

Department of Human Services
Bureau of Human Service Licensing

December 28, 2020

TIFFANIE SMALL, ADMINISTRATOR
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 10/29/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Mia Johnson

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *THE DEVON SENIOR LIVING* License #: *13206* License Expiration Date: *11/06/2021*
 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: *LNEWCOMB@5SSL.COM*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/20/2003* Issued By: *COMMONWEALTH OF PENNSYLVANIA*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *66* Waking Staff: *50*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *10/29/2020*

Inspection Dates and Department Representative

10/29/2020 - On-Site: Natasha Braswell

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

In Home: *Yes* Area: *MEMORY CARE* Capacity: *26* Residents Served: *15*

Hospice

Current Residents: *6*

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

10/29/2020 - Partial

Lead Inspector: *Natasha Braswell*Follow-Up Type: *POC Submission*Follow-Up Date: *12/20/2020*

12/21/2020 - POC Submission

Lead Reviewer: *Mia Johnson*Follow-Up Type: *Document Submission*Follow-Up Date: *12/24/2020*

12/28/2020 - Document Submission

Lead Reviewer: *Mia Johnson*Follow-Up Type: *Not Required*

141a 1-10 Medical Evaluation Information

1. Requirements

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 the temperature.

Plan of Correction

Accept

DRC or designee completed an audit on 12/18/20 for compliance of 2600.141.a All charts are currently in compliance with the regulation. Ongoing the DRC or designee will check medical evaluations upon completion by the physician for compliance of 2600.141.a regulation. The Executive Director or designee will conduct a random audit quarterly for compliance.

Completion Date: 12/18/2020

Document Submission

Implemented

Audit completed on 12/28/20 of all medical evaluations

187b - Date/Time of Medication Admin.

1. Requirements

2600.

- 187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is prescribed Metformin 500 mg. Resident #1's October 2020 medication administration record does not include the initials of the staff person who administered Metformin on 10/24/20 at 5:00 pm.

Resident #1 is prescribed Quetiapine 25 mg. Resident #1's October 2020 medication administration record does not include the initials of the staff person who administered Quetiapine 25 mg on 10/24/20 at 9:00 pm.

Plan of Correction

Accept

DRC or designee will audit MARS weekly x 4 beginning 12/16/20 for compliance of 2600.187.b regulation. Executive Director or designee will conduct a quarterly audit of MAR for compliance

Completion Date: 01/06/2021

Document Submission

Implemented

Audit is weekly x 4 weeks Mar compliance