legal Entity Representative (Required on EVERY Page) Kenneth M. Williams

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ken Williams Executive Director

Date 1/4/16

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

The above plan of correction is approved as of 1/11/16 (Date)

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

Plan of correction implementation status as of 1/11/16 (Date)

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

Violation Report: 13206 - 11/03/2015 - McCloskey, Jason
PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Resident 3 has a history of seizures and falls. The resident's family provided a helmet to help protect the resident from injury during falls and requested that it be worn by the resident at all times unless the resident was sleeping. On 6/11/15, the resident fell and sustained facial bruises and lacerations. The helmet had been removed by a staff person prior to the fall. The resident was neglected by the home failing to implement safeguards for falls and seizures which included the wearing of the helmet.

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 resident's family had given and requested to be worn a bicycle helmet as a result of seizure activity with a request that the resident wear the helmet unless sleeping. On the date of the incident, the helmet was removed by a staff member while the resident was asleep on a sofa, due to concerns that the helmet was restricting breathing as it had shifted by nature of its intended use. When the resident awoke, [redacted] ambulated and fell. While the incident was reported, the community did not initially recognize it as neglect.

Following the incident, the community worked with the residents hospice provider to obtain a proper form-fitting helmet. The community has worked with the family to gain greater clarity on the request which is now defined as to wear the helmet unless sleeping in bed.

The staff member who removed the helmet is no longer employed with the community. The community has completed re-education of the nurses and medication technicians on reportable incidents and reporting procedures (Attachment 24)

The community has provided re-educated the nursing department on identifying, recognizing, and reporting abuse and neglect on 12/15/15 and 12/16/15(Attachment 1). Additional courses are scheduled for 1/6/16 and 1/7/16.

As the procedure is outlined in the RASP, and to assure consistency of performing services according to each resident's support plan, the community re-educated the nursing department personnel on the RASP including key components, communicating observed changes, and adherence. (attachment 2)

The community has consulted with the primary care physician and obtained a prescription for the use of the helmet.

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Violation Report: 13206 - 11/03/2015 - McCloskey, Jason
PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.44(f) - Within 7 days after the submission of a written complaint, the home shall give the complainant and, if applicable, the designated person, a written decision explaining the home's investigation findings and the action the home plans to take to resolve the complaint. If the resident is not the complainant, the affected resident shall receive a copy of the decision unless contraindicated by the support plan. If the home's investigation validates the complaint allegations, a resident who could potentially be harmed or his designated person shall receive a copy of the decision, with the name of the affected resident removed, unless contraindicated by the support plan.

2a. DESCRIPTION OF VIOLATION

On 9/8/15, a written complaint regarding the care being provided to the residents, the debt owed by Resident 3, and lack of follow-up by Administration was filed with the home. The home did not provide the complainant with its investigative findings and plan to resolve the complaint.

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.

In response to a written complaint, the community and regional leadership team did maintain communication with the complainant including meetings and phone conversations, however the community failed to provide a written response pursuant to the grievance procedure. After identification, the community sent a written response to both the complainant as well as to a resident/family identified within the complaint, consistent with the grievance procedure however out of compliance with the standard timeline. (Attachments 3)

As a standard of practice, the management team identifies and reviews any written complaints each business day during morning meeting. The community has created and utilizes a written complaint tracking form to assure the grievance procedure is followed regarding method and timelines. (attachment 4)

Re-education on the grievance procedure as well as education on the tracking form has been completed to assure proper procedure is adhered (attachment 5)

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ken Williams Executive Director

Date 1/4/16

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Violation Report: 13208 - 11/03/2015 - McCloskey, Jason
PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
(2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
(3) Resident rights.
(4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
(5) Falls and accident prevention.
(6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Ancillary Staff Person C did not receive training in "Emergency preparedness procedures and recognition and response to crises and emergency situations" and "Falls and accident prevention" during training year 2014.

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 C failed to complete 'Emergency Preparedness procedures and recognition and response to crises and emergency situations' and 'Falls and accident prevention during the 2014 training year. Staff person C has completed the training during the 2015 training year (Attachment 6).

To assure full compliance of mandatory training completion with each training year, the Executive Director now receives all training prior to filing and tracks completion for each employee. The tracking system does not include first year employees who receive all of the mandatory training during the orientation process. (Attachment 7). The Executive Director will utilize the tracking system to make necessary adjustments to the annual training plan to assure all mandatory training is completed.

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

Signature of Legal Entity Representative (Required on EVERY Page) Kenneth M. Williams

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ken Williams Executive Director — **Date** 1/4/16

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Plan of correction implementation status as of 1/11/16 (Date)

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- ☐ Not Implemented

Violation Report: 13206 - 11/03/2015 - McCloskey, Jason
PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

At 3:25 pm on 11/3/15, the left-side top lid and the sliding side door of the home's trash dumpster were open.

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 completed education of housekeeping, maintenance, and dietary personnel regarding the necessity to keep the dumpster lids and sliding doors closed and secure at all times when not in immediate use (Attachment 8).

The maintenance director or, in his absence his designee, reviews the dumpster area for compliance at the beginning and end of each shift to assure on-going compliance.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ken Williams Executive Director

Date 1/4/16

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Plan of correction implementation status as of 1/11/16 (Date)

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- [ ] Not Implemented

Violation Report: 13206 - 11/03/2015 - McCloskey, Jason .
PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.86(a) - All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

2a. DESCRIPTION OF VIOLATION

The Bridges to Radiscovery spa room had a vent above the shower which was covered with a heavy accumulation of dirt and dust that impeded the flow of air.

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 completed education regarding procedures and expectations within the housekeeping department to include the review and cleaning of all vents, (attachment 9).

As of 12/28/2015, the maintenance director will survey the communities vents on a weekly basis to assure proper cleaning and maintenance. (attachment 10)

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

Signature of Legal Entity Representative (Required on EVERY Page) Kenneth M. Williams

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ken Williams Executive Director Date 1/4/16

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Plan of correction implementation status as of 1/11/16 (Date)

- [x] Fully Implemented
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Violation Report: 13206 - 11/03/2015 - McCloskey, Jason
PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
Several ceiling tiles in the "Radnor Way" wing between bedrooms 116 through 120 had brown water stains and were sagging.

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 ceiling tiles were immediately replaced upon discovery. Upon inspection of the roof above, it was determined that a minor repair is needed. The community has secured a contractor with the completion of the work scheduled to be completed the week of 1/11/2016.

As of 12/28/2015, the maintenance director reviews all ceiling tiles on a weekly basis for replacement and maintenance (attachment 10)

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ken Williams Executive Director

Date 1/4/16

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Violation Report: 13206 - 11/03/2015 - McCloskey, Jason
PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
2600.89(a) - The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

2a. DESCRIPTION OF VIOLATION
On 11/3/15 at 4:05 pm, the spa room in the Bridges to Rediscovery unit had no hot water.

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 immediate inspection, it was determined that the boiler had tripped off and was immediately repaired.

While the maintenance director continues to monitor water temperatures daily in random locations throughout the community, areas supplied by this hot water heater are now monitored and recorded daily to assure a lasting repair and proper temperature. (attachment 11)

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

Signature of Legal Entity Representative (Required on EVERY Page) Kenneth McCutchin

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ken Williams Executive Director

Date 1/4/16

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Plan of correction implementation status as of 1/11/16 (Date)

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- [ ] Not Implemented

Violation Report: 13206 - 11/03/2015 - McCloskey, Jason
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

On 11/4/15, the water temperature at the uni-sex bathroom sink next to the beauty salon measured 125.9 degrees Fahrenheit; the sink in resident bedroom T-3 measured 125.0 degrees Fahrenheit; the bathroom sink in resident bedroom #14 measured 125.0 Fahrenheit; the bathroom sink in resident bedroom #17 measured 125.2 degrees Fahrenheit; and the kitchen sink in the "parlor" measured 126.0 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 water temperature was immediately adjusted to regulation. While the maintenance director continues to monitor water temperatures daily in random locations throughout the community, areas supplied by this hot water heater are now monitored and recorded daily to assure proper temperature and to monitor the performance of the hot-water mix valve. (attachment 11)

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

Signature of Legal Entity Representative (Required on EVERY Page) Kenneth W. Williams

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ken Williams Executive Director

Date 1/4/16

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

Plan of correction implementation status as of 1/11/16 (Date)

- [x] Fully Implemented
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- [ ] Not Implemented

Violation Report: 13206 - 11/03/2015 - McCloskey, Jason
PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The concrete patio outside of bedroom T-1 has several large cracks, approximately 1 1/2" wide, that pose a trip and fall hazard. This is especially hazardous to people using assistive devices such as canes or walkers as these devices can become stuck in the cracks.

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 cracks in the patio have been filled and leveled. (attachment 12). The community is currently reviewing replacement options with local contractors. Pending this option, the maintenance director reviews the patio on a weekly basis to monitor the current repair and to immediately address any need for further repair. (attachment 10)

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 1/4/16

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Violation Report: 13206 - 11/03/2015 - McCloskey, Jason
PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
2600.103(b) - Kitchen surfaces must be of a nonporous material and cleaned and sanitized after each meal.

2a. DESCRIPTION OF VIOLATION
Prior to serving lunch, the Bridges to Rediscovery kitchen counters were covered with a dried, sticky substance and food debris. The counters had not been cleaned and sanitized following the preparation of breakfast.

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 completed training regarding the pre and post meal cleaning expectations in the secured unit of the nursing, housekeeping, and dietary personnel. (attachments 9, 13, 14)

The dietary department now completes a daily review of the secured unit's dining area for daily sign-off. (attachment 15) These forms are reviewed and utilized for compare during his daily inspection.

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

Signature of Legal Entity Representative (Required on EVERY Page) Kenneth W. Williams

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ken W. Williams Executive Director | Date 1/4/16

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Plan of correction implementation status as of 1/11/16 (Date)

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Violation Report: 13206 - 11/03/2015 - McCloskey, Jason
PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
On 11/3/15, the refrigerator and freezer in the Bridges to Rediscovery unit lacked thermometers.

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 thermometer was immediately placed inside both the refrigerator and freezer. The community immediately completed a review of all refrigerators and freezers to assure all contained thermometers.

As of 12/28/15, the maintenance director inspects all refrigerators and freezers to assure thermometers are present and in proper working condition (attachment 10)

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ken W. Williams Executive Director

Date 1/4/16

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Violation Report: 13206 - 11/03/2015 - McCloskey, Jason
PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

The home's walk-in freezer contained a 3-gallon carton of strawberry ice cream and a half-full 10-pound box of pre-cooked sausages that were opened and unsealed.

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 of the products determined to be unsealed were immediately discarded.

The ice cream container had the wrong lid which prevented a proper seal. The community has purchased and now utilizes heavy-duty lids to support proper sealing throughout the use of the product.

The community has completed re-education of the dietary cooks regarding proper storage to include proper wrapping, labeling, and dating (attachment 16)

Beginning the week of 12/28/2015, the Executive Director will complete a weekly survey of the kitchen to assure compliance (attachment 17)

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 1/4/16

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Violation Report: 13206 - 11/03/2015 - McCloskey, Jason
PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

2a. DESCRIPTION OF VIOLATION

The 3rd floor exit stairwell by bedrooms 308 and 309 lacks a directional exit sign. On 11/3/15 the home served 84 residents.

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 the stairwell did have an exit sign, an additional sign was needed to provide a visual directional exit for the adjacent hallway. This sign was installed on 11/9/2015. (attachment 18)

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

Signature of Legal Entity Representative (Required on EVERY Page) [signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ken Williams Executive Director

Date 1/4/16

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Violation Report: 13206 - 11/03/2015 - McCloskey, Jason
PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
The medical evaluation for Resident 4, dated 6/16/15, does not include a list of medications.

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 list of medications pursuant to 6/15/2015, were immediately attached to the medical evaluation of resident #4.

On 12/28/2015, the community completed a review of all current medical evaluation forms to assure compliance.

Beginning 11/5/2015, all medical evaluations forms are reviewed by the Resident Services Director and Executive Director prior to file to assure on-going compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) Kenneth M. Williams

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ken M. Williams Executive Director

Date 1/4/16

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

The above plan of correction is approved as of 1/11/16 (Date)

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

Plan of correction implementation status as of 1/11/16 (Date)

- [x] Fully Implemented
- [ ] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 13206 - 11/03/2015 - McCloskey, Jason
PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident 5's current medical evaluation was completed on 6/19/15. The previous medical evaluation was completed on 5/7/14.

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.

Resident #5's medical evaluation was completed on 6/19/2015 with the previous completed on 5/7/14, which brought the annual evaluation out of compliance. The community utilizes a medical evaluation and RASP tracking form which tracks the annual requirement provided no significant changes occur. Upon review, it was determined that a data entry error was made on the tracking form which resulted in this deficiency.

The community has completed an audit of current medical evaluations against the tracking form to assure accuracy. This audit will be completed every 6 months to assure on-going compliance.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ken L Williams Executive Director

Date 1/4/16

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The above plan of correction is approved as of 1/11/16 (Date)

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

Plan of correction implementation status as of 1/11/16 (Date)

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Violation Report: 13206 - 11/03/2015 - McCloskey, Jason
PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION

The home permits smoking at two outdoor fireproof receptacles located at the front of the home adjacent to the Bridges to Rediscovery unit and at the back of the home. Resident 6 was observed sitting alone on the patio outside of bedroom T-1 with a lit cigarette smoldering in the mulch adjacent to the patio. Inspectors also observed a cigarette butt lying at the base of a column in the Secured Dementia Care Unit (SDCU) and a ceramic bowl-shaped stand in the SDCU courtyard containing ashes.

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 became aware of Resident #6's smoking habit on [redacted] private patio at the time of the inspection as it had been previously concealed. A safe smoking assessment was completed (attachment 19).

The Executive Director memorialized a meeting with the resident on both 11/6/2015 and 11/20/2015 to review the location of identified smoking areas as well as the consequences in the event the community's smoking policy is not followed.(attachment 20)

Both nursing and housekeeping review for any signs of smoking on or around the patio daily during routine services. The maintenance director reviews the patio weekly to review for any signs of smoking

During a previous review of the secured unit patio, it was determined that the area had been utilized for smoking. The identified personnel are no longer employed by The Devon Senior Living. After discovery, the area was cleaned. Prior to this inspection, the same area was cleaned of fallen leaves via leaf blower which unearthed items that not previously visible. The patio area is reviewed daily by both the Executive Director and Bridge to Rediscovery (SDU) daily to assure on-going compliance.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ken L. Williams Executive Director — Date 1/4/16

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Violation Report: 13206 - 11/03/2015 - McCloskey, Jason
PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
The home had only the menu for the current week posted.

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 the community had the current week's menu posted, the community failed to post the future week's menu. The menu was immediately posted upon discovery. The community has purchased and installed new menu posting cabinets to provide greater access to more employees so that proper posting is not contingent upon one employees attendance or absence.

Menus, to include current and future week, are posted each Monday. The Food Service Director reviews the posting board each Monday to assure completion. The Executive Director reviews the posting board weekly to assure compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) Kenneth M. Williams

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ken L. Williams Executive Director

Date 1/4/16

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

Plan of correction implementation status as of 1/11/16 (Date)

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Violation Report: 13206 - 11/03/2015 - McCloskey, Jason
PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.171(b)(4) - If staff persons or volunteers of the home provide transportation for the residents, at least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION

Staff person B, has not completed the initial new hire direct care staff person training. Per interview with Staff Person A, the Administrator, Staff person B has transported residents without being accompanied by another staff person present who has received the required training.

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 did not complete the Department of Human Services online course & test prior to providing driving services for residents. Upon discovery, the staff person was immediately suspended from driving residents. The Department of Human Services online course and test has been taken and completed by staff person B after discovery (attachment 21)

Staff person B has not provided driving services since discovery, having transferred to a different position.

The community audited the files of personnel who do drive residents to assure compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) Ken L McCulloch

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ken Williams Executive Director

Date 1/4/16

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Violation Report: 13206 - 11/03/2015 - McCloskey, Jason
PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

(1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.

(2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.

(3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.

(4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.

(5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.

(6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

On 7/2/15, Resident 1 was presenting with aggressive behaviors directed toward other residents and staff of the Secure Dementia Care Unit. On this date, Resident 1 was administered ***Lorazepam 0.5 mg*** by staff. The home's documentation of this episode reflects that the medication was administered in an attempt to control the resident's behavior.

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 7/2/15, resident 1 was administered Lorazapam 0.5 mg. The documented nurses note indicates that the PRN medication was administered as a result of aggressive behaviors. The PRN Lorazepam 0.5 mg was prescribed for resident 1 by primary care physician for anxiety.

The community has reviewed all PRN medications for residents who are unable, do to cognition, to verbalize symptoms to determine if the diagnosis for which the medication is prescribed for is measurable.

In review with the primary care physician for resident 1, the community has utilized the RASP to define how anxiety manifests for resident 1 as well as the interventions that are to occur prior to the administration of the medication. (Attachment 22)

The community has completed education regarding the components of the RASP and necessity to adhere to the RASP (attachment 2).

As a result of this finding, the community identified a need to re-educate the nurses on proper documentation to create a thorough record that includes episodic events, antecedants, interventions, and outcomes (attachment 23)

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