



Sent via e-mail lnewcomb@5ssl.com
Sent via e-mail kwilliams@5ssl.com
May 6, 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 March 26, 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,

A handwritten signature in black ink that reads "Mia Johnson". The signature is written in a cursive, flowing style.

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 13206 - 03/26/2019 - Gray, Dean
 PCH Name: THE DEVON SENIOR LIVING

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

2a. DESCRIPTION OF VIOLATION
 On 03/26/19, there was a strong smell of urine in room 19.
 On 03/26/19, there was used toilet paper sitting on the rim of the toilet in the bathroom of room 14.

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 a thorough cleaning of all surfaces, furniture, linens, and clothing to immediately remedy the odor in apartment 19. A re-education regarding proper cleanliness was completed on 5/1/2019 (Attachment A).

The director of housekeeping will monitor all apartments daily for immediate remedy upon observation of malodors. (Attachment B)
 Results of the HSK rounds will be reviewed during the quarterly quality assurance meeting.

The bathroom within apartment 14 was immediately cleaned and sanitized. As the resident self-toilets, the RASP has been updated on 4/25/19 (Attachment C) to better support this level of independence. In addition, the bathroom will be monitored throughout each shift to provide sanitation support as needed.

Sanitation issues will be monitored and corrected daily by the Director of Housekeeping. (Attachment B) Results of the housekeeping rounds will be reviewed during the Quarterly Quality Assurance meeting.

Maintain audits for Department review for a period of three years. 5/3/19 *MJ*

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 Exec Director</i>	Date <i>5/2/19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/3/19</u> (Date) The above plan of correction was approved by <u><i>MJ</i></u> (Initials)	Plan of correction implementation status as of <u>5/3/19</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
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Violation Report: 13206 - 03/26/2019 - Gray, Dean

PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

The trash can in the bathroom of rooms 13 and 14 did not have a lid.

Trash was placed in an uncovered bedside wash basin on the bathroom floor of room 14.

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 immediately replaced the trash cans in apartment 13 and 14 to those with lids. The community ordered new trash cans with affixed lids on 4/23/19. (Attachment D)
 The community completed a re-education regarding the necessity of trash cans within the bathroom to have lid on 5/1/19. (Attachment A)

Housekeeping will complete daily rounds to monitor that bathroom trash cans have lids and immediately remedy as a need is observed.

Information regarding the daily rounds will be reviewed during the Quarterly Quality Assurance meeting.

Maintain audits for Department review for a period of three years. 5/3/19 *MJ*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 Exec Dir* Date *5/2/19*

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Violation Report: 13206 - 03/26/2019 - Gray, Dean
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 Resident #1 participated in the development of their support plan on 09/25/18 and 01/30/19. 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 support plan/RASP was reviewed with the Power of Attorney and signed on 3/28/19 (Attachment E). As the resident is unable to sign, the appropriate check box has been documented (Attachment E).

The community completed a full audit of current RASPs on 5/2/19 to assure proper review, signature, and documentation. (Attachment G)

Moving forward, RASPs will be audited on a quarterly basis with the results reviewed during the Quarterly Quality Assurance meeting.

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 Exec Dir</i>	Date <i>5/2/19</i>
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The above plan of correction is approved as of 5/3/19
 (Date)

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

Plan of correction implementation status as of 5/3/19
 (Date)

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

Violation Report: 13206 - 03/26/2019 - Gray, Dean
 PCH Name: THE DEVON SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the SDU on 01/29/19. The resident did not have a preadmission screening completed at this time.

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 a pre-admission screening as a corrective action on 3/26/19 (Attachment F)

The community completed a full audit of all current pre-admission assessments by 5/2/19 to assure proper documentation. (Attachment G)

Moving forward, the pre-admission assessments will be audited quarterly with the results reviewed during the Quarterly Quality Assurance meeting.

As of 5/1/2019, all pre-admission screen for new move-ins or transfer within the community will be reviewed by the Executive Director or Designee prior to file.

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 Exec Dir* Date *5/2/19*

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 (Date)

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 (Initials)

Plan of correction implementation status as of 5/3/19
 (Date)

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Violation Report: 13206 - 03/26/2019 - Gray, Dean

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.

2a. DESCRIPTION OF VIOLATION

The directions for operating the home's locking mechanism are not conspicuously posted near the exit door by the living room in the SDCU.

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 framed exit code was located in the possession of a resident and placed on the wall by the exit door before the end of the inspection.

The community has placed the exit codes in a conspicuous place but now out of reach to prevent unintended tampering. The BTR director, Executive Director, and/or Manager on Duty will monitor the codes on a daily basis to assure they are present and take immediate action to remedy in the event a resident has displaced.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kenit M. Williams

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

Ken Williams Exec Dir

Date

5/2/19

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(Date)

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(Initials)