



pennsylvania

DEPARTMENT OF HUMAN SERVICES

OCT 01 2018

Mr. Bruce J. Mackey, Jr.
President and Chief Executive Officer
Five Star Quality Care NS Operator, LLC
Attn: Licensing
400 Centre Street
Newton, Massachusetts 02458

RE: The Devon Senior Living
445 North Valley Road
Devon, Pennsylvania 19333
License #: 132060

Dear Mr. Mackey:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 18, 2018 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.

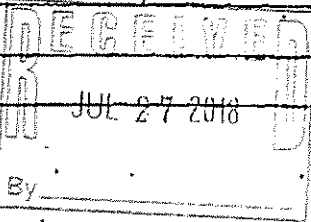
The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing 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: 13208
Address: 445 NORTH VALLEY FORGE ROAD, DEVON, PA 19333		County: Chester
Administrator: Mr. Kenneth Williams		Region: SOUTHEAST
Legal Entity Name: FIVE STAR QUALITY CARE NS OPERATOR LLC		
Legal Entity Address: 400 CENTRE STREET, NEWTON, MA 2456		
Certificate(s) of Occupancy C-2 LP 08/28/2003 Labor & Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 88	Working Staff: 74
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspection Dates and Department Representatives On-Site 05/18/2018: Freeman, Sabrina; Woolers, Sandra		
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: 76 Secured Dementia Care Unit in Home: Yes Area: Bridges to Rediscovery Secured Dementia Unit Capacity, if Applicable: 28 Number of Residents Served in Secured Dementia Care Unit, if applicable: 14 Number of Current Hospice Residents: 8 Number of Hospice Residents in past year: 20		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 76 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 23 Have a Physical Disability: 0

Violation Report: 13205 - 02/13/2018 - Freeman, Sabrina
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa. Code §3500
 2500.16(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
 - There is no indication the home submitted an incident report to the Department regarding the 1/9/18 incident of 3 or more residents with influenza.
 - There is no documentation the home reported an incident of aggression between two residents and resulting in injuries on 5/29/17.

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 did properly report the incidents that occurred on 5/29/17 (including reporting to Chester County Office of Aging & Act 13 form, and 1/9/18, the copy room fax machine was utilized which only produces a printed facimile record if the transmission fails.

As of 7/17/2018, all reportable incidents will be sent from the nurse's station to include a printed verification of successful fax to be attached to the on-site record.

The Executive Director will review documentation of all reportable incidents within 72 hours of completion to assure proper facimile report is attached.

The Reportable incidents will be submitted to BHSL Regional Office within 24^o by the administrator or designee. All STAFF will be trained on the proper reporting processes within 30 days of receipt of this P.O.C., annually and upon hire, starting immediately. EW 8/24/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kermit Williams*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kermit Williams Exec Dir* Date *8/24/18*

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

The above plan of correction is approved as of <u>8/24/18</u> (Date)	Plan of correction implementation status as of <u>8/24/18</u> (Date)
The above plan of correction was approved by <u>EW</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

Violation Report: 13206 - 06/13/2018 - Freeman, Sonira
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Ccode §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 The most recent inspection of the hot water boiler was dated 3/11/17.

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 contact with the inspection company, Hartford Steam Boiler Inspection and Insurance Co., we were notified that the inspector had inspected and passed the boiler however had neglected to sign with an actual expiration date of 6/21/2018. The communication from Hartford Steam Boiler is attached (Attachment B).

Upon inspection, the inspector sends the report to the Commonwealth with the certificate coming from the Dept. of Labor and Industry. The community has received boiler certification. (Attachment C).

At the time of the communication, the inspector expressed that their signature is 'good' for two years. Regardless, the maintenance director will review each boiler to assure proper documentation at the time of each annual inspection.

The maintenance director will maintain all documentation in Executive Director's inspection binder and assure timely completion. The Executive Director will monitor and track documentation for 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 EXEC DIR* Date *7/24/18*

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The above plan of correction is approved as of 8/21/18
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 8/24/18
 (Date)

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

Violation Report: 13206 - 05/12/2018 - Freeman, Sabrina
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa. Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contracts for residents # 4, #5 and #6 were not signed by the 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.

The Executive Director has provided education on 4/20/18 with both Sales and the Business Office personnel regarding the proper move-in process specific to the residency agreement and a necessity for resident signature, regardless of diagnosis unless guardianship is assigned. (Attachment D).

The community has completed an audit of all residency agreements to determine additional discrepancies.

All residency agreements have been properly reviewed and signed pursuant to regulations (Attachment E)

The Executive Director will review all residency agreements at time of move-in to assure proper completion and to include the Executive Director's signature.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kenn C. Williams*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kenn C. Williams, Exec Dir* Date *2/24/18*

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

The above plan of correction is approved as of 2/24/18 (Date)

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

Plan of correction implementation status as of 2/24/18 (Date)

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

Violation Report: 15306 - 08/18/2018 - Freeman, Sabrina
 FCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2500
 2600.41(a) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
 Residents #4,5,8 and #7's records did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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 Executive Director has provided education on 4/23/18 with both Sales and the Business Office regarding the proper move-in process specific to the proper form, review and documentation of the Resident's Rights and Complaint Procedure and a necessity for resident signature, regardless of diagnosis unless guardianship is assigned. (Attachment F).

The community has completed an audit of all Resident Rights and Complaint Procedure forms to determine additional discrepancies.

All Resident Rights and Complaint Procedure forms have been properly reviewed and signed pursuant to regulations (Attachment G)

The Executive Director will review all Resident Rights and Complaint Procedure forms at time of move-in to assure proper completion and to include the Executive Director's signature.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Karen L. Williams EXEC DIR* Date *7/24/18*

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The above plan of correction was approved by <u><i>EW</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

Violation Report: 13206 - 05/18/2018 - Freeman, Saorina
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2609
 2609.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 On 04/18/2018, at 9:35 am, there were no paper towels in the 1st floor bathroom, next to the elevator.

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.

As of 7/19/18, housekeeping will inspect common bathrooms for proper supply of paper towels and toilet paper at beginning, middle and end of their shift. Additional supply will be stored under the sink.
 As of 7/24/18, a small sign is posted in each common bathroom indicating the location of the additional supply within that bathroom in the event a roll should run out prior to the next review.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Karen Williams EXEC DIR* Date *7/24/18*

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The above plan of correction is approved as of 8/24/18
 (Date)

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

Plan of correction implementation status as of 8/24/18
 (Date)

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

Violation Report: 13295 - CE/13/2013 - Frauman, Sabrina
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2500
 2600.83(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The carpet on the 1st floor, near the elevator, is frayed and the seam is separated.

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.

At the time of the inspection, the carpet at the first floor elevator was observed to be split and frayed at the seam creating a potential hazard. The carpet seam was immediately re-glued to avoid potential hazard. The maintenance director or his designee continues to review the seam on a daily basis.

The community is exploring options for repairing or replacing the effective area.

The administrator will conduct periodic inspection of the condition of all carpets at least on a quarterly basis to ensure the residents are free from tripping hazards, starting immediately.
 @ 8/24/18

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 Exec Dir* Date *7/24/18*

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The above plan of correction is approved as of 9/10/18
 (Date)

Plan of correction implementation status as of 9/10/18
 (Date)

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

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

Violation Report: 13206 - 08/18/2018 - Freeman, Sabrina
 FCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2500
 2800.56(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, treating shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
 The first aid kit in the kitchen does not include a working thermometer.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Includes 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 digital thermometer within the baking room first aid kit was inoperable at the time of inspection due to a failed battery and was replaced at the time of the inspection.

The Executive Director has placed new digital thermometers in each first aid kit on 4/26/18. The thermometers will be inspected for proper functionality on a monthly basis and replaced every six months.

In addition, the community has purchased thermometer strips for each of the building's first aid kits to serve as a suitable and available option in the event of a digital thermometer malfunctions.

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 EXEC DIR* Date *7/24/18*

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 (Date)

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

Plan of correction implementation status as of 8/24/18
 (Date)

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

Violation Report: 13206 - CS/12/2013 - Freeman, Sacra
 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.

2. DESCRIPTION OF VIOLATION
 The bed in room #21 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.

The bedside table and lamp was not next to the bed at the time of the inspection. This was corrected upon observation on 4/18/18.

The community has completed a review of each resident apartment to assure a bedside light source. The community will continue to review each resident apartment for compliance on a weekly basis.

The community will complete a re-education of nursing and housekeeping personnel regarding appropriate accommodations in resident rooms with a specific focus on the necessity for an operable bedside light source by 8/15/18.

Bedside lamp (resident room training) HSK & Nursing by 8/15

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 Exec Dir* Date *7/24/18*

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The above plan of correction was approved by <u><i>EW</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

Violation Report: 132C6 - 05/16/2018 - Freeman, Sabrina
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2900
 2600.102(l) - Toilet paper shall be provided for every toilet.

2a. DESCRIPTION OF VIOLATION
 On 01/13/2019, at 11:45 am, there was no toilet paper in the 1st floor bathroom near the elevator.

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.

As of 7/19/18, housekeeping will inspect common bathrooms for proper supply of paper towels and toilet paper at beginning, middle and end of their shift. Additional supply will be stored under the sink.

As of 7/24/18, a small sign is posted in each common bathroom indicated the location of the additional supply in the event a roll should run out prior to the next review.

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

Signature of Legal Entity Representative
 [Required on EVERY Page] *Kent Williams*

Printed Name and Title of Legal Entity Representative
 [Required on EVERY Page] *Kent Williams Exec Dir* Date *7/24/18*

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The above plan of correction was approved by <u>(Signature)</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

Violation Report: 13206 - 05/13/2018 - Freeman, Sabrina
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2500
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
 The vanilla ice cream in the freezer was opened and unsealed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Includes 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 ice cream container lid was not returned and secure immediately after scooping ice cream during meal service. The community has purchased plastic ice cream container lids to utilize in the event the manufacturer's lid becomes compromised.

The food service director will complete education regarding proper food storage and specific to ice cream containers of all dietary staff by 7/24/18 (Attachment H)

The dining room supervisor, food service director, or executive chef will inspect all areas of service and storage each day to assure proper storage.

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 Exec Dir* Date *7/24/18*

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The above plan of correction is approved as of 8/24/18
 (Date)

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

Plan of correction implementation status as of 8/24/18
 (Date)

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

Violation Report: 10306 - 05/13/2018 - Freeman, Sacra
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.107(b) - The home shall have written emergency procedures that include the following:

- (1) Contact information for each resident's designated person.
- (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
- (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
- (4) Means of transportation in the event that relocation is required.
- (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
- (6) Alternate means of meeting resident needs in the event of a utility outage.

2a. DESCRIPTION OF VIOLATION

The home does not have written emergency procedures which include the following:

- How medical information will remain confidential.
- The contact information for each resident's designated person.

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's evacuation plan did not include a written procedure specific to how medical information will remain confidential or the confidential utilization of contact information for each resident's designated person.

The community has created a written procedure specific to how medical information will remain confidential and the confidential utilization of contact information for each resident's designated person to be incorporated in the community's written emergency procedures (Attachment I)

The community will complete education of leadership personnel to include managers, charge nurse, and medication technicians by 8/3/2018. Team members will be trained on this new procedure by 8/15/18 and, moving forward, of all new team members during the orientation process.

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 Exec Dir* Date *7/24/18*

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The above plan of correction is approved as of 8/24/18
 (Date)

Plan of correction implementation status as of 8/24/18
 (Date)

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

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

Violation Report: 13C03 - 05/13/2013 - Fresman, Sabrina
 FCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa. Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 On 04/18/18, a rope blocked the stairs to the exit located at the chapel

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 previously utilized a velvet stantéon rope with detachable hooks at either end to alert residents of the chapel stairs. This was removed at the time of inspection and is no longer utilized. The community will complete daily rounds to monitor for clear unobstructed exits.

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) *Kent Williams EXEC DIR* Date *7/24/18*

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

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The above plan of correction was approved by <u><i>KW</i></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 - 05/13/2018 - Freeman, Sabrina
 FCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2500.130(g) - If a smoke detector or fire alarm becomes inoperative, repair shall be completed within 48 hours of the time the detector or alarm was found to be inoperative.

2. DESCRIPTION OF VIOLATION
 On 02/13/18, during a fire alarm inspection, notification of trouble due to a dirty smoke detector was reported in a Notification of Deficiency Report by the fire inspection company. On 04/13/18, the trouble light was observed on the fire panel indicating the smoke detector in the SDGU required maintenance

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 fire alarm inspection company which identified the dirty smoke detector is also the repair company and was to return for repair within 48 hours. The smoke detector was repaired on 4/20/18 (Attachment J).

The maintenance director or his designee will inspect the fire alarm panel on a daily basis to determine any trouble alerts or need for service. In the event an alert is detected, service will be contacted immediately upon observation. The maintenance director will then immediately alert both the Executive Director and the Regional Engineer who will work in concert to expedite service to occur within a timely manner.

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 Exec Dir* Date *7/24/18*

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Violation Report: 13206 - 05/13/2018 - Fresman, Sabrina
PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Fa.Code §2600
26C0.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

2a. DESCRIPTION OF VIOLATION
The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.

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 maintains the procedures to be implemented in the event the fire alarm and smoke detection system is down in the DHS binder. (Attachment K).

This procedure has been copied to the emergency procedures binder.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Ken Williams, Exec Dir* Date *7/24/18*

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

The above plan of correction is approved as of *8/21/18*
(Date)

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

Plan of correction implementation status as of *8/24/18*
(Date)

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

Violation Report: 13206 - 05/10/2018 - Freeman, Sabrina
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 53 Pa.Ccode §2800
 2500.141(b)(1) - A resident shall have a medical evaluation at least annually.

2. DESCRIPTION OF VIOLATION
 Resident #3's last medical evaluation was completed on 3/12/2017.

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 re-education regarding the proper timely completion of the Medical Evaluation on 4/20/18 (Attachment L). Resident #3's DME will be update within 15 days of receipt of this P.O.C. 8/24/18
 The community completed an audit of all resident charts to determine further deficiency and corrective plan.

The community maintains a medical evaluation and RASP tickler file for annual requirements. This file will be reviewed on a monthly basis to determine needs for the following month. The Executive Director will review completed documents for proper completion and update the file on a monthly basis.

The proper documentation of new residents including medical evaluation will be reviewed by the Resident Service Director and Executive Director upon move-in.

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) *Kent Williams Exec Dir* Date *7/24/18*

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

The above plan of correction is approved as of <u>8/24/18</u> (Date)	Plan of correction implementation status as of <u>8/24/18</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

Violation Report: 1320E - 05/19/2018 - Freeman, Sabrina
 FCH Name: THE DEVON SENIOR LIVING

1. REGULATION 53 Pa. Code §2560
 2500.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:
 (1) Resident's name.
 (2) Drug allergies.
 (3) Name of medication.
 (4) Strength.
 (5) Dosage form.
 (6) Dose.
 (7) Route of administration.
 (8) Frequency of administration.
 (9) Administration times.
 (10) Duration of therapy, if applicable.
 (11) Special precautions, if applicable.
 (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
 (13) Date and time of medication administration.
 (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION
 Staff person's A did not sign the master medication signature sheet for April 2018.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Includes 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 Service Director or, in her absence, a designee will audit the Medication Administration Record three times per week to review proper documentation of medication administration. This review will include an audit of the master signature sheet to assure compliance.

Staff member A is no longer employed by The Devon Senior Living.

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative
 (Required on EVERY Page)

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

Ken Williams Exec Dir

Date 7/24/18

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

The above plan of correction is approved as of <u>8/24/18</u> (Date)	Plan of correction implementation status as of <u>8/24/18</u> (Date)
The above plan of correction was approved by <u>GW</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

Violation Report: 13206 - 06/13/2018 - Freeman, Sabrina
 FCH Name: THE DEVON SENIOR LIVING

1. REGULATION 53 Pa.Cod. § 2500
 2500.107(b) - The information in § 2300.107(a)(13) and § 2500.107(a)(14) shall be recorded at the time the medication is administered.

2. DESCRIPTION OF VIOLATION

- The administration of Resident #3's Levothyroxine 25 mcg at 7:00 am was not initiated on 4/1/18, 4/2/18, 4/7/18, 4/8/18, 4/12/18 and 4/17/18.
- The administration of Resident #9's Risperidone .25 mg at 8:00 am was not initiated on 4/7/18 and 4/8/18; Ammonium Lactate 12% lotion twice daily at 8:00 am was not initiated on 4/9/18, 4/10/18, 4/11/18, 4/12/18, 4/14/18 and 4/15/18; Ted Stockings on in am - off pm was not initiated at 8:00 am on 4/9/18, 4/10/18, 4/11/18, 4/12/18, 4/14/18; at 4:00 pm on 4/8/18, 4/11/18 and 4/14/18; Nystatin Powder twice daily at 8:00 am on 4/10/18, 4/11/18, 4/12/18, 4/14/18; at 8:00 pm on 4/8/18, 4/11/18 and 4/14/18
- The administration of Resident #10's Memantine 10 mg twice daily at 4:00 pm on 4/8/18; Mirazipine 7.5 mg at 8:00 pm on 4/8/18
- The administration of Resident #11's Carbid Levod 25 mg/100 mg twice daily at 8:00 am on 4/2/18, 4/7/18 and 4/8/18; at 8:00 am on 4/2/18, 4/7/18, 4/8/18, 4/17/18 at 2:00 pm on 4/11/18 and at 10:00 pm on 4/8/18; Famotidine Pepcid 20mg twice daily at 8:00 am on 4/17/18 and Levothyroxine 125mg at 7:00 am on 4/7/18, 4/8/18 and 4/13/18.

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, state why they will not be completed.

The community completed a re-education of all medication technicians regarding proper documentation and the necessity to record at the time a medication is administered on 4/23/2018. (Attachment M)

The Resident Service Director or, in her absence, a designee, as of 7/20/18, will audit the Medication Administration Record three times per week to review proper documentation of medication administration. Additionally, pursuant to regulation, a MAR review of each medication technician will occur twice per year with less than six months between each review.

As of 8/1/18, the community will maintain MAR audit signature sheet in the front of each MAR to indicate date and person of audit.

Repeat Violation: Yes Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Karen Williams*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Karen Williams, Exec Dir* Date *7/24/18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 9/10/18 (Date)

Plan of correction implementation status as of 9/10/18 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

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

Violation Report: 13206 - 05/13/2018 - Freeman, Sabrina
 FCH Name: THE DEVON SENIOR LIVING

1. REGULATION 65 Pa.Code §2600
 2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
 The following staff administered medications, but have not completed the annual practicum timely:
 - Staff A most recent training 9/19/16.
 - Staff B most recent training 9/19/17.
 - Staff C most recent training 9/19/16.
 - Staff D most recent training 9/20/16.

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 was utilizing the wrong observation form and schedule for medication technician trainees. The community obtained the proper form and schedule on 4/18/18.

The community completed a re-certification of all medication technicians on 4/23/2018. (Attachment M)

As of 4/23/2018, the community is utilizing an observation tracking tool to prevent deviation of the observation schedule pursuant to regulations (Attachment N)

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Karen C. Williams Exec. Dir.* Date *7/24/18*

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

The above plan of correction is approved as of <u>9/10/18</u> (Date)	Plan of correction implementation status as of <u>9/10/18</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

Violation Report: 13205 - 05/22/2018 - Freeman, Sabrina
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa. Code §2500
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
 Residents #1, #2, #4, #5, #3 and #7 have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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 edited the DHS Resident's Rights Poster to include the right to refuse medication if the resident believes that there may be a medication error. (Attachment O)

The community completed an audit of all resident rights to assure the rights that were reviewed and signed included the right to refuse medication if the resident believes that there may be a medication error.

The Executive Director has provided education on 4/23/18 with both Sales and the Business Office personnel regarding the proper move-in process specific to the proper form, review and documentation of the Resident's Rights and a necessity for resident signature, regardless of diagnosis unless guardianship is assigned. (Attachment F).

The Executive Director will review all admission paperwork upon move-in, to include the Resident's Rights form, to assure the proper form is reviewed and signed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Keith Williams

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

Keith Williams, Exec Dir

Date 7/24/18

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

The above plan of correction is approved as of 9/10/18
 (Date)

Plan of correction implementation status as of 9/10/18
 (Date)

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

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

Violation Report: 13205 - 08/12/2013 - Fragan, Sabrina
 FCH Name: THE DEVON SENIOR LIVING

1. REGULATION 33 Pa.Code §2909
 2909.22(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
 There were no preadmission screening forms for resident #2, admitted 02/27/18, and resident #1, admitted 3/25/18.

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 re-education regarding the proper timely completion of the Pre-Admission Assessment on 4/20/18 (Attachment L).

The community completed an audit of all resident charts to determine further deficiency and corrective plan.

The Resident Service Director will review completed documents for proper completion and update the file on a monthly basis.

The proper documentation of new residents including Pre-Admission assessment will be reviewed by the Executive Director upon move-in. The RASP will be reviewed within 15 days of move-in and, for SDU, within 72 hours and the file updated.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Karen W. Wickert*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Karen W. Wickert's Exec. Dir.* Date *7/24/18*

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

This above plan of correction is approved as of *8/24/18*
 (Date)

Plan of correction implementation status as of *8/29/18*
 (Date)

This above plan of correction was approved by *[Signature]*
 (Initials)

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

Violation Report: 13236 - 05/18/2018 - Freeman, Sabrina
 FCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2500
 2500.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 The home has not completed an initial assessment for resident #1, admitted 1/27/17.

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 re-education regarding the proper timely completion of the RASP on 4/20/18 (Attachment L)

The community completed an audit of all resident charts to determine further deficiency and corrective plan.

The community maintains a medical evaluation and RASP tickler file for annual requirements. This file will be reviewed on a monthly basis to determine needs for the following month. The Resident Service Director will review completed documents for proper completion for annual, significant change, and new resident requirements.

The Executive Director will review completed documents monthly, for those due within that month, and update the tickler file.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ken C. Williams Exec Dir* Date *7/24/18*

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

The above plan of correction is approved as of <u>9/10/18</u> (Date)	Plan of correction implementation status as of <u>9/10/18</u> (Date) <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
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	

Violation Report: 13208 - 05/13/2018 - Freeman, Sacra
 PCH Home: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa. Code §2600
 2800.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2. DESCRIPTION OF VIOLATION
 Resident #1 was admitted to the home on 1/27/17. The home has not developed a support plan.

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 re-education regarding the proper timely completion of the RASP on 4/20/18 (Attachment L) RESIDENT #1'S RASP has been completed

The community completed an audit of all resident charts to determine further deficiency and corrective plan.

The community maintains a medical evaluation and RASP tickler file for annual requirements. This file will be reviewed on a monthly basis to determine needs for the following month. The Resident Service Director will review completed documents for proper completion for annual, significant change, and new resident requirements.

The Executive Director will review completed documents monthly, for those due within that month, and update the tickler file.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Karen L. Williams EXEC DIR* Date *7/24/18*

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

The above plan of correction is approved as of <u>9/10/18</u> (Date)	Plan of correction implementation status as of <u>9/10/18</u> (Date)
The above plan of correction was approved by <u>[Signature]</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

Violation Report: 13206 - 02/18/2018 - Freeman, Sabrina
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 65 Pa. Code 52800
 2800.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 Resident #2 participated in the development of their support plan on 02/29/13. The resident did not sign the support plan.

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 re-education regarding the proper timely completion of the RASP to include proper review signatures on 4/20/18 (Attachment L)

The community completed an audit of all resident charts to determine further deficiency and corrective plan.

The community maintains a medical evaluation and RASP tickler file for annual requirements. This file will be reviewed on a monthly basis to determine needs for the following month. The Resident Service Director will review completed documents for proper completion, including signatures for annual, significant change, and new resident requirements.

The Executive Director will review completed documents monthly, for those due within that month, and update the tickler file.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kenn L. Williams Exec Dir* Date *7/24/18*

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

The above plan of correction is approved as of <u>9/10/18</u> (Date)	Plan of correction implementation status as of _____ (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

Violation Report: 13205 - 05/18/2018 - Freeman, Sabrina
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa. Code §2500
 2500.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION

- Resident #2 participated in the development of their support plan on 02/20/18. The resident was unable to sign the support plan. The home did not make a notation regarding the resident's inability to sign.
- Resident #3 participated in the development of their support plan on 03/13/18. The resident was unable to sign the support plan. The home did not make a notation regarding the resident's inability to sign.
- Resident #4 participated in the development of their support plan on 03/28/18. The resident was unable to sign the support plan. The home did not make a notation regarding the resident's inability to sign.

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 re-education regarding the proper timely completion of the RASP including proper review, signatures, and appropriate documentation in the event is unable or refuses to sign or participate on 4/20/18 (Attachment L)

The community completed an audit of all resident charts to determine further deficiency and corrective plan.

The community maintains a medical evaluation and RASP tickler file for annual requirements. This file will be reviewed on a monthly basis to determine needs for the following month. The Resident Service Director will review completed documents for proper completion, including signatures for annual, significant change, and new resident requirements.

The Executive Director will review completed documents monthly, for those due within that month, and update the tickler file.

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 Exec Dir* Date *7/24/18*

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

The above plan of correction is approved as of <u>9/10/18</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>[Signature]</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

Violation Report: 13206 - 05/18/2018 - Freeman, Sabrina
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2. DESCRIPTION OF VIOLATION
 The posted code for operating the home's locking mechanism in the patio area at the SDCU is incorrect.

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 posted code on the exterior gate of the SDU is attached by zip ties to the exterior gate. The hole punch for the zip tie was inadvertently placed over portion of the code.

The code was re-posted on 4/21/18 (Attachment P) and is inspected weekly, by maintenance staff, starting immediately.

EW 9/10/18

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

Signature of Legal Entity Representative
 [Required on EVERY Page] *Ken C. Williams*

Printed Name and Title of Legal Entity Representative
 [Required on EVERY Page] *Ken C. Williams, Exec Dir* Date *7/24/18*

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

The above plan of correction is approved as of <u>9/10/18</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>SP</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