

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

March 8, 2024

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

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

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/29/2024 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]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *THE DEVON SENIOR LIVING* License #: *13206* License Expiration: *10/06/2024*  
 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 PA*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *78* Waking Staff: *59*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *01/29/2024*

**Inspection Dates and Department Representative**

01/29/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *84* Residents Served: *51*  
 Secured Dementia Care Unit  
 In Home: *Yes* Area: *Dementia Unit* Capacity: *24* Residents Served: *15*  
 Hospice  
 Current Residents: *4*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *51*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *2*  
 Have Mobility Need: *27* Have Physical Disability: *0*

**Inspections / Reviews**

01/29/2024 - Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/19/2024*

03/08/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *03/08/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews (*continued*)

03/08/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/08/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
  - 1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  - 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  - 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  - 4. Special health or dietary needs of the resident.
  - 5. Allergies.
  - 6. Immunization history.
  - 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  - 8. Body positioning and movement stimulation for residents, if appropriate.
  - 9. Health status.
  - 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident [REDACTED] medical evaluation dated [REDACTED] did not include the medical information pertinent to diagnosis and treatment in case of an emergency, the medication regimen, contraindicated medications, medication side effects, and body positioning and movement stimulation for residents, if appropriate.

Plan of Correction

Accept [REDACTED] - 03/08/2024)

The medical evaluation was corrected by the primary care physician on [REDACTED] (attached).  
 The community completed an audit of all current Medical Evaluations and found them to be in compliance.  
 The Resident Care Director will review all new Medical Evaluations as received to assure thorough completion.  
 The Executive Director will complete a monthly audit of new move-ins quarterly audit of all residents to include prescreens, Medical Evaluations, and RASPs to assure thorough completion.

Licensee's Proposed Overall Completion Date: 03/08/2024

Implemented [REDACTED] 03/08/2024)

252 - Record Content

2. Requirements

2600.

- 252. Content of Resident Records - Each resident’s record must include the following information:
  - 1. Name, gender, admission date, birth date and Social Security number.
  - 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
  - 3. A photograph of the resident that is no more than 2 years old.
  - 4. Language or means of communication spoken or used by the resident.
  - 5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
  - 6. The name, address and telephone number of the resident’s physician or source of health care.
  - 7. The current and previous 2 years’ physician’s examination reports, including copies of the medical evaluation forms.
  - 8. A list of prescribed medications, OTC medications and CAM.
  - 9. Dietary restrictions.
  - 10. A record of incident reports for the individual resident.
  - 11. A list of allergies.

252 - Record Content (*continued*)

12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

**Description of Violation**

Resident [REDACTED] record does not include race, height, weight, color of hair, color of eyes, or a record of incident reports for the individual resident.

**Plan of Correction**

Accept [REDACTED] - 03/08/2024)

The face sheet was for resident [REDACTED] was corrected to include the required information and printed to the resident chart (attached).

The medical evaluation for resident [REDACTED] was corrected to include the resident's weight (attached).

The community completed an audit of all resident face sheets to include race, hair color, and eye color with new face sheets printed for the charts. Face sheets are now in compliance.

The Executive Director will audit the face sheets of all new move-ins to assure continued compliance.

The community completed an audit of all current Medical Evaluations to assure that height and weight are completed.

The Resident Care Director will review all new Medical Evaluations as received to assure thorough completion, to include height and weight.

The Executive Director will audit the Medical Evaluation of all new move-ins on a monthly basis and complete a quarterly audit of all residents to assure thorough completion, to include height and weight.

The record of incident report was added to the resident's chart. The Executive Director copied all incident reports on file for the community to individual resident charts.

The Executive Director will provide the Resident Care Director with a copy of all future incident reports to be filed in the resident's chart.

Licensee's Proposed Overall Completion Date: 03/08/2024

Implemented [REDACTED] - 03/08/2024)