

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

December 14, 2023

[REDACTED], MANAGER  
DEVONHOUSE SENIOR LIVING LLC  
[REDACTED]

RE: DEVONHOUSE SENIOR LIVING  
1930 BEVIN DRIVE  
ALLENTOWN, PA, 18103  
LICENSE/COC#: 23115

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/24/2023 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]  
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *DEVONHOUSE SENIOR LIVING* License #: *23115* License Expiration: *11/09/2023*  
 Address: *1930 BEVIN DRIVE, ALLENTOWN, PA 18103*  
 County: *LEHIGH* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: *DEVONHOUSE SENIOR LIVING LLC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: *35* Total Daily Staff: *148* Waking Staff: *111*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]  
 Reason: *Complaint* Exit Conference Date: *10/24/2023*

**Inspection Dates and Department Representative**

10/24/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *100* Residents Served: *78*

Secured Dementia Care Unit  
 In Home: *No* Area: [REDACTED] Capacity: [REDACTED] Residents Served: [REDACTED]

Hospice  
 Current Residents: *78*

Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *78*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *35* Have Physical Disability: *3*

**Inspections / Reviews**

10/24/2023 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/25/2023*

12/05/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *12/08/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/11/2023*

Inspections / Reviews *(continued)*

12/14/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/08/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 225a - Assessment 15 Days

**1. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**Description of Violation**

Resident # 1 was admitted on [REDACTED]; however, the resident's assessment was not completed until [REDACTED].

**Plan of Correction**

Accept ( [REDACTED] - 12/05/2023)

Current residents will be reviewed for completion of the written initial assessment that is documented on the Department's assessment form and completed within 15 days of admission. Any assessments, of current residents, found out of compliance will be noted including Resident #1. A spreadsheet will be kept for accuracy. Executive Director or designee will complete by December 1ST, 2023.

Moving forward, new move-ins will be assessed within the fifteen day requirement. A spreadsheet will be kept to track completion by Executive Director or designee. This will be initiated by December 1st, 2023.

Proposed Overall Completion Date: 12/01/2023

The Administrator will monitor for ongoing compliance. [REDACTED]

Licensee's Proposed Overall Completion Date: 12/01/2023

Implemented ( [REDACTED] - 12/14/2023)

## 227d - Support Plan Medical/Dental

**2. 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**

The dietary order for resident # 2, dated [REDACTED], indicates the resident has a need for a mechanical soft diet. The resident's support plan dated [REDACTED] does not document how this need will be met.

**Plan of Correction**

Accept ( [REDACTED] - 12/05/2023)

Current residents, including resident #2, will be reviewed for specialty diets. Specialty diets will be recorded on the residents support plans and how their Dietary needs will be met. Executive Director or designee will complete by December 1ST, 2023.

Residents who have specialty meal requirements will have their diet recorded on their support plan to include how their dietary needs will be met. A list of residents will be kept with a date that the specialty diet was recorded on the support plan. Executive Director or designee will complete by December 1st, 2023.

Proposed Overall Completion Date: 12/01/2023

The Administrator will monitor for ongoing compliance. RY

Licensee's Proposed Overall Completion Date: 12/01/2023

227d Support Plan Medical/Dental (continued)

Implemented [redacted] - 12/14/2023)

227h Support Plan Refuse Sign

3. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident # 1 participated in the development of his/her support plan on [redacted]. The resident was unable to sign the support plan. The home did not make a notation regarding the resident's inability to sign.

Plan of Correction

Accept [redacted] - 12/05/2023)

Current residents R.A.S.P.'S will be reviewed for signatures of resident or designee. All signatures will be confirmed. All unsigned R.A.S.P.'s will be reviewed for proper explanation. If a resident or designee refuses to sign or is unable to sign that will be noted. Executive Director or designee will complete by December 1st, 2023.

New residents R.A.S.P.'s will be checked for the signatures of residents or designee. New residents or designees' who refuse to sign or are unable to sign will be noted. Executive Director or designee will complete by December 1st, 2023.

Proposed Overall Completion Date: 12/01/2023

The Administrator will monitor for ongoing compliance. [redacted]

[redacted]

Implemented [redacted] 12/14/2023)