



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: July 26, 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' licensing inspection on April 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.

Sincerely,

A handwritten signature in black ink that reads "Patricia Adams" followed by a stylized monogram "PA".

Patricia Adams
Regional Licensing Supervisor

Enclosure
Licensing 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: STEPHANIE MCDUFFY		Region: SOUTHEAST
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 LABOR & INDUSTRY		
Staffing Hours Resident Support: Total Daily Staff: 109 Waking Staff: 82		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 04/28/2017: Braswell, Natasha		
Off-Site Inspection Dates and Inspectors, if Applicable 04/28/2017: Braswell, Natasha		
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:

PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

The home did not report until 4/24/17 the allegation of abuse to the local area agency on aging.

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.

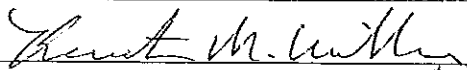
The violation occurred due to the community not reporting to all required agencies. The community did appropriately notify DHS, however the Area of Aging was not notified in a timely manner. Notification to the Area of Aging was completed on 4/24/2017.

The Executive Director will complete training and re-education for Department Heads regarding regulation 2600.15(a) as well as The Older Adult Protective Services Act. This training will be completed on or by June 26, 2017.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Ken Williams, Executive Director

Date 7/10/17

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The above plan of correction is approved as of 7/11/17
(Date)

Plan of correction implementation status as of 7/11/17
(Date)

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

The above plan of correction was approved by



(Initials)

Violation Report:
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.23(b) - A home shall provide each resident with assistance with instrumental activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION
 The assessment and support plan for resident #1 indicates the resident requires assistance to safely transfer. In addition, the RASP dated 8/5/16 stated "use safe transferring or gait belt as needed to avoid pinching or bruising." Staff member A provided physical support while transferring resident #1; causing physical bruising under the resident's upper body.

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 violation occurred due to the staff member failing to follow RASP interventions to safely transfer the resident. It is important to follow the RASP to ensure that residents receive the optimal level of care. Staff member A is no longer employed with The Devon Senior Living

The community is conducting re-education of safe transfer training for nursing department team members to occur on 6/28/17 and 6/29/17 to avoid the future utilization of improper technique.

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>7/10/17</i>
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The above plan of correction is approved as of <u>7/11/17</u> (Date)	Plan of correction implementation status as of <u>7/11/17</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented