

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

August 8, 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 05/12/2023 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:** Echelton@5SSL.com

Legal Entity

Name: FIVE STAR QUALITY CARE NS OPERATOR LLC
Address: [REDACTED]
Phone: 6102632300 **Email:** Echelton@5SSL.com

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:** 57 **Waking Staff:** 43

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Provisional, Monitoring **Exit Conference Date:** 05/12/2023

Inspection Dates and Department Representative

05/12/2023 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:** Bridge to Recovery **Capacity:** 26 **Residents Served:** 15

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 39
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 17 **Have Physical Disability:** 0

Inspections / Reviews

05/12/2023 - Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/09/2023

06/09/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 07/24/2023
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/14/2023

Inspections / Reviews *(continued)*

06/20/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/24/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/20/2023

08/08/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/24/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

183e - Storing Medications

1. 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 0/23, resident#2's Pen, was found in the medication's cart and there was no "opened on" date listed on the medications. According to the manufacturer's instructions medication must be used within 42 days of opening and instructions indicate to discard unused portion 28 days after first opening.

Plan of Correction

Accept - 06/09/2023)

As a part of weekly cart audits started as a part of a previous POC, the DRC or designee will review medications to ensure that opened on stickers are applied to containers requiring this protocol.

The cart audits will remain weekly until further notice.

Staff are trained as a part of cart orientation to properly label medications.

Licensee's Proposed Overall Completion Date: 07/10/2023

Implemented - 08/08/2023)

183f - Discontinued Medications

2. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

On /23, prescribed for individual #1, was in the home's medication cart; however, the medication was discontinued on 04/05/23, and narcotic has not been destroyed according to the home policy on destroying medication or in a safe manner according to the Department of Environmental Protection and Federal and State regulations

Plan of Correction

- 06/20/2023)

As a part of weekly cart audit by the DRC or designee, we will ensure that any medication that has been discontinued has been properly removed from the cart and destroyed per company policy. Weekly cart audits will occur for 2 months and then switch to 1x per month

The ED will perform monthly audits to ensure compliance with these procedures.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented - 08/08/2023)

183f - Discontinued Medications (continued)

185a - Implement Storage Procedures

3. 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

On [redacted] 23 at [redacted] pm, resident#2's glucometer was not calibrated to the correct date and time.

Repeat Violation 11/30/22.

Plan of Correction

Accept [redacted] - 06/20/2023)

The glucometer in question was determined to be malfunctioning as date and time were not able to be set on that machine. The glucometer was immediately replaced on 5/15/23

The DRC or designee will continue weekly audit to ensure that glucometer readings are accurate as a part of that they will ensure that the machine itself is properly running. These will occur for 2 months and then switch to monthly

Licensee's Proposed Overall Completion Date: 08/31/2023

[redacted] - 08/08/2023)

187d - Follow Prescriber's Orders

4. Requirements

2600.

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

Description of Violation

Resident #3 is prescribed [redacted] to be administered at [redacted] am. However, resident #3 was administered [redacted] on [redacted] at [redacted] am.

Resident #4 is prescribed [redacted] to be administered at [redacted]. During medication observation, resident #4 was administered [redacted] /23 at [redacted] am.

Plan of Correction

Accept (MS - 06/20/2023)

CMT was counseled on how to handle situation of residents asleep during med pass on [redacted] /23. CMT waited until residents woke up to give them their medications verses waking them to take their pills. Resident's RASP are updated to reflect the residents desires regarding sleeping in the morning verses being woke up. Resident PCP will also be notified.

Going forward residents request to sleep in verses being woke up to take their medications will be communicated with both their PCP and documented on their RASP. Community will work with PCP to ensure resident safety and

187d - Follow Prescriber's Orders (continued)

resident rights. This will be reviewed with each resident when their annual RASP is being completed.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented (████) - 08/08/2023)

227d - Support Plan Medical/Dental**5. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident#5's assessment and support plan, dated █████/23, does not include dietary need. Resident#5 has a doctor's order for mechanical soft diet.

Plan of Correction

Accept (████) - 06/20/2023)

At time of inspection resident #5's RASP was updated to reflect residents order for mechanical soft. A review of resident files was completed and all orders are accurately reflected on the resident's RASP.

DRC or designee will be responsible to update RASP when their is a dietary change made by the PCP.

The ED or designee will perform quarterly RASP audits to ensure that current orders are reflected on resident RASP beginning 3rd quarter of 2023

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented (████) - 08/08/2023)

231b - Medical Evaluation**6. Requirements**

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on █████/22; however, the resident's medical evaluation was completed on █████/22 does not indicate a need for the resident to be served in a secured dementia care unit

Plan of Correction

Accept (████) - 06/20/2023)

Resident PCP was contacted at time of inspection and DME was corrected to reflect resident's need for SDU.

DRC or designee will review DME prior to resident admission to ensure that for residents in need of a SDU, that the box is checked off. DRC will review new resident DME at time of admission and again when getting annual or significant change DME.

231b - Medical Evaluation (continued)

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented (MS - 08/08/2023)

231e - No Objection Statement

7. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on 1/22. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Resident #6 was admitted to the Secure Dementia Care Unit (SDCU) on 1/23. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Plan of Correction

Accept [REDACTED] - 06/20/2023)

An audit was performed of all resident's in the SDU by [REDACTED] 23, residents without documentation of non-objection will be met with and a statement will be obtained. Those statements will be placed in the residents file by June 30.

The Business office Administrator or ED will review resident contracts at time of admission to ensure statement of non-objection is a part of the file for residents being admitted to the SDU.

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented [REDACTED] - 08/08/2023)

234a - Admission Support Plan

8. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #6 was admitted to the Secure Dementia Care Unit (SDCU) on 5/23. However, the resident's initial support plan was completed on 5/23.

Plan of Correction

Accept [REDACTED] - 06/20/2023)

The person responsible for completing RASPs was retrained by the ED to ensure that RASP for SDU are completed within 72 hours on 5/13/23.

The community is using a digital tracker that will remind team members that a RASP is due. The ED will monitor the tracker to ensure compliance.

Licensee's Proposed Overall Completion Date: 06/15/2023

Implemented [REDACTED] - 08/08/2023)

234d - Support Plan Revision

9. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

A support plan for resident #6 was completed on [redacted] 23; however, on [redacted] /23, resident#6 exhibited agitation and aggression towards another resident. The resident's support plan has not been revised to reflect this change.

Plan of Correction

Accept [redacted] - 06/20/2023)

Resident #6 RASP was updated at time of admission to reflect residents aggressive behavior.

DRC or designee will ensure that when behaviors occur the RASP is updated to reflect. Refresher education will be provided to the persons responsible for writing the RASP on when to update by 6/30/23.

ED will review RASPs quarterly to ensure that diagnosis are accurately reflected.

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented [redacted] 08/08/2023)