pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: MARCH 10, 2023

Five Star Quality Care NS Operator, LLC
Attn: Licensing

RE: The Devon Senior Living
445 North Valley Road
Devon, Pennsylvania 19333
License #: 132061

Dear

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection June 9, 27, and 28, 2022, September 8 and 9, 2022, and November 30 and December 12, 2022 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance 132061 dated November 6, 2022 to November 6, 2023 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated November 6, 2022 to November 6, 2023 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from March 10, 2023 to September 10, 2023.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600 Section:	Class of Violation	Census at Inspection	Fine Per Resident X Per day	Calculated Fine = Per Day	Mandated Correction Date (to avoid Fine)
184a	II	39	$5	$195	5 calendar days from mailing date of this letter
185a	II	39	$5	$195	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

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

Facility Information

Name: *THE DEVON SENIOR LIVING* **License #**: *13206* **License Expiration**: *11/06/2022*

Addre : *445 NORTH VALLEY FORGE ROAD, DEVON, PA 19333*

County: *CHESTER* **Region**: *SOUTHEAST*

Administrator

Name: **Phone**: **Email**:

Legal Entity

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

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *45* **Waking Staff**: *34*

Inspection Information

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

Reason: *Incident* **Exit Conference Date**: *06/29/2022*

Inspection Dates and Department Representative

06/09/2022 - On-Site:
06/27/2022 - Off-Site:
06/28/2022 - Off-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* **Residents Served**: *36*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Bridges to Discovery* **Capacity**: *26* **Residents Served**: *11*

Hospice

Current Residents: *NM*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *35*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *1*
Have Mobility Need: *9* **Have Physical Disability**: *0*

Inspections / Reviews

06/09/2022 - Partial

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/19/2022*

07/20/2022 - POC Submission

Submitted By: [redacted] **Date Submitted:** *07/19/2022*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *08/01/2022*

01/17/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *08/12/2022*

Reviewer: [redacted] **Follow-Up Type:** *Enforcement*

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 4/1/22, resident #1 was sent to the ER after choking on a [redacted]. Resident #1 was diagnosed with "choking due to food in larynx."

On 4/1/22, the physician prescribed resident #1 a mechanical soft diet due to the resident having difficulty swallowing and [redacted].

On 5/7/22 at 16:54 resident #1 [redacted] Resident #1 aspirated on an Italian sausage on a hoagie roll which was cut into 3 pieces. Staff person A, (dietary aide) stated they knew resident #1 had a choking history, but the resident did not have a dietary slip to notify staff of the resident's dietary change.

An anonymous staff person states "Resident #1 was on a regular diet. However, because of a prior incident I was told about them choking on a meatball. Nursing staff requested that if resident #1 had a sandwich cut it into 4's.

Staff person A told me "They'll be fine, I'll watch the resident." When I asked about the size of the sandwich while resident #1 was on the floor still gasping for air turning blue, they told me resident #1 was a do not resuscitate & that they were leaving resident #1 alone because when they tried to help with Heimlich resident #1 was seizing.

Resident #1 [redacted] at dinner time, resident #1 was served Italian Sausage with peppers and onions. About a week prior to this incident there was an altercation between nursing staff & a server where they had insisted that all resident #1's sandwiches be cut into 4s or smaller pieces because resident #1 had choked on a meatball. So, on the day of resident #1's [redacted] I cut the sandwich into smaller sections, however I noticed that because the roll was so thick and overwhelming that it didn't look safe if resident #1 was an undocumented choking hazard. So, I asked staff person A that had been working with resident #1 longer than me. Staff person A said to me, "it's fine I'll watch them." I asked staff person A again in an unsure manner, but staff person A insisted it wasn't needed. About 10 minutes later another sever told me resident #1 was choking. When I walked out the nursing staff person was performing the Heimlich.

We left out the dining area into the kitchen and called 911 when I was finished with the call and came back in the dining room resident #1 was on the floor on their back coughing/wheezing for air taking shorter and shorter breaths turning bluer and bluer. I told nursing staff they are turning blue, and they told me that "it's nothing I can do when I tried the Heimlich resident #1 started seizing and resident #1 is DNR." I was panicking walking around googling things to do and telling them, but they didn't do anything besides basically watch in a scared way in between that time the resident took their last breath and eventually after that the paramedics came and performed CPR and the nurse jumped in to help with compressions & after that when there was nothing that could be done they put a blanket over resident #1 and left them in the middle of the floor."

The death certificate on [redacted] has resident #1s cause of death as "asphyxiation, choking on food."

POC Submission ***Accept***

Please note anonymous staff person does not match testimony of other witnesses present at time of incident. Staff person A notified Med Tech on duty that resident was choking Med Tech immediately attempted Heimlich

42b - Abuse (continued)

maneuver, when not successful resident was lowered to floor and CPR was started while other team member called 911. CPR was continued until Police arrived and relieved staff performing CPR. Police continued CPR until Paramedics arrived, Paramedics ceased CPR after evaluation of resident and reviewing residents DNR status. Immediately following this incident, all staff members employed by The Devon were given a training by Speech Therapy on proper diet consistency. (see attached training)
A Diet board has been posted in the kitchen so anyone serving residents can quickly reference it to know if a resident is on a specialized diet. The DRC or designee will update this board immediately whenever there is a change in resident's prescribed diet.
With receipt of this licensing inspection on 7/9/22, all Devon employees were assigned a self study learning course on understanding and identifying abuse and neglect with a deadline of July 31, 2022.

Licensee's Proposed Overall Completion Date: *07/31/2022*

Not Implemented - 12/29/2022)

141b2 - Medical Evaluation Changes

3. Requirements

2600.
141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

Resident #1's, last medical evaluation was complete on and was incomplete and did not include the resident's diagnosis or other pertinent medical information or treatment plan. Also, this medical evaluation indicated resident #1 did not have any dietary or special needs. However, on 4/1/22, after an ER visit as a result of a choking incident resident #1 was diagnosed with and prescribed a mechanical soft diet. At the time of resident #1's second choking incident which resulted in their death on the home failed to update resident #1's medical evaluation.

POC Submission ***Accept***

Per conversation with DHS supervisor on 7/15/22 Resident #1's medical evaluation was complete on
DRC or designee will immediately request from resident PCP a new DME anytime a "change in medical condition" is identified.
ED or designee will perform random quarterly audits of resident DME's to verify compliance for one year, 7/9/2023 end date.

Licensee's Proposed Overall Completion Date: *07/09/2022*

Not Implemented (-12/22/2022)

161d - Dietary Needs

5. Requirements

2600.
161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

161d - Dietary Needs *(continued)*

Description of Violation

On 4/1/22, resident #1 was prescribed a mechanical soft diet. However, on 5/7/22 at dinner time the resident was served a sausage on hoagie roll which was cut into three pieces.

POC Submission ***Accept***

All team members at the time of incident were trained on proper diets by Speech Therapy (see attached training)
A diet board has been implemented in service area of kitchen to verify residents requiring special dietary needs are met. Team members are trained to review board to verify they are following resident's prescribed diet.
DRC or designee will verify diet board is updated whenever a resident's dietary needs change.
FSD or designee will train culinary team on food consistencies to verify residents are receiving diets as prescribed.

Licensee's Proposed Overall Completion Date: *07/09/2022*

Not Implemented (-12/22/2022)

161e - Dietary Alternatives

6. Requirements

2600.
161.e. Dietary alternatives shall be available for a resident who has special health needs or religious beliefs regarding dietary restrictions.

Description of Violation

On 5/7/22, the home did not provide a dietary alternative to resident #1 during dinner. Resident #1 requires mechanical soft food due to difficulty swallowing and was diagnosed with

POC Submission ***Accept***

All team members at the time of incident were trained on proper diets by Speech Therapy (see attached training)
A diet board has been implemented in service area of kitchen to verify residents requiring special dietary needs are met. Team members are trained to review board to verify they are following resident's prescribed diet.
DRC or designee will verify diet board is updated whenever a resident's dietary needs change.
FSD or designee will train culinary team on food consistencies to verify residents are receiving diets as prescribed.

Licensee's Proposed Overall Completion Date: *07/09/2022*

Not Implemented (-12/22/2022)

187d - Follow Prescriber's Orders

7. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

On 4/1/22, resident #1 was prescribed a mechanical soft diet because of difficulty swallowing and a diagnosis of . However, on resident #1 was served a sausage and hoagie roll which caused asphyxiation and the residents death.

187d - Follow Prescriber's Orders (continued)

POC Submission ***Accept***

All team members at the time of incident were trained on proper diets by Speech Therapy (see attached training)
A diet board has been implemented in service area of kitchen to verify residents requiring special dietary needs are met. Team members are trained to review board to verify they are following resident's prescribed diet.
DRC or designee will verify diet board is updated whenever a resident's dietary needs change.
FSD or designee will train culinary team on food consistencies to verify residents are receiving diets as prescribed.

Licensee's Proposed Overall Completion Date: *07/09/2022*

Not Implemented (- 12/28/2022)

227c - Support Plan Revision

8. Requirements

2600.
227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident s needs as indicated on the current assessment.

Description of Violation

Resident #1's last assessment was completed on however, on 4/1/22 resident #1 had a change in diet, diagnosis and pertient medical needs. The home did not update resident #1's support plan upon changes to the resident's needs.

POC Submission ***Accept***

The DRC responsible to verify support plans are updated and that is communicated to the team. The DRC who was present during this incident is no longer employed at the community.
The new DRC or designee will verify the support plan is updated whenever a resident has a change in medical condition.
The ED or designee will review a random number of RASPs quarterly for one year to verify compliance. 7/9/2023 end date.

Licensee's Proposed Overall Completion Date: *07/09/2022*

Implemented - 12/22/2022)