

Department of Human Services
Bureau of Human Service Licensing

February 2, 2022

[REDACTED]
FIVE STAR QUALITY CARE NS OPERATOR LLC

[REDACTED]
ATTN: LICENSING
[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/09/2021, 12/10/2021, 12/10/2021, 12/15/2021, 12/16/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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 **Licence #:** 13206 **Licence Expiration:** 11/06/2022
Address: 445 NORTH VALLEY FORGE ROAD, DEVON, PA 19333
County: CHESTER **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: FIVE STAR QUALITY CARE NS OPERATOR LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 06/02/2003 **Issued By:** CWOPA

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 50 **Waking Staff:** 38

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Incident **Exit Conference Date:** 12/16/2021

Inspection Dates and Department Representative

| | |
|------------------------|------------|
| 12/09/2021 - On-Site: | [REDACTED] |
| 12/10/2021 - On-Site: | [REDACTED] |
| 12/10/2021 - Off-Site: | [REDACTED] |
| 12/15/2021 - Off-Site: | [REDACTED] |
| 12/16/2021 - Off-Site: | [REDACTED] |

Inspection Dates and Department Representative (*continued*)

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 84

Residents Served: 39

Secured Dementia Care Unit

In Home: Yes

Area: *Bridges to Rediscovery*

Capacity: 26

Residents Served: 8

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 39

Diagnosed with Mental Illness: 2

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 11

Have Physical Disability: 0

Inspections / Reviews

12/09/2021 - Full

Lead

[REDACTED]

Follow Up Type: *POC Submission*Follow Up Date: *01/07/2022*

01/10/2022 POC Submission

Reviewer:

[REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *01/30/2022*

02/02/2022 - Document Submission

Reviewer:

[REDACTED]

Follow Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 12/9/21, the home's most recent License Inspection Summary, dated 2/8/21, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

Corrected during time of inspection, Executive Director will immediately post the inspection summary once received and check for compliance quarterly.

Document Submission

Implemented

Corrected during time of inspection, Executive Director will immediately post the inspection summary once received and check for compliance quarterly.

5a1 - DHS Access

1. Requirements

2600.

- 5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:
1. Agents of the Department.

Description of Violation

On 12/10/11, in order to complete an incident investigation regarding Resident #1's injury, an agent of the Department, requested access to the names of all staff members that worked with Resident #1 on the night of 11/14/21 and the morning of 11/15/21. The agent was provided with an incomplete staff schedule. The agent explained that the name of the staff person who cared for Resident #1 during the 11:00 pm to 7:00 am shift that began on 12/14/21 was needed. The home was aware that Staff Member A had been assigned to care for Resident #1 and did not disclose this information to the agent. The home provided a staff schedule with the names of 9 staff members that were in the home during the period being investigated. After interviews with staff, it was determined that there were 15 staff members that were in the home during the period being investigated.

Plan of Correction

Directed

The Executive Director or designee will be in compliance with 2600.5. a 1 at all times.

DPOC - 01-10-2022 - SP

Within 15 calendar days receipt of this POC, Administrator will train staff on granting access to the home, residents, and records to agents of the Department. Documentation of staff training to be made available for Department review within 20 business days receipt of POC.

Document Submission

Implemented

The Executive Director or designee will be in compliance with 2600.5. a 1 at all times.

Administrator will train staff on granting access to the home, residents, and records to agents of the Department.

62 - Contact List

1. Requirements

2600.

62 Contact List (continued)

62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

The home does not have contact information for all substitute staff.

Plan of Correction

Accept

On 12/16/21, the executive director obtained phone numbers of all substitute staff. DRC and ADRC was re-trained on regulation 2600.62 and will maintain an ongoing list of substitute staff when scheduled. ED will monitor quarterly for compliance of regulation

Document Submission

Implemented

On 12/16/21, the executive director obtained phone numbers of all substitute staff. DRC and ADRC was re-trained on regulation 2600.62 and will maintain an ongoing list of substitute staff when scheduled. ED will monitor quarterly for compliance of regulation

65c Ancillary Staff Orientation

1. Requirements

2600.

65.c. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Description of Violation

Ancillary staff person I, whose first day of work was [REDACTED] did not have a general orientation to [REDACTED] specific job functions.

Plan of Correction

Directed

BOM in-service on general orientation and keep records of all orientation. ED will audit files quarterly for compliance of regulation.

DPOC - 01-10-2022 - SP

Within 15 calendar days receipt of this POC, Administrator will ensure staff member I has an orientation as specified in regulation 2600.65c. Documentation of staff orientation to be made available for Department review within 20 business days receipt of POC.

Document Submission

Implemented

BOM in service on general orientation and keep records of all orientation. ED will audit files quarterly for compliance of regulation. Administrator will ensure staff member I has an orientation as specified in regulation 2600.65c.

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 12/9/21 there was no sanitary method of hand drying in the bathroom in resident room [REDACTED]

Plan of Correction

Accept

Corrected during time of inspection, towel dispenser was place in resident room [REDACTED] and housekeeping was retrained on regulation 2600.85 a and will check daily for compliance. ED will check weekly during rounds for compliance of

85a - Sanitary Conditions (continued)*regulation 2600.85a***Document Submission****Implemented**

Corrected during time of inspection, towel dispenser was place in resident room [REDACTED] and housekeeping was retrained on regulation 2600.85 a and will check daily for compliance. ED will check weekly during rounds for compliance of regulation 2600.85a

89b - Hot Water Temperature**1. Requirements**

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 12/9/21 at 1:40 pm, the hot water temperature at the sink in the bathroom of resident room 11 measured 123.9 degrees Fahrenheit.

On 12/9/21 at 1:45 pm, the hot water temperature at the sink in the bathroom of resident room 14 measured 122.1 degrees Fahrenheit.

Plan of Correction**Accept**

Corrected during time of inspection. Maintenance team was re-trained on regulation 2600.89.b. Maintenance will take random temperatures throughout the community weekly x 4 and then monthly log temperatures in the tels system. Executive Director will monitor documented temperature monthly for compliance.

Document Submission**Implemented**

Corrected during time of inspection. Maintenance team was re-trained on regulation 2600.89.b. Maintenance will take random temperatures throughout the community weekly x 4 and then monthly log temperatures in the tels system. Executive Director will monitor documented temperature monthly for compliance.

101j7 - Lighting/Operable Lamp**1. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction**Accept**

Corrected during time of inspection, lamp was plugged in. All staff was trained on 2600.101.j. Maintenance and housekeeping will check lights during weekly cleaning and rounds for compliance. Executive Director will randomly check for compliance during monthly rounds.

Document Submission**Implemented**

Corrected during time of inspection, lamp was plugged in. All staff was trained on 2600.101.j. Maintenance and housekeeping will check lights during weekly cleaning and rounds for compliance. Executive Director will randomly check for compliance during monthly rounds.

102i - Soap Dispenser

1. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was no soap dispenser in the bathroom in resident room [REDACTED].

Plan of Correction

corrected during inspection, housekeeping and maintenance in-service on regulation
ED and Maintenance director will check for compliance during monthly rounds.

Accept

Document Submission

corrected during inspection, housekeeping and maintenance in-service on regulation
ED and Maintenance director will check for compliance during monthly rounds.

Implemented

103c - Food Protected

1. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 12/9/21, there was an uncovered cup of juice in the refrigerator in the second floor lounge.

On 12/9/21, there was an uncovered plate with a taco stored in the Bridges to Rediscovery refrigerator.

On 12/9/21, there was an uncovered tray of Jello stored in the Unit 1 refrigerator .

Plan of Correction

corrected during inspection, staff was retrained on regulation. Managers will audit refrigerator weekly x4 weeks and then monthly.

ED or designee will audit during monthly rounds for compliance.

Accept

Document Submission

corrected during inspection, staff was retrained on regulation. Managers will audit refrigerator weekly x4 weeks and then monthly.

ED or designee will audit during monthly rounds for compliance.

Implemented

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was an unlabeled, undated cup of juice in the refrigerator in the second-floor lounge.

There were 2 unlabeled, undated bowls of fruit salad in the Bridges to Rediscovery refrigerator.

There was an unlabeled, undated plate with a taco in the Bridges to Rediscovery refrigerator.

There was an unlabeled, undated sandwich bag with almonds in the Bridges to Rediscovery refrigerator.

There was an unlabeled, undated bag of sauce in the Bridges to Rediscovery freezer.

There was an unlabeled, undated block of cheese and an unlabeled, undated bag of shredded cheese in the walk-in refrigerator in the home's kitchen.

103e - Left Overs (continued)

There was an undated bag of egg noodles, an undated bag of almonds, and an undated bag of spaghetti in the home's dry storage area.

Plan of Correction **Accept**

corrected during inspection, staff was retrained on regulation. Managers will audit refrigerator weekly x4 weeks and then monthly.

ED or designee will audit during monthly rounds for compliance.

Document Submission **Implemented**

corrected during inspection, staff was retrained on regulation. Managers will audit refrigerator weekly x4 weeks and then monthly.

ED or designee will audit during monthly rounds for compliance.

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the Unit 6 freezer in the main kitchen.

Plan of Correction **Accept**

Corrected during time of inspection, dining staff retrained on regulation. ED or designee will monitor during weekly rounds. FSD will monitor weekly x 4 weeks and then monthly for compliance of the regulation

Document Submission **Implemented**

Corrected during time of inspection, dining staff retrained on regulation. ED or designee will monitor during weekly rounds. FSD will monitor weekly x 4 weeks and then monthly for compliance of the regulation

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The pharmacy label for resident #2's [REDACTED] HCL 0.25 MG does not include the correct instructions for administration.

Plan of Correction **Accept**

Nursing staff re-trained on proper labeling of medication The DRC and/or ADRC will audit weekly to ensure compliance the ED or designee will audit quarterly for compliance of the regulation

Document Submission **Implemented**

Nursing staff re-trained on proper labeling of medication The DRC and/or ADRC will audit weekly to ensure compliance the ED or designee will audit quarterly for compliance of the regulation

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #2 is prescribed Ativan 0.25 MG as needed. However, the resident's medication administration record states "give 1/2 tablet by mouth daily".

Plan of Correction

Accept

Nursing staff re trained on proper documentation of medication The DRC and/or ADRC will audit weekly to ensure compliance the ED or designee will audit quarterly for compliance of the regulation

Document Submission

Implemented

Nursing staff re-trained on proper documentation of medication The DRC and/or ADRC will audit weekly to ensure compliance the ED or designee will audit quarterly for compliance of the regulation
Document Submission

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1 participated in the development of [redacted] support plan on [redacted]. However, the resident did not sign the support plan.

Resident #2 participated in the development of [redacted] support plan on [redacted]. However, the resident did not sign the support plan.

Resident #3 participated in the development of [redacted] support plans on [redacted] and [redacted]. However, the resident did not sign the support plans.

Plan of Correction

Accept

DRC and ADRC will retrained on RASP and regulation. DRC and ADRC conducted an audit on all charts for

227g -Support Plan Signatures (continued)

compliance. ED or designee will conduct a random audit quarterly for compliance of regulation

Document Submission**Implemented**

DRC and ADRC will retrained on RASP and regulation. DRC and ADRC conducted an audit on all charts for compliance. ED or designee will conduct a random audit quarterly for compliance of regulation

65a - FS Orientation 1st Day**1. Requirements**

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, substitute personnel, did not receive orientation on the following topics:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Staff person B, substitute personnel, did not receive orientation on the following topics:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Staff person C, substitute personnel, did not receive orientation on the following topics:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.

65a - FS Orientation 1st Day (continued)

5. *The location and use of fire extinguishers.*
6. *Smoke detectors and fire alarms.*
7. *Telephone use and notification of emergency services.*

Staff person D, substitute personnel, did not receive orientation on the following topics:

1. *Evacuation procedures.*
2. *Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.*
3. *The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.*
4. *Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.*
5. *The location and use of fire extinguishers.*
6. *Smoke detectors and fire alarms.*
7. *Telephone use and notification of emergency services.*

Staff person E, substitute personnel, did not receive orientation on the following topics:

1. *Evacuation procedures.*
2. *Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.*
3. *The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.*
4. *Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.*
5. *The location and use of fire extinguishers.*
6. *Smoke detectors and fire alarms.*
7. *Telephone use and notification of emergency services.*

Staff person F, substitute personnel, did not receive orientation on the following topics:

1. *Evacuation procedures.*
2. *Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.*
3. *The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.*
4. *Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.*
5. *The location and use of fire extinguishers.*
6. *Smoke detectors and fire alarms.*
7. *Telephone use and notification of emergency services.*

Staff person G, substitute personnel, did not receive orientation on the following topics:

1. *Evacuation procedures.*
2. *Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.*
3. *The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.*
4. *Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.*
5. *The location and use of fire extinguishers.*
6. *Smoke detectors and fire alarms.*
7. *Telephone use and notification of emergency services.*

Repeat Violation: 2/8/21 et al

65a - FS Orientation 1st Day (continued)**Plan of Correction****Directed**

DRC and/or ADRC was trained on the regulation. DRC or ADRC will audit files weekly for compliance of regulation. ED or designee will do a random audit quarterly for compliance.

DPOC - 01-10-2022 - [REDACTED]

Within 15 calendar days receipt of this POC, Administrator will ensure staff members A, B, C, D, E, F, and G have an orientation which includes all topics specified in regulation 2600.65a. Documentation of staff orientation to be made available for Department review within 20 business days receipt of POC.

Document Submission**Implemented**

DRC and/or ADRC was trained on the regulation. DRC or ADRC will audit files weekly for compliance of regulation. ED or designee will do a random audit quarterly for compliance.

65b - Rights/Abuse 40 Hours**1. Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person H completed [REDACTED] 40th scheduled work hour on or about 4/12/21. However, this staff person did not complete training in the following topics: Reporting of reportable incidents and conditions.

Repeat Violation: 2/8/21 et al.

Plan of Correction**Directed**

BOM in-service on general orientation and keep records of all orientation. ED will audit files quarterly for compliance of regulation.

DPOC - 01-10-2022 - [REDACTED]

Within 15 calendar days receipt of this POC, Administrator will ensure staff member H has an orientation which includes all topics specified in regulation 2600.65b. Documentation of staff orientation to be made available for Department review within 20 business days receipt of POC.

Document Submission**Implemented**

BOM in-service on general orientation and keep records of all orientation. ED will audit files quarterly for compliance of regulation.

65d - Initial Direct Care Training**1. Requirements**

2600.

65d Initial Direct Care Training (continued)

- 65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
 1. Training that includes a demonstration of job duties, followed by supervised practice.
 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 [redacted] hired on 3/23/21 [redacted] began providing unsupervised ADL services on or about 3/23/21. However, the staff person did not complete training that included a demonstration of job duties, followed by supervised practice.

Repeat Violation: 2/8/21 et al

Plan of Correction

Directed

BOM in-service on general orientation and keep records of all orientation.
ED will audit files quarterly for compliance of regulation.

DPOC - 01-10-2022 - [redacted]

Within 15 calendar days receipt of this POC, Administrator will ensure staff member [redacted] Initial Direct Care training which includes all topics specified in regulation 2600.65d. Documentation of staff training to be made available for Department review within 20 business days receipt of POC.

Document Submission

Implemented

BOM in-service on general orientation and keep records of all orientation.
ED will audit files quarterly for compliance of regulation.

Request reconsideration employee had training on 3/22/21

185a - Implement Storage Procedures

1. Requirements

- 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

Resident #1 is prescribed Guaifenesin 400 MG and Trazodone HCL 50 MG as needed. On 12/10/21 the medications were not available in the home.

Resident #2 is prescribed Acetaminophen 325 MG and Ativan 0.25 MG as needed. On 12/10/21 the medications were not available in the home.

Repeat Violation: 2/8/21 et al

Plan of Correction

Accept

Nursing staff re trained on proper storage of medication The DRC and/or ADRC will audit weekly to ensure compliance the ED or designee will audit quarterly for compliance of the regulation

Document Submission

Implemented

Nursing staff re-trained on proper storage of medication The DRC and/or ADRC will audit weekly to ensure compliance the ED or designee will audit quarterly for compliance of the regulation