



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail lnewcomb@5ssl.com
Sent via e-mail kwilliams@5ssl.com
May 7, 2019

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 inspection on February 13, 2019 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,

Mia Johnson

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 13206 - 02/13/2019 - Braswell, Natasha
 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

On 1/20/19, at 1:30 pm, resident #1 reported that resident #2 hit her in the head with her cane. The incident was witnessed by resident #3. Resident #1 stated to this representative that resident #2 hit her in the face close to her eye. Resident #1 was asked if she feels safe and responded "no." Resident #3 stated the incident occurred in the activities room. Resident #1 and #3 stated there was no staff around when the incident occurred.

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 #1 informed the Executive Director that she was angry that the incident occurred and at no time expressed that she felt unsafe. On 5/3/19, resident #1 stated that "she has talked to four people from Harrisburg and she feels unsafe", this was the first time the community was made aware.

The Executive Director, Director of Resident Care, or designee will meet with Resident #1 daily to ensure she feels safe and secure in the community with documentation in the medical record.

Resident #2 has no recollection of the incident.

The Executive Director &/or Director of Resident Care will conduct a resident meeting to discuss ways for each of the residents to bring any concerns regarding 'feeling unsafe' and will address any/all issues immediately.

During morning meeting, the Executive Director will discuss with the leadership team any concerns regarding residents safety. Community staff will make rounds to provide supervision to residents to observe for potential unsafe interactions between residents.

The Executive Director will bring resident issues to the Quality Assurance meeting for review to ensure compliance with a safe resident environment.

Maintain audits for Department review for a period of three years. 5/6/19 *MDJ*

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ken Williams Executive Director* Date *5/6/19*

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The above plan of correction is approved as of 5/6/19
 (Date)

Plan of correction implementation status as of 5/6/19
 (Date)

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

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

Violation Report: 13206 - 02/13/2019 - Braswell, Natasha
PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following: (2) Medical diagnosis including physical or mental disabilities of the resident, if any.

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident # 2 dated 5-10-18, does not include the immunizations history.

The medical evaluation for resident # 1 dated 10-26-18, does not include the immunizations history, or the license number for the medical professional.

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 medical evaluation forms for resident #2 and resident #1 have been corrected (Attachment A)

The community has completed a complete audit of all current medical evaluation forms on 5/2/19 to assure proper completion (Attachment B)

All future medical evaluation forms will be reviewed by either the Executive Director or Director of Resident Services as received by the community to assure proper completion prior to file.

The community will complete a quarterly audit of medical evaluation forms. Audit findings will be reviewed within the Quarterly Quality Assurance meeting.

Maintain audits for Department review for a period of three years. 5/6/19 *MSJ*

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) *Ken Williams Executive Director* Date *5/6/19*

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

The above plan of correction is approved as of <u>5/6/19</u> (Date)	Plan of correction implementation status as of <u>5/6/19</u> (Date)
The above plan of correction was approved by <u><i>MSJ</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