

Department of Human Services
Bureau of Human Service Licensing

September 15, 2020

TIFFANIE SMALL, EXECUTIVE DIRECTOR
FIVE STAR QUALITY CARE NS OPERATOR LLC
400 CENTRE STREET
ATTN: LICENSING
NEWTON, MA 2458

RE: THE DEVON SENIOR LIVING
445 NORTH VALLEY FORGE ROAD
DEVON, PA, 19333
LICENSE/COC#: 13206

Dear Ms. Small,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/29/2020, 07/30/2020, 08/04/2020, 08/07/2020, 08/10/2020, 08/12/2020, 08/14/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: *THE DEVON SENIOR LIVING* License #: *13206* License Expiration Date: *11/06/2020*
 Address: *445 NORTH VALLEY FORGE ROAD, DEVON, PA 19333*
 County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: *Tiffanie Small* Phone: *6102632300* Email: *TSmall@5SSL.COM*

Legal Entity

Name: *FIVE STAR QUALITY CARE NS OPERATOR LLC*
 Address: *400 CENTRE STREET, ATTN: LICENSING, NEWTON, MA, 2458*
 Phone: *6102632300* Email: *TSmall@5SSL.COM*

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: *66* Waking Staff: *50*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint,Incident* Exit Conference Date: *08/14/2020*

Inspection Dates and Department Representative

07/29/2020 - Off-Site: David Carrion
07/30/2020 - Off-Site: David Carrion
08/04/2020 - Off-Site: David Carrion
08/07/2020 - Off-Site: David Carrion
08/10/2020 - Off-Site: David Carrion
08/12/2020 - Off-Site: David Carrion
08/14/2020 - Off-Site: David Carrion

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* Residents Served: *48*

Secured Dementia Care Unit

In Home: *Yes* Area: *BRT* Capacity: *26* Residents Served: *15*

Hospice

Current Residents: *6*

Resident Demographic Data as of Inspection Dates (*continued*)

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 48

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 18

Have Physical Disability: 8

Inspections / Reviews**07/29/2020 - Partial**Lead Inspector: *David Carrion*Follow-Up Type: *POC Submission*Follow-Up Date: *08/30/2020***8/31/2020 - POC Submission**Lead Reviewer: *Claire Mendez*Follow-Up Type: *POC Submission*Follow-Up Date: *09/02/2020***9/1/2020 - POC Submission**Lead Reviewer: *Claire Mendez*Follow-Up Type: *Document Submission*Follow-Up Date: *09/11/2020***9/15/2020 - Document Submission**Lead Reviewer: *Claire Mendez*Follow-Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

- 42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 7/26/20 at 6:30 pm, Staff Member A tied Resident #1 with a scarf around the resident's waist and secured it to the wheelchair. The resident ambulates independently using a rolling walker. Staff Member A stated to Staff Member B during an investigative interview: "Resident was hitting other residents. In order to prevent residents from being hit, I placed in the wheelchair and wheeled her with me. (The) resident continued to be agitated. (The) resident started to bother other residents. I decided to place the scarf around her." "I didn't want her to hit anyone else or hurt herself. I was by myself at the time."

Plan of Correction**Accept**

Employee was immediately suspended pending investigation. Employee was terminated on 7/29/20.

On 8/10/20, 8/11/20 and 8/13/20 all staff was re-educated on OAPSA, abuse and neglect, resident rights and safe management techniques.

All staff will continue to be trained on OAPSA, abuse, resident rights upon hire and annually per the training plan. See attached training sheets for OAPSA, abuse, resident rights

Completion Date: 08/13/2020

Document Submission**Implemented**

Training completed; please see attached training sheets for OAPSA, abuse and resident rights

54a - Direct Care Staff

1. Requirements

2600.

- 54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction**Accept**

On 8/15/20, the Business Office Manager and Executive Director completed an audit of all employee files for compliance of 2600.54a regulation.

The Business Office Manager will require all staff upon hire to have a high school diploma or nurse aide registry prior to orientation. Executive Director will audit employee files quarterly for compliance.

Completion Date: 08/15/2020

Document Submission**Implemented**

audit completed

60a - Staff/Support Plan

1. Requirements

2600.

- 60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

60a - Staff/Support Plan *(continued)***Description of Violation**

On 7/26/20 at 6:00 pm , Resident #1 did not receive comfort during her times of anxiety, as required by his/her assessment and support plan.

While the home meets the minimum staffing requirements, Staff Member A was left alone with 13 residents with dementia for a period of approximately one and a half hours, from 6:00 pm to 7:30 pm. During that time, Staff Member A was facilitating an activity for the residents while Resident #1 was having an episode of anxiety and hitting other residents.

Plan of Correction**Do Not Accept**

Request for reconsideration

The home meet the minimum staffing requirement. The primary benefit of regulation 2600.60a ensures that there are sufficient staff persons on duty at all times to meet residents' needs. .

Staff was on duty and available via walkie or telephone to assist in this area.

Completion Date: 07/26/2020

Update - 08/31/2020

You must submit a plan to correct the violation.

Plan of Correction**Directed**

All staff will be retrained to request for assistance via telephone or walkie if needed in another area.

DPOC 9/1/2020 (CM) - By 9/10/20: The administrator or designee shall review all resident assessments and support plans to determine the appropriate level of staffing needed to provide the appropriate care and services to each resident, including the appropriate level of staffing to evacuate all residents in the event of an emergency within the safe evacuation specified in writing by the home's fire safety expert. This person shall monitor the staffing schedule weekly to ensure the staffing levels are met to meet the resident's needs. An audit log will be developed and submitted to the Department

Completion Date: 09/10/2020

Document Submission**Implemented**

audit completed; please see the attach document

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on 12/18/19, began providing unsupervised ADL services on 12/20/18. However, the staff person did not complete and pass the Department-approved direct care training course.

65d - Initial Direct Care Training (*continued*)**Plan of Correction****Accept**

On 8/15/20, the Business Office Manager and Executive Director completed an audit of all employee files for compliance of 2600.65 (d) regulation.

The Business Office Manager will require all staff upon hire to complete and pass the Department approved direct care training course.

Executive Director will conduct an audit quarterly for compliance of 2600.65 (d) regulation.

Completion Date: 08/15/2020

Document Submission**Implemented**

audit completed

202 - Prohibitions

1. Requirements

2600.

202. The following procedures are prohibited:

5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.

Description of Violation

On 07/26/20 at 6:30 pm, Staff Member A tied a scarf around the waist of Resident #1 and secured the scarf to a wheelchair, preventing the resident from moving freely.

Plan of Correction**Accept**

Employee was trained on OAPSA, abuse and safe management techniques. On 8/10/20, 8/11/20 and 8/13/20.

Staff will continue to be trained on OAPSA, abuse, resident rights and safe management techniques upon hire and annually per staff training plan.

Executive Director will audit staff training quarterly for compliance

See attached training sheets for OAPSA, abuse, and safe management techniques.

Completion Date: 08/13/2020

Document Submission**Implemented**

please see attached training sheet for OAPSA, abuse and safe management techniques