



December 16, 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 annual inspection on June 26 and 27, 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 (relating to Personal Care Homes) 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,

A handwritten signature in black ink, appearing to read "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

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

License Number: *132060*

Administrator

Name: *ROBERT ANGEL* 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: *08/20/2003* Issued By: *COMMONWEALTH OF PA*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *84* Waking Staff: *63*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
 Reason: *Renewal*

Inspection Dates and Department Representative

06/26/2019 - On-Site: Natasha Braswell, Tahesia Thomas
06/27/2019 - On-Site: Natasha Braswell, Tahesia Thomas

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* Residents Served: *66*

Secured Dementia Care Unit

In Home: *Yes* Area: *MEMORY CARE* Capacity: *26* Residents Served: *11*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *66*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *18* Have Physical Disability: *0*

THE DEVON SENIOR LIVING

132060

60c - Housekeeping/Maintenance

Regulations

2600.

60.c. Additional staff hours, or contractual hours, shall be provided as necessary to meet the laundry, food service, housekeeping and maintenance needs of the home.

Description of Violation

On 6-26-19, it was identified the home has one housekeeper and a supervisor to fulfill the housekeeping duties of the home. According to resident council minutes, the basic house keeping duties are not being fulfilled due to a lack of staff to complete the task.

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.)

1. Additional staffing was hired on 7/1/2019 by housekeeping supervisor.
2. Executive Director or designee will monitor needs of the home to assure housekeeping staffing levels are adequate.
3. Executive Director or designee will recruit and hire housekeeping staff to meet the needs of the home.
4. Executive Director or designee will report the staffing needs of housekeeping in QA.

Legal Entity Representative

Robert Angel

Signature

Robert Angel Executive Director

Printed Name and Title

8/9/19

Date

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

The above plan of correction is approved as of 12/2/19
(Date)

Plan of correction implementation status as of 12/2/19
(Date)

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

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

THE DEVON SENIOR LIVING

132060

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 6-26-19 when observing the medication pass, the medication carts were unclean displaying residue of medication creating an environment of contamination.

On 6-27-19, at 11:30 am, there were no paper towels in the bathroom of room #122.

On 6-27-19, at 10:30 am, the following sanitary conditions were found:

Room 12 had used rubber gloves left on the dresser by staff; Room 18 had a strong smell of urine on the couch; Room 19 had a strong smell of urine on the chair; Room 22 had used gloves left on the bed by staff.

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.)

See Attached next Page

Maintain documentation of education and audits for Department review. 12/2/19 *MAJ*

Legal Entity Representative

Robert Angel
Signature

Robert Angel Executive Dir. 8/9/19
Printed Name and Title Date

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85a

1. The medication cart was cleaned on 6/27/2019. Paper towels were filled in room 122 on 6/27/2019, gloves were removed from rooms 12 and 22 placed in trash receptacle, rooms 18 and 19 were detail cleaned on 6/27/2019 and odors were removed.
2. The Director of Resident Care or designee or designee will educate the medication aides and nurses the importance of keeping their carts cleaned and proper cleaning methods. The Executive Director or designee will educate all staff on the proper disposal of gloves after use on 7/3/2019. The Executive Director or designee will educate the housekeeping department on proper job flows to assure all rooms with odors are addressed, proper cleaning methods and chemical deodorizers used by 7/3/2019
3. The Director of Resident Care or designee will spot check all carts for cleanliness and monitor for gloves not properly disposed of. The Housekeeping Supervisor or designee will check rooms to assure compliance with cleaning of rooms, gloves not disposed of, dispensers are filled and odors are not present.
4. The Director of Resident Care or designee will report findings from medication cleanliness and proper disposal of gloves at QA. The Housekeeping Supervisor or designee will report findings of empty dispensers, gloves lying around and odors throughout home in QA. 

THE DEVON SENIOR LIVING

132060

85d - Trash Receptacles

Regulations

2600.

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

Description of Violation

On 6/27/19, there was a full, uncovered, unattended trash can in the activities room bathroom.

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.)

1. The trash can was emptied and a lid was placed on trash can 6/27/2019.
2. The housekeeping department will check for missing trash lids during their trash pulls in bathrooms and kitchens daily.
3. The Executive Director or designee will educate the housekeeping staff on the importance of keeping lids on trash cans in kitchens and bathrooms by 7/3/2019.
4. The Housekeeping Supervisor will monitor random bathrooms and kitchens for compliance with trash can lids and report in QA.

Maintain documentation of education and audits for Department review. 12/2/19 *MAJ*

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87 - Lighting

Regulations

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

The 1st floor stair tower and the 1st and 2nd floors stairwell in the Terrace tower were missing light bulbs.

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.)

- 1. The lightbulbs were changed in all stairwells on 6/27/2019.
- 2. The Executive Director or designee to educate the importance of keeping stairwells well-lit at all times.
- 3. The maintenance department will monitor stairwells daily for signs of bulbs needing replaced in stairwells.
- 4. The Executive Director or designee will complete weekly tours of all stairwells and report findings in QA.

Maintain documentation of education and audits for Department review. 12/2/19 *MJ*

Legal Entity Representative

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Signature

Robert Angel Executive Director
Printed Name and Title

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91 - Telephone Numbers

Regulations

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the kitchenette area and in room #18.

Plan of Correction (POC)

- (
 - 1. The emergency telephone numbers were replaced in the kitchenette and room number 18 on 6/27/2019.
 - 2. The emergency numbers in resident rooms throughout the entire community were placed in frames and screwed into the wall on 7/5/2019.
 - 3. All rooms prior to admissions will be checked to assure emergency numbers in frames are compliant.
 - 4. The Executive Director or designee will educate all staff on the importance of emergency numbers being in any area of a telephone that dials out by 8/19/2019.
 - 5. The Executive Director or designee will randomly monitor areas to assure signage of emergency numbers is present and report the findings in QA.
- Maintain documentation of education and audits for Department review. 12/2/19 *mg*

Legal Entity Representative

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Signature

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Printed Name and Title

8/9/19
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132060

102h - Toilet Paper

Regulations

2600.

102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On 6/27/19, at 11:15 am, there was no toilet paper for the toilet in the bathroom in room #12 and 122.

Plan of Correction (POC)

- 1. The toilet paper was replaced in rooms 12 and 122 on 6/27/2019.
- 2. The housekeeping department was educated to leave an extra roll for each toilet in a conspicuous place by housekeepers 7/1/2019.
- 3. The Housekeeping Director or designee will check bathrooms randomly on a daily basis for missing toilet paper and results will be reported in QA.

Maintain documentation of education and audits for Department review. 12/2/19 *MAJ*

Legal Entity Representative

Robert Angel

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Robert Angel Executive
DIR

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105g - Lint Removal and Duct Cleaning

Regulations

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 6/27/17, the dryers located on the 2nd and 3rd floors had an accumulation of lint inside the traps. There were no clothes in the dryer at the time.

Plan of Correction (POC)

1. All dryer lint traps were cleaned on 6/27/19.
2. A new lint log will be developed by 8/15/19 to assure lint traps are cleaned after each use
3. The Maintenance Director will educate staff on the proper cleaning of lint traps, logs and the importance of cleaning 8/15/2019.
4. The Housekeeping Supervisor or designee will check lint traps for proper cleaning during cleaning schedule and report findings in QA.

Maintain documentation of education and audits for Department review. 12/2/19 *MJ*

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THE DEVON SENIOR LIVING

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185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 6-27-19, the glucometer for resident #1 was not calibrated to the correct month.

Plan of Correction (POC)

1. The glucometer for resident number 1 was replaced with a new one and calibrated correctly on 6/27/2019.
2. Director of Resident Care or designee will educate the medication aides and nurses on proper calibration of glucometers by 8/17/2019.
3. The medication aides and nurses will check the glucometer for correct calibration on a daily basis during medication passes. They will report any discrepancies to the Director of Resident Care.
4. The Director of Resident Care or designee will check glucometers for correct calibration weekly for 90 days and report any findings to the QA.

Maintain documentation of education and audits for Department review. 12/2/19 *MAJ*

Legal Entity Representative

[Signature]
Signature

Robert Angel Executive Director
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