

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

August 29, 2023

[REDACTED], ADMINISTRATOR
FIVE STAR QUALITY CARE NS OPERATOR LLC
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/27/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: THE DEVON SENIOR LIVING **License #:** 13206 **License Expiration:** 09/10/2023
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]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 06/02/2003 **Issued By:** Commonwealth of PA

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 56 **Waking Staff:** 42

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Provisional **Exit Conference Date:** 07/27/2023

Inspection Dates and Department Representative

07/27/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 84 **Residents Served:** 40
Secured Dementia Care Unit
In Home: Yes **Area:** Bridges to Rediscovery **Capacity:** 26 **Residents Served:** 13
Hospice
Current Residents: 2
Number of Residents Who:
Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 38
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 3
Have Mobility Need: 16 **Have Physical Disability:** 0

Inspections / Reviews

07/27/2023 Full
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/18/2023

08/15/2023 - POC Submission
Submitted By: [REDACTED] **Date Submitted:** 08/17/2023
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/20/2023

Inspections / Reviews *(continued)*

08/17/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/17/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/07/2023

08/29/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/17/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Influenza Awareness Act (NH 1785). Personal Care Homes must post the required influenza information to be posted in a public place in the residence year-round.

On 7/27/23, an influenza awareness poster was not present in the home.

Plan of Correction

Accept [REDACTED] - 08/17/2023)

The influenza sign was hung on 7/28/23 in a conspicuous place in the community. See attachment: "influenza sign for regulation 2600.18"

Effective 8/1/23 the Administrator or designee as a part of environmental rounds will ensure poster is hanging. These rounds occur at minimum one time a week.

Licensee's Proposed Overall Completion Date: 08/16/2023

Implemented [REDACTED] - 08/29/2023)

82c - Locking Poisonous Materials

2. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

A bottle of Dial liquid hand soap, with a manufacture's label indicating, "If swallowed, get medical help or contact a Poison Control Center right away," was unlocked, unattended, and accessible in the bathroom sink of the Secure Dementia Care Unit (SDCU). Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

Two spray cleaner bottles with a manufacturer's label indicating, "If swallowed, get medical help or contact a Poison Control Center immediately," were unlocked, unattended, and accessible under the sink cabinet in the SDCU. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

Two McKesson fluoride toothpastes, a bottle of mouthwash, and an anti-perspirant deodorant, all with a manufacture's label indicating, "If swallowed, get medical help or contact a Poison Control Center immediately," were unlocked, unattended, and accessible to Resident 1's bathroom sink and cabinet. Not all the residents of the home, including Resident 1, have been assessed capable of recognizing and using poisons safely.

A Degree anti-perspirant deodorant, a McKesson anti-perspirant deodorant spray, a tube of Colgate fluoride toothpaste, and a tube of Crest 3D White toothpaste, with a manufacture's label indicating, "If swallowed, get medical help or contact a Poison Control Center immediately," were unlocked, unattended, and accessible to Resident 2's bathroom sink and cabinet. Not all the residents of the home, including Resident 2, have been assessed capable of recognizing and using poisons safely.

82c - Locking Poisonous Materials (*continued*)**Plan of Correction**

Accept (████) - 08/17/2023)

The items referenced in the description of violation were immediately removed and secured during the inspection by the Administrator.

A storage system has been implemented to secure all personal care products, these items are only accessible to the direct care team. See attachment "Personal Care storage for BTR"

On 8/10/23, families were notified by the Administrator that all personal care items that they need to be given to a team member and not left with the resident. See attachment "Family Notice Storage for regulation 2600.82.c."

All team members completed a self-guided training related to the proper storage of resident personal care products. All team members completed this training by 8/8/23. This training will be reviewed by the Administrator at a staff meeting scheduled for 8/16/23. See attachments "Self Training & Staff Meeting."

Beginning 8/1/23 the Assistant Director of Resident Care or designee will assure compliance as a part of their daily rounds in the SDCU.

Licensee's Proposed Overall Completion Date: 08/16/2023

Implemented (████) - 08/29/2023)

85a - Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 7/27/23, an accumulation of debris, including dirty rags, kitchen utensils, a measuring cup, and pots and pans, all appearing unclean, was located under the kitchen sink of the SDCU.

On 7/27/23, a foam cup was present in the 2nd floor panty freezer with red frozen liquid spilled over the sides and onto the bottom surface of the freezer.

Plan of Correction

Accept (████) - 08/17/2023)

Both areas referenced above were thoroughly cleaned by the housekeeping department on 7/28/23. See attachments "2nd flr kitchenette, 2nd flr kitchenette pic 2, 2nd flr kitchenette fridge, BTR kitchenette, &BTR Kitchenette 2."

All team members completed a self-guided training related to sanitary conditions. All team members completed this training by 8/8/23. This training will be reviewed by the Administrator at a staff meeting scheduled for 8/16/23. See attachments "Self Training & Staff Meeting."

Beginning 8/1/23 the Housekeeping supervisor will ensure compliance as a part of their designated duties. The Administrator or designee will ensure compliance as a part of weekly environmental rounds.

Licensee's Proposed Overall Completion Date: 08/16/2023

85a Sanitary Conditions *(continued)*

Implemented (█) - 08/29/2023

89b Hot Water Temperature

4. Requirements

2600.

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

Description of Violation

On 7/27/23 at 11:18am, the hot water temperature in room 13 measured 132 degrees Fahrenheit.

Plan of Correction

Accept (█) - 08/15/2023

*This issue was addressed immediately by the Environmental Services Director before the inspection team left the community.**Effective immediately and ongoing the Environmental Services Director will monitor water temperatures by testing a minimum of 3 rooms per floor each week. Temperatures out of compliance will be corrected immediately.*

Licensee's Proposed Overall Completion Date: 08/13/2023

Implemented (█) - 08/29/2023

103c Food Protected

5. Requirements

2600.

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

Description of Violation

On 7/27/23 at 1:07pm, two cups of uncovered chocolate ice cream were stored in the ice cream freezer.

Plan of Correction

Accept (█) - 08/15/2023

*The ice cream cups were disposed of immediately by the food service director on the day of inspection.**All team members completed a self-guided training related to the proper storage of food. All team members completed this training by 8/8/23. This training will be reviewed by the Administrator at a staff meeting scheduled for 8/16/23. See attachments "Self Training & Staff Meeting."**Food Service Director or designee will ensure that items placed in the kitchen refrigerators and freezers are properly labeled and covered as a part of meal service breakdown. This will begin immediately and be on-going.*

Licensee's Proposed Overall Completion Date: 08/21/2023

Implemented (█) - 08/29/2023

103d Storing Food Off Floor

6. Requirements

2600.

103.d. Food shall be stored off the floor.

103d Storing Food Off Floor (continued)

Description of Violation

On 7/27/23 at 1:20pm, eight 5 gallon water bottles were stored on the floor in the storage room.

Plan of Correction

Accept (MS - 08/15/2023)

The items referenced were permanently moved on top of pallets in the designated area for our three day emergency water supply on 7/28/23. See attachments "Emerg Water on pallet & Emerg Water on Pallet 2"

The Food Service Director will ensure that when new water is obtained that it is stored in the designated area properly.

Effective immediately, as a part of weekly kitchen inventory, the food service director will ensure the water is properly stored.

Licensee's Proposed Overall Completion Date: 08/13/2023

Implemented (█ - 08/29/2023)

103e - Left Overs

7. 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

On 7/27/23, there were six square pieces of vanilla cake and a pitcher of Coke that were unlabeled and undated in the SDCU kitchen fridge.

On 7/27/23, there were two unlabeled and undated Wendy's smoothies in the SDCU kitchen freezer.

On 7/27/23, there were foam containers and a salad dressing cup that were unlabeled and undated in the second floor kitchen fridge.

Plan of Correction

Accept (█ - 08/17/2023)

The items referenced above were dispose of on 7/27/23 by the Administrator.

All team members completed a self guided training related to the proper storage of food. All team members completed this training by 8/8/23. This training will be reviewed by the Administrator at a staff meeting scheduled for 8/16/23. See attachments "Self Training & Staff Meeting."

Housekeeping team as a part of their assignment will assure that common area refrigerators have properly dated and covered food.

Beginning 8/1/23, the Administrator or designee as a part of facility rounds will check common area refrigerators to ensure that items in it are properly labeled and covered. Facility rounds are conducted at minimum weekly.

Licensee's Proposed Overall Completion Date: 08/16/2023

Implemented (█ - 08/29/2023)

103g Storing Food

8. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A bag of Panko breadcrumbs in the dry food storage was opened and unsealed.

Six square pieces of vanilla cake were opened and unsealed in the kitchen fridge of the SDCU.

Plan of Correction

Accept ([redacted]) - 08/15/2023

The Food Service Director moved the Panko breadcrumbs to a Tupperware style container on 7/31/23. See attachment "Panko"

The cake was disposed of on 7/27/23 by the administrator

The cook on duty will ensure items in dry storage are stored properly after each use.

The Food Service Director will ensure that items stored in the kitchen are properly stored and labeled as a part of their weekly inventory. This begins immediately and will be ongoing.

All team members completed a self-guided training related to the proper storage of food. All team members completed this training by 8/8/23. This training will be reviewed by the Administrator at a staff meeting scheduled for 8/16/23. See attachments "Self Training & Staff Meeting."

Licensee's Proposed Overall Completion Date: 08/21/2023

Implemented ([redacted]) - 08/29/2023

105g Lint Removal and Duct Cleaning

9. Requirements

2600.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 7/27/23, there was an approximate 1-inch accumulation of lint in the lint trap of each of the two commercial dryers in the lower level. There were no clothes in the dryers at the time.

Plan of Correction

Accept ([redacted]) - 08/15/2023

The lint was removed on the date of inspection by the Environmental Services Director.

The Housekeeping Supervisor will ensure that all staff using the industrial dryers are compliant with cleaning out the lint after each use. The housekeeping supervisor will ensure as a part of department specific orientation that the team members are trained on how to properly clean out the industrial dryers lint.

105g - Lint Removal and Duct Cleaning (continued)

Effective immediately the supervisor or designee will perform inspections of the industrial dryer at the beginning and end of each shift to assure compliance.

Licensee's Proposed Overall Completion Date: 08/13/2023

Implemented () - 08/29/2023

107c - Food/Water 3 Day Supply

10. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 7/27/23, the home served 40 residents. However, the home had only 9 boxes of cream and wheat, 6/5-lb boxes of Instant Nonfat Dry milk, 2 large cans of tuna, 22 boxes of raisins, 3 large cans of applesauce, 5 large cans of corn beef hash, 8 cans of condensed milk, 3 cans of medium-sliced beets designated as the emergency food in the dry food storage area for the home. This is not enough for a 3 day supply of emergency food for 40 residents.

Plan of Correction

Accept () - 08/15/2023

The Food Service Director secured a 3 day supply of Emergency food on 7/31/23.

Effective immediately as a part of weekly inventory the Food Service Director will ensure that there is a proper amount of food in the 3-day supply.

Licensee's Proposed Overall Completion Date: 08/13/2023

Implemented () - 08/29/2023

107d - Procedure Emergency Management Agency Submission

11. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted to the local emergency management agency since 2021.

Plan of Correction

Accept () - 08/15/2023

Twp was contacted on 7/27/23 by the Administrator to resolve this issues. A copy of the correspondence with the TWP is attached titled "Emergency Mgt Correspondence."

The Administrator will submit the home's written emergency plan update on or before the annual submission date to the local emergency management agency.

Licensee's Proposed Overall Completion Date: 08/13/2023

Implemented () - 08/29/2023

144d - Smoking Outside

12. Requirements

144d Smoking Outside (continued)

2600.
144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

On 7/27/23 at 1:25pm, two employees were smoking outside of the designated smoking area, seated on a bench under an alcove at the back of the home.

Plan of Correction Accept ([redacted] - 08/15/2023)

All team members completed a self-guided training related to designated smoking area. All team members completed this training by 8/8/23. This training will be reviewed by the Administrator at a staff meeting scheduled for 8/16/23. See attachments "Self Training & Staff Meeting."

Moving forward any team member caught smoking in a non-designated area will be disciplined per company policy.

Licensee's Proposed Overall Completion Date: 08/21/2023

Implemented ([redacted] - 08/29/2023)

183e Storing Medications

13. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 7/28/23 at 2:10pm, there was a cup with one loose pill on the first drawer of the personal care medication cart.

Plan of Correction Accept ([redacted] - 08/17/2023)

The DRC or designee will continue weekly audits as outlined in previous plan of correction. Please see audit tool attached.

Community has identified that medication errors were a result of agency LPN. Agency LPN's have been reported and nurses responsible for error have been restricted from returning to the community. The community is actively recruiting LPN's and team members eligible for med tech training. The community will train these new team members to ensure compliance with safe medication administration practices. The community anticipates recruitment and training of inhouse staff by end of third quarter of 2023.

Licensee's Proposed Overall Completion Date: 08/16/2023

Implemented ([redacted] - 08/29/2023)

185a Implement Storage Procedures

14. 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 3 is prescribed [redacted] take [redacted] l by mouth every six hours around the clock for pain or shortness of breath. The medication was administered to the resident on [redacted], but was not signed

185a Implement Storage Procedures (continued)

off on the narcotics declining inventory log as administered.

Resident 4 is prescribed [REDACTED] capsule, take one capsule by mouth two times a day for [REDACTED]. The medication was administered to the resident on [REDACTED], but it was not signed off on the narcotics declining inventory log as administered.

Plan of Correction

Accept [REDACTED] - 08/17/2023)

The DRC or designee will continue weekly audits as outlined in previous plan of correction. Please see audit tool attached.

Community has identified that medication errors were a result of agency LPN. Agency LPN's have been reported and nurses responsible for error have been restricted from returning to the community. The community is actively recruiting LPN's and team members eligible for med tech training. The community will train these new team members to ensure compliance with safe medication administration practices. The community anticipates recruitment and training of inhouse staff by end of third quarter of 2023.

Licensee's Proposed Overall Completion Date: 08/16/2023

Implemented [REDACTED] - 08/29/2023)

233c - Key-Locking Devices

15. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the main door to the Secure Dementia Care Unit (SDCU).

Plan of Correction

Accept [REDACTED] - 08/15/2023)

A new sign was mounted to the wall on 7/27/23 see attachment "BTR Code Posting"

Effective immediately, the Assistant Director of Resident Care or designee, as a part of their weekly environmental rounds of the SDCU, ensure all doors have their signs posted.

Licensee's Proposed Overall Completion Date: 08/13/2023

Implemented [REDACTED] S - 08/29/2023)

234b - Support Plan Needs Elements

16. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan, dated [REDACTED], for Resident 5, does not address the resident's diagnoses of cognitive impairment due to the toxic effect of substance, heroin dependence and anxiety.

Plan of Correction

Accept [REDACTED] - 08/17/2023)

The Assistant Director of Resident Care updated resident 5 RASP to reflect this diagnosis on [REDACTED]. See attached "Updated Res 5 RASP"

234b Support Plan Needs Elements (continued)

The Administrator as a part of their quarterly RASP audit will ensure diagnosis are present on RASP.

The team members responsible for writing and reviewing the RASP will be in serviced on making sure that all resident diagnosis are accounted for on the resident RASP. In service will be completed by 8/31/23.

Licensee's Proposed Overall Completion Date: 08/17/2023

Implemented ([REDACTED] - 08/29/2023)