



August 26, 2019

Ms. Katherine E. Potter
President and 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 Ms. Potter:

As a result of the Department's Bureau of Human Services Licensing inspection on May 15, 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, appearing to read "Ayus Adelanwa", is written over a horizontal line.

Ayus Adelanwa
Workload Manager

Enclosure
Violation Report

Violation Report

Facility Information

Name: *THE DEVON SENIOR LIVING* License Number: *132060*
 Address: *445 NORTH VALLEY FORGE ROAD, DEVON, PA 19333*
 County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: *KENNETH WILLIAMS* Phone: *6102632300* Email: *LNEWCOMB@5SSL.COM*

Legal Entity

Name: *FIVE STAR QUALITY CARE NS OPERATOR LLC*
 Address: *400 CENTRE STREET, NEWTON, MA, 2458*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: Issued By:

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *94* Waking Staff: *71*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
 Reason: *Complaint*

Inspection Dates and Department Representative

05/15/2019 - On-Site: Natasha Braswell, Jennie Heinberg

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* Residents Served: *73*

Secured Dementia Care Unit

In Home: *Yes* Area: *MEMORY CARE* Capacity: *26* Residents Served: *13*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *60*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *21* Have Physical Disability: *0*

THE DEVON SENIOR LIVING

132060

141a 1-10 Medical Evaluation Information

Regulations

2600.

- 141.a. 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:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The resident's medical evaluation did not include weight, under the section of General Physical Examination.

- 1) Resident R1 was discharged prior to 5/15/19 inspection; therefor the DME was not corrected.
- 2) The executive director will educate all staff reviewing DME's as to completeness as itemized in 2600.141a by 8/6/19.
- 3) The executive director and/or his designee will review all DME's for completeness by 8/15/19. If information needs to be added or corrected, the ED or his designee will either request the physician correct the DME, or notify the physician and request permission to correct the DME and document same.
- 4) The executive director or his designee will review 10% of DME's monthly for completeness.
- 5) The executive director or his designee will discuss the results of DME audits at the quarterly QA meeting.

AAA
8/15/19

Legal Entity Representative

The Administrator will create a checklist that indicates someone to verify a dully completed DME.



Signature

Robert Angel

Printed Name and Title

Executive Dir.

8/6/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/15/19
(Date)

Plan of correction implementation status as of 8/15/19
(Date)

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

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

THE DEVON SENIOR LIVING

132060

141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1 's most recent medical evaluation was completed on 2-14-18. The resident's previous medical evaluation was completed on 2-14-17.

Plan of Correction (POC)

- 1) Resident R1 was discharged prior to 5/15/19 inspection; therefor a new DME was not obtained.
- 2) The executive director will educate all staff obtaining DME's for annual and resident change in condition, as noted in 141b1 by 8/6/19.
- 3) The executive director and/or his designee will review all DME's for timeliness by 8/15/19.
- 4) The executive director or his designee will review 10% of DME's monthly for timeliness.
- 5) The executive director or his designee will discuss the results of DME audits at the quarterly QA meeting.

A checklist will be created to track the DME due dates and to ensure its completion. 8/15/19

A.A.A

Legal Entity Representative

Robert Angel
Signature

Robert Angel Executive Director 8/15/19
Printed Name and Title Date

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(Date)

Plan of correction implementation status as of 8/15/19
(Date)

The above plan of correction was approved by A.A.A
(Initials)

- Fully Implemented
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THE DEVON SENIOR LIVING

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223a - Description of Service

Regulations

2600.

223.a. The home shall have a current written description of services and activities that the home provides including the following:


Description of Violation

The home's current written description of services and activities of the home does not include skilled care that involves detailed services when caring for pressure wounds.

Plan of Correction (POC)

- 1) The Devon does not admit residents with pressure wounds greater than a Stage II. Resident R-1 declined while in-house. Resident R-1 developed a pressure wound requiring third party agency services to aid in wound care and healing.
- 2) To prevent future occurrences of treatment levels beyond our scope, if a higher level of care is required, the community will communicate with the physician, resident and responsible party to obtain an appropriate environment for the level of care required.
- 3) The executive director or his designee will provide refresher education to all care staff by 8/15/19 regarding the internal process for reporting a resident's change in condition. Information re: resident change in condition will be provided on the 24hr shift report and reviewed by the DRC and ED during morning meeting.
- 4) The DRC will report wound data at the quarterly QA meeting.

Legal Entity Representative


Signature

Robert Angel Executive Dir.
Printed Name and Title

8/6/19
Date

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234d - Support Plan Revision

Regulations

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

A support plan for resident #1 was completed on 2/14/19; however, the support plan does not address the change in medical status on 2-5-19. The support plan does not detail the required wound care of a third party agency providing the necessary services to aid in wound care and healing.

Plan of Correction (POC)

- 1) Resident R1 was discharged prior to 5/15/19 inspection.
- 2) The executive director and/or his designee will educate all staff completing RASP's that support plans must be updated annually and with changes in resident care needs, as noted in 234d by 8/6/19.
- 3) The executive director or his designee will review 10% of RASP's monthly to ensure support plans include annual updates, care need updates, and the services of any third party agency, if applicable.
- 4) The executive director or his designee will discuss the results of RASP audits at the quarterly QA meeting.

An alert system that will prompt the need for a Support plan to be completed annually and when resident's circumstances changes will be created. 8/15/19

AAA

Legal Entity Representative

Robert Angel

Signature

Robert Angel Executive Dir

Printed Name and Title

8/6/19

Date

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