pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 0 1 2017

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 December 13, 2016, December 14, 2016 and March 28, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe
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: 445 NORTH VALLEY FORGE ROAD, DEVON, PA 19333	**County:** Chester
Administrator: Kenneth 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

Institutional	C-2 LP	C-2 LP
07/29/2010	08/26/2003	07/07/2000
Tredyffrin Township	Labor and Industry	Labor and Industry

Staffing Hours

Resident Support: 0	**Total Daily Staff:** 101	**Waking Staff:** 76

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
12/13/2016: Heemer, Laura; Palermo, Michael
12/14/2016: Heemer, Laura; Palermo, Michael

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 who:**
Number of Residents Served: 78	**Receive Supplemental Security Income:** 0
Secured Dementia Care Unit in Home: Yes	**Are 60 Years of Age or Older:** 78
Area: Bridges to Rediscovery	**Have Mental Illness:** 1
Secured Dementia Unit Capacity, If Applicable: 16	**Have an Intellectual Disability:** 0
Number of Residents Served in Secured Dementia Care Unit, If applicable: 14	**Have a Mobility Need:** 23
Number of Current Hospice Residents: 5	**Have a Physical Disability:** 0
Number of Hospice Residents in past year: 8	

Violation Report: 13206 - 12/13/2016 - Reemer, Laura
PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
The home has used the glucometer of one resident to check the blood sugar of another resident. Sharing of the glucometer was confirmed by analysis of glucometer readings and recorded blood sugar readings.

Resident #1's glucometer was used to test the blood sugar of Resident #2 on 12/11/16 at 8 am, 11:30 am and 5 pm.

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 residents and families of resident #1 and #2 were notified of the error on 1/3/2017.

Each resident's Glucometer container as well as the actual Glucometer were labeled with the resident's name on 12/15/2017

Nurses and Medication Technicians received re-education proper Glucometer use and documentation on 1/6/2017 (Attachment A)

The community ordered new Glucometers for the residents on 1/4/2017 to allow the nurses and medication technicians to work with one uniform product allowing for expert usage and retrieval of data. New Glucometers were delivered on 1/10/2017 and properly individually labeled for use on 1/11/2017. The community will order new uniform Glucometers as/if additional residents are prescribed use in the future.

Beginning 1/11/2017, the community will routinely audit each resident's Glucometer's historical reading and the reading documented on each resident's medication administration record. These random audits will occur three times per week for four weeks followed by twice per week for two weeks. Provided full compliance, Audit will then be completed once per week and on going. (Attachment B)

Continued on Page 2A

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 1/11/2017

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

The above plan of correction is approved as of 1/24/17 (Date)

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

Plan of correction implementation status as of 4/24/17 (Date)

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

2600.85(a) continued

- All residents who receive blood sugar testing and their designated person (if applicable) will be notified by letter of the shared glucometer use in the facility and the possibility of blood borne diseases. Copies of the letters shall be maintained by the home for Department review. This shall be completed by 2/1/17.

- Each resident's physician (for those that receive blood sugar testing) will be notified of the possibility of shared glucometer use and all recommendations made by the physician (i.e. testing for blood borne pathogen) will be followed. Documentation of the notification to the physician, the recommendations of the physician, and the home's follow-up based on the recommendations shall be maintained by the home for Department review. The notification to the physician(s) shall be completed by 2/1/17.

BAS 1/24/17

Violation Report: 13206 - 12/13/2016 - Heemer, Laura
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 12/12/2016 the Medication Administration Record for Resident #2 incorrectly documented the blood sugar of Resident #2 as 248 at 5 pm. The actual glucometer reading at this time was 245.

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.

Nurses and Medication Technicians received re-education proper Glucometer use and documentation on 1/6/2017 (Attachment A)

The community ordered new Glucometers for the residents on 1/4/2017 to allow the nurses and medication technicians to work with one uniform product allowing for expert usage and retrieval of data. New Glucometers were delivered on 1/10/2017 and properly individually labeled for use on 1/11/2017. The community will order new uniform Glucometers as/if additional residents are prescribed use in the future.

Beginning 1/11/2017, the community will routinely audit each resident's Glucometer's historical reading and the reading documented on each resident's medication administration record. These random audits will occur three times per week for four weeks followed by twice per week for two weeks. Provided full compliance, Audit will then be completed once per week and on going. (Attachment B)

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 1/11/2017

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The above plan of correction is approved as of 1/24/17 (Date)

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

Plan of correction implementation status as of 4/24/17 (Date)

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

Violation Report: 13206 - 12/13/2016 - Heemer, Laura
PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The Pre-admission screen form for Resident #3, admitted [redacted]16 does not include a determination that the home can meet the service needs of the resident.
The Pre-admission screen of Resident #4, admitted [redacted]/2016, does not include a determination that the home can meet the service needs of the resident.

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 resident pre-admission assessment forms were audited on 12/15/2017 to assure proper completion. Currently, all pre-admission assessment forms are in full compliance.

The assessment team received re-education on the pre-admission assessment form and proper completion on 1/4/2017 (attachment C)

Future pre-admission assessment forms for new prospective residents will be reviewed by the Executive Director to monitor for proper and full completion prior to admission.

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

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

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

Date 1/11/2017

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The above plan of correction is approved as of 1/24/17 (Date)

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

Plan of correction implementation status as of 4/24/17 (Date)

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

Violation Report: 13206 - 12/13/2016 - Heemer, Laura
PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:
(1) Annually.
(2) If the condition of the resident significantly changes prior to the annual assessment.
(3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for Resident #5 was completed on 10/21/2016, the previous assessment was completed on 8/25/2015

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 RASPs of all residents were audited for proper and timely completion on 12/16/2017. Currently all RASPs are in compliance.

The community will continue to utilize a tracking system for annual RASP completion (Attachment D). The tickler system will be adjusted in the event of a significant change or new admission.

The tracking system will be reviewed by the Executive Director, Resident Services Director, and Memory Care Director weekly to assure compliance with necessary annual documentation or that related to a significant change, as well as to prepare for those due for completion the following month.

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 1/11/2017

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

The above plan of correction is approved as of 1/24/17 (Date)

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

Plan of correction implementation status as of 4/24/17 (Date)

- ☐ 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: Kenneth Williams	Region: CENTRAL

Legal Entity Name: Five Star Quality Care NS Operator LLC

Legal Entity Address: 400 Centre Street, Newtown, MA 02458

Certificate(s) of Occupancy

C-2 LP	C-2 LP	Institutional
08/26/2003	07/07/2000	07/29/2010
L&I	L & I	Tredyffrin Township

Staffing Hours

Resident Support: 0 | Total Daily Staff: 101 | Waking Staff: 76

Type of Inspection: Interim - POC | **BHA Docket Number:** | **Notice:** Unannounced

Reason(s) for Inspection(s)

Interim

On-Site Inspections Dates and Department Representatives On-Site

03/28/2017: Gillespie, Denise

Off-Site Inspection Dates and **Inspectors, if Applicable**

Other Details

Partial or Full Triggers: N/A | Random Indicators: N/A

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 84

Number of Residents Served: 79

Secured Dementia Care Unit in Home: Yes

Area: Bridges to Rediscovery

Secured Dementia Unit Capacity, if Applicable: 16

Number of Residents Served in Secured Dementia Care Unit, if applicable: 13

Number of Current Hospice Residents: 6

Number of Hospice Residents in past year: 16

Number of Residents who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 79

Have Mental Illness: 1

Have an Intellectual Disability: 0

Have a Mobility Need: 22

Have a Physical Disability: 0

Violation Report: 13206 - 03/28/2017 - Gillespie, Denise
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
Resident # 1 is prescribed to have blood glucose testing once daily at 8:00 A.M. There is no documentation on the medication administration record that the test was performed on 3/21/17. The resident's glucometer has a reading of 214 for this date.

Resident # 2 is prescribed to have blood glucose testing once daily at 8:00 A.M. A recording of 118 is documented on the medication administration record for the 3/19/17 test. However, the measurement on the glucometer is 211.

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 nurse responsible for the proper completion and accurate recording on the dates referenced above is no longer employed by the community.

The community purchased new glucometers to assure proper calibration. These glucometers were properly labeled and put into use on 4/14/17

The community will utilize flow sheets (attachment A) to enable more clear glucometer documentation. Nurses and Medication Technicians will be receive education on the proper use of the flow sheet by 5/1/2017. The flow sheets will be utilized as of 5/1/2017. Once in place, the flow sheets will be audited during each shift to assure proper documentation. Daily shift audits will continue for two weeks and analyzed. Following a successful 2 week shift audit, the audits will then continue as daily for two weeks and, upon success, scaled back to weekly audits.

The community will increase glucometer audits comparing the documentation against the glucometer memory to be completed daily for four weeks. After four weeks, if we evaluate success, the audits will be completed weekly.

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 4/20/17

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

The above plan of correction is approved as of 4/24/17 (Date)

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

Plan of correction implementation status as of 4/24/17 (Date)

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

Violation Report: 13206 - 03/28/2017 - Gillespie, Denise
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 # 2 is prescribed to have blood glucose testing once daily at 8:00 A.M. On 3/16/17 there was no test performed as there is no recorded measurement on the medication administration record and no recorded measurement on the resident's glucometer.

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 nurse responsible for the proper completion and accurate recording on the dates referenced above is no longer employed by the community.

The community purchased new glucometers to assure proper calibration. These glucometers were properly labeled and put into use on 4/14/17

The community will utilize flow sheets (attachment A) to enable more clear glucometer documentation. Nurses and Medication Technicians will be receive education on the proper use of the flow sheet by 5/1/2017. The flow sheets will be utilized as of 5/1/2017. Once in place, the flow sheets will be audited during each shift to assure proper documentation. Daily shift audits will continue for two weeks and analyzed. Following a successful 2 week shift audit, the audits will then continue as daily for two weeks and, upon success, scaled back to weekly audits

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 4/20/17

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

Plan of correction implementation status as of 4/24/17 (Date)

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- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented