

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

March 5, 2024

[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 01/09/2024, 01/10/2024 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]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/20/1989* Issued By: *L&I*
 Type: *I-1* Date: *01/08/2008* Issued By: *Salisbury Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *80* Waking Staff: *60*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *01/10/2024*

Inspection Dates and Department Representative

01/09/2024 - On-Site: [REDACTED]
 01/10/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *100* Residents Served: *65*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *10*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *65*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *15* Have Physical Disability: *2*

Inspections / Reviews

01/09/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/02/2024*

Inspections / Reviews (*continued*)

02/05/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/04/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 02/10/2024

02/12/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/04/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/17/2024

02/23/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/04/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/26/2024

02/26/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/04/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/05/2024

03/05/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/04/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

The home's residents' Narcotic logs were observed out on the side of the home's Med carts in the 200 wings, 300 wing and 400 wing of the facility during the initial walk through completed by the licensing representatives. The Home's Med carts were unattended, and residents' information was available to others who were not allowed to have access to confidential information.

Plan of Correction

Accept (█ - 02/05/2024)

An in-service will be given on proper Narcotic log storage. Narcotic logs will be stored in the locked Narcotic drawer to meet compliance. A daily audit will be completed on proper storage for 30 days. Nursing Director or designee will complete in-service and maintain audit.

Licensee's Proposed Overall Completion Date: 02/15/2024

Implemented (█ - 02/21/2024)

64c - Annual Training

2. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff person B, the home's administrator, completed 11.5 hours of Department-approved training in training year January 2023 to December 2023.

Plan of Correction

Accept (█ - 02/12/2024)

The administrator will complete 24 hours of annual training as required. The training will be related to the Administrators job duties. The office Manager, █ or designee will maintain and monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/15/2024

Implemented (█ - 03/05/2024)

65f - Training Topics

3. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Direct care staff member A hired █ did not receive the following required annual training topic for the 2023 training year:

-Instruction on meeting the needs (DME & RASP)

65f Training Topics (continued)

Direct care staff member C hired [REDACTED] did not receive the following required annual training topic for the 2023 training year:

Instruction on meeting the needs (DME & RASP)

Plan of Correction

Accept [REDACTED] - 02/12/2024)

All employees will attend annual training as required. Staff member A and C will attend instruction on meeting the needs [DME & RASP] Executive Director, [REDACTED] or designee will monitor staff member A and C and all employees for annual training throughout year. Director of Nursing, [REDACTED], or designee will perform in service for staff members A and C for compliance.

Licensee's Proposed Overall Completion Date: 03/15/2024

Implemented [REDACTED] - 03/05/2024)

65g - Annual Training Content

4. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Direct care staff member A hired [REDACTED] did not receive the following required annual training topic for the 2023 training year:

Older Adult Protective Services Act (OAPSA)

Falls and accident prevention

Plan of Correction

Accept [REDACTED] - 02/12/2024)

All employees will attend annual trainings as required. Direct care staff A will attend Older Adult Protective Services Act and Falls and Accident Prevention. Executive Director, [REDACTED], or designee will monitor ongoing compliance of care staff A and will maintain throughout year. Director of Nursing, [REDACTED], or designee will perform in service with staff member A for compliance.

Licensee's Proposed Overall Completion Date: 03/15/2024

Implemented [REDACTED] - 03/05/2024)

81b - Resident Personal Equipment

5. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident room 403 was found to have an enabler bar with no cover. Administrator reported the home had no enabler bars and stated he was not aware the resident had an enabler bar on their bed.

Plan of Correction

Accept [REDACTED] 02/05/2024)

Enabler was removed from the bed. Facility will maintain an enabler free environment. Executive Director or designee to maintain.

81b - Resident Personal Equipment (continued)

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented () - 02/23/2024)

91 - Telephone Numbers

6. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

Resident room # 251 had a land line phone and did not have the required emergency numbers posted. The resident did not have the Personal Care Home hot line, police, ambulance, fire company, EMS., Poison Control, Hospital, Aging and Ombudsman.

Plan of Correction

Accept () - 02/05/2024)

On 1/10/24, room 251 had a new emergency telephone number card reposted. Moving forward the Maintenance Director or designee will check each resident room monthly and record findings of compliance.

Licensee's Proposed Overall Completion Date: 02/15/2024

Implemented () - 02/23/2024)

103c - Food Protected

7. Requirements

2600.

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

Description of Violation

The home's ice cream freezer had four 5-gallon containers of ice cream with no lid or cover over the opened ice cream when not being served. This allowed for possible contamination of bacteria.

Plan of Correction

Accept () - 02/05/2024)

An in-service will be given on lid replacement of all open ice cream containers after meal service. Culinary Manager will perform in-service. Cooks will monitor for compliance.

Licensee's Proposed Overall Completion Date: 02/15/2024

Implemented () - 02/23/2024)

103e - Left Overs

8. 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

The main kitchen refrigerator was found to have a 5-pound container of cottage cheese that was opened and was not labeled when opened.

103e - Left Overs (continued)

Plan of Correction

Accept (█ - 02/05/2024)

An in-service will be given on the proper labeling of all leftovers. Culinary Manager will perform in-service and monitor for compliance.

Licensee's Proposed Overall Completion Date: 02/15/2024

Implemented (█ - 02/23/2024)

124 - Notice to Fire Department

9. 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.

Plan of Correction

Accept (█ - 02/05/2024)

A letter will be composed and sent to the local Fire Department. The letter will notify the Fire Department of building address, bedroom locations and assistance needed during evacuation. Executive Director will compose letter and send it to Fire Department.

Licensee's Proposed Overall Completion Date: 02/15/2024

Implemented (█ - 02/23/2024)

141b1 - Annual Medical Evaluation

10. Requirements

2600.

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

Description of Violation

Resident #1'S DME dated █ was incomplete and did not include the following information: Temperature, body positioning. The physician's name, physician's signature, Physician's license and date the physician Completed the form.

Plan of Correction

Accept (█ - 02/05/2024)

Upon receiving D.M.E. from Physician's office, Director of Nursing or designee will review each section for completion prior to placing in medical record. Executive Director will monitor for compliance. Resident #1s D.M.E. will have a new D.M.E completed by █. Director of Nursing or designee will complete.

Licensee's Proposed Overall Completion Date: 02/15/2024

Implemented (█ - 02/23/2024)

185a - Implement Storage Procedures

11. 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.

185a - Implement Storage Procedures (continued)

Description of Violation

The home did not properly maintain the Medication Administrator Record (MAR) of the indicated resident due to staff incorrectly transcribing the blood glucose test results in the individual glucometer:

Resident #5- At [redacted] on [redacted] the reading was [redacted] but was incorrectly transcribed as [redacted]

Resident #5- At [redacted] on [redacted] the reading was [redacted] was incorrectly transcribed as [redacted].

Resident #5- At [redacted] on [redacted] the reading was [redacted] but was incorrectly transcribed as [redacted]

Resident #5- At [redacted] on [redacted] the Medication Administration Record documents a reading of [redacted]. This reading was not found on the resident's glucometer.

Plan of Correction

Accept [redacted] - 02/05/2024)

An in-service will be given to emphasize the importance of accurate documentation. Medication technicians will verify during change of shift report that blood glucose readings in each glucometer match data entry in EMAR..

Documentation will be kept daily for one month. Monthly audits will be completed to ensure compliance. Nursing Director or designee will complete in-service and maintain documentation.

Licensee's Proposed Overall Completion Date: 02/15/2024

Implemented ([redacted] - 02/23/2024)

227d - Support Plan Medical/Dental

12. 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

(Repeated violation 3-8-24 On [redacted] Resident #1 reported alleged rape to Staff A. Resident #1's assessment and support plan was not updated to indicate what staff would do to ensure residents safety and emotional well-being were being met.)

(Repeat violation from 11-15-23- 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.)

Resident #2 's RASP [redacted] does not indicate that the resident is receiving [redacted] Hospice Services.

Resident # 3's RASP dated [redacted] was not updated when Resident # had PT ordered on [redacted] for a balance and support.

227d - Support Plan Medical/Dental (continued)

Resident #4's RASP dated [REDACTED] Was not updated to reflect that they were receiving PT and OT.

Plan of Correction**Accept [REDACTED] - 02/12/2024)**

Resident number 2, 3 and 4 will be updated for compliance. Director of Nursing, Dolores James will complete. Any change in resident status will be brought to the attention of Physician by nursing staff for review. Any changes in scripts, orders, required outside services will be updated in the resident assessment and support plan. This will be monitored by the Director of Nursing, Dolores James.

Licensee's Proposed Overall Completion Date: 03/15/2024

Implemented [REDACTED] - 03/05/2024)