



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

[REDACTED]
[REDACTED]
Five Star Quality Care NS Operator, LLC
Attn: Licensing
[REDACTED]
[REDACTED]

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

Dear [REDACTED]

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.

[REDACTED]

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:

[REDACTED]
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 F. Buchenauer

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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*
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: *Commonwealth of Pennsylvania*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *58* Waking Staff: *44*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/09/2022*

Inspection Dates and Department Representative

09/08/2022 - On-Site: [REDACTED]
09/09/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* Residents Served: *42*

Secured Dementia Care Unit

In Home: *Yes* Area: *Bridge to Rediscovery* Capacity: *20* Residents Served: *13*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *40*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *11*
Have Mobility Need: *16* Have Physical Disability: *0*

Inspections / Reviews

09/08/2022 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *10/03/2022*

10/04/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: *10/01/2022*
Reviewer: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *10/09/2022*

11/30/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: *10/09/2022*
Reviewer: [REDACTED] Follow Up Type: *Document Submission* Follow Up Date: *12/05/2022*

01/03/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: *12/05/2022*
Reviewer: [REDACTED] Follow Up Type: *Enforcement*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 9/8/22, at 8:00 am, resident #1 missed the following medication Atorvastatin Calcium F/C 40 mg and Risperidone F/C 0.25 mg. The medications were not available in the home. The home failed to report the medication error to the Department.

POC Submission

Accept (redacted) - 10/14/2022)

Executive Director was made aware of incident on 9/9/22 during exit interview. Upon learning of incident at noon, reportable incident was submitted at 15:00.

Team member present during medication audit with Licensing Inspector was retrained on importance of reporting medication errors immediately upon discovery on 9/9/22 by DRC and ED.

DRC or designee will perform routine medication cart audits to ensure all prescribed medications are present at all times. Full cart audits will begin 10/1/22.

Licensee's Plan Completion Date: 10/09/2022

Implemented (redacted) - 12/20/2022)

42c - Treatment of Residents

2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 9/8/22, at 12:14 pm, the Department was conducting a medication audit with staff person A in the memory care unit, the Department representative observed staff person B, state in a loud tone the following to resident #2, "Are you changed, did they change you?!!" The resident unaware of what was going on, staff person B, stood resident #1 up from the couch, still vocalizing in a loud tone, "Have you been changed, they need to change you now!" Staff person B, failed to provide dignity and respect to the resident. As staff person B was talking loudly creating an unwanted spectacle of the personal care needs of resident #2.

POC Submission

Accept (redacted) - 10/14/2022)

Staff Person B was dismissed from employment.

Team was trained on 9/21/22 on treating residents with respect and dignity (see attached sign in)

Team members will be trained both in person and through Relias online training throughout the course of the year on subjects related to resident rights and customer service. The ED or designee will ensure compliance with these trainings.

42c - Treatment of Residents (continued)

Licensee's Plan Completion Date: 10/09/2022

Implemented [redacted] - 12/20/2022)

124 - Notice to Fire Department

3. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

POC Submission

Accept [redacted] - 10/14/2022)

ED reached out to Local FD chief on 9/9/22 to find out proper way to contact Chief. Chief responded two weeks later and asked for census notification to be given via email to provided email address.

ED or designee will provide census update to FD chief when changes occur. See attached document for communication tool.

Licensee's Plan Completion Date: 10/09/2022

Implemented [redacted] - 12/05/2022)

141b1 - Annual Medical Evaluation

4. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #3's most recent medical evaluation was completed on [redacted] The resident's annual medical evaluation has not been complete for 2022.

Resident #4's most recent medical evaluation was completed on [redacted] resident's annual medical evaluation has not been complete for 2022.

POC Submission

Accept [redacted] - 10/04/2022)

DRC reached out to resident #3 & #4 to get updated DME

DRC or designee will perform audit of resident charts to ensure all residents will have current medical evaluations. This will be complete by 10/31/22

DRC or designee will maintain an audit tool to ensure resident DME are up to date.

141b1 - Annual Medical Evaluation (continued)

Licensee's Plan Completion Date: 10/31/2022

Implemented ([REDACTED] - 12/20/2022)

185a Implement Storage Procedures

6. 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 #6 is prescribed Polyethylene Glycol 3350 as needed. On 9/8/22, at 12:50 pm, the medication was not available in the home.

Repeat Violation Date: 12/9/2021 et al.

POC Submission

Accept ([REDACTED] 10/14/2022)

Medication was delivered to the community on 9/8/22 by pharmacy on evening delivery.

DRC or designee will perform routine medication cart audits to ensure all prescribed medications are present. If DRC or designee finds medication missing from cart they will notify PCP and pharmacy immediately to ensure resident does not have interruption in service.

Licensee's Plan Completion Date: 10/09/2022

Not Implemented ([REDACTED] - 12/20/2022)

187b - Date/Time of Medication Admin.

7. 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 Atorvastatin Calcium F/C 40 mg. Resident #1's September 2022 medication administration record does not include the initials of the staff person who administered Atorvastatin Calcium on 9/1/22 and 9/2/22 at 8:00 am.

Resident #1 is prescribed Amlodipine Besylate 5 mg, Aspirin 81 mg tablet chewable, Atorvastatin Calcium F/C 40 mg, Risperidone F/C 0.25. Resident's #1's September 2022 medication administration record does not include the initials of staff person who administered these medications on 9/8/22 at 8:00 am.

POC Submission

Accept ([REDACTED] 10/14/2022)

Team member responsible was an agency LPN filling in at community. Community has placed this nurse on do not return list.

DRC or designee will be reviewing MAR to ensure proper documentation of administration is occurring. MAR audits will be a part of regular cart audit procedures. Cart audits will be fully implemented 10/1/22

187b - Date/Time of Medication Admin. (continued)

Licensee's Plan Completion Date: 10/09/2022

Not Implemented () - 12/20/2022)

187d - Follow Prescriber's Orders

8. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed Atorvastatin Calcium F/C 40 mg and Risperidone F/C .25 mg. However, this medication was not administered to resident #1 on 9/8/22 at 8:00 am because the medication was not available in the home.

POC Submission

Accept () - 10/14/2022)

upon discovery of med error PCP was notified. Team followed instructions of PCP

DRC or designee will perform routine med cart audits to ensure prescribed medications are present. If DRC or designee finds medication missing from cart they will notify PCP and pharmacy immediately to ensure resident does not have interruption in service.

Licensee's Plan Completion Date: 10/09/2022

Not Implemented () - 12/20/2022)