



**CERTIFIED MAIL – RETURN RECEIPT
REQUESTED April 19, 2019**

Mr. Ken Williams
Administrator
Five Star Quality Care NS Operator, LLC
400 Centre Street
Newton, Massachusetts 02458

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

Dear Mr. Williams:

As a result of the Department's Bureau of Human Services Licensing Complaint inspection on September 6, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

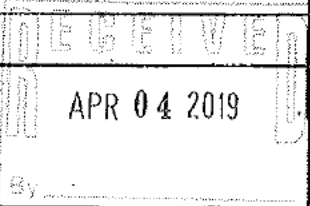
Sincerely,

A handwritten signature in black ink, appearing to read "Ayus Adelanwa".

Ayus Adelanwa
Workload Manager

Enclosure
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2800**

PGH Name: THE DEVON SENIOR LIVING		License Number: 13208
Address: 446 NORTH VALLEY FORGE ROAD, DEVON, PA 19333		County: Chester
Administrator: Ken Williams		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 COPA L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 93	Working Staff: 70
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 09/06/2018: 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: 73 Secured Dementia Care Unit In Home: Yes Area: The Bridge to Rediscovery Secured Dementia Unit Capacity, if Applicable: 26 Number of Residents Served in Secured Dementia Care Unit, if applicable: 13 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: 73 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 20 Have a Physical Disability: 1

Ken Williams
4/4/19

Violation Report: 13206 - 09/06/2018 - Gillespie, Denise
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2800

2800.16(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 2800.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Resident # 1 had a fall on 10/4/18. The resident reported no pain at the time of the fall and the family decided not to send the resident to the hospital. On 10/6/18 a mobile x-ray was ordered by a physician after the resident reported feeling pain. A mobile x-ray showed the resident had a hip fracture. The resident was sent to Bryn Mawr Hospital. 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.

The community has conducted a re-education of nurses, medication technicians, and department managers regarding reportable incidents to include the criteria for reportable incidents, events, and conditions, proper completion of reportable forms, timelines of reporting, and proper filling of reporting documentation. This re-education was be completed on 4/4/2019 (Attachment A)

The Executive Director or, in his/her absence, the manager on duty will review the nursing 24 log daily in an effort to identify reportable incidents to assure proper reporting within the regulated timeline.

Reportable incident forms will continue to be filed in both the resident's file as well as a reportable incident file. The reportable incident file will be audited monthly against clinical data to assure ongoing compliance.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kenneth Williams</i>	Date <i>4/4/19</i>
---	--------------------

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

The above plan of correction is approved as of <u>4/18/19</u> (Date)	Plan of correction implementation status as of <u>4/18/19</u> (Date)
The above plan of correction was approved by <u>AAA</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