

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

March 11, 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 02/16/2024 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: Total Daily Staff: *78* Waking Staff: *59*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *02/16/2024*

**Inspection Dates and Department Representative**

*02/16/2024 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *84* Residents Served: *52*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Bridges to Rediscovery* Capacity: *26* Residents Served: *15*

**Hospice**  
 Current Residents: *5*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *52*  
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *2*  
 Have Mobility Need: *26* Have Physical Disability: *0*

**Inspections / Reviews**

**02/16/2024 - Partial**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/10/2024*

**03/08/2024 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *03/11/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/11/2024*

Inspections / Reviews (*continued*)

03/11/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/11/2024

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document  
Submission*

03/11/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/11/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 25b - Contract Signatures

## 1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

## Description of Violation

The resident-home contract, dated [REDACTED], for Resident [REDACTED] was not signed by the resident.

## Plan of Correction

Accept [REDACTED] - 03/11/2024)

The Business Office Manager re-reviewed the resident-home contract with Resident [REDACTED] on 3/7/2023 and obtained a signature (attached).

The Business Office completed an audit of all current resident-home contracts on 2/25/2024 to assure resident signatures.

The Executive Director reviewed the necessity of the resident's signature on the resident-home contract, with the exception of a legal guardian, with the Business Office and Sales Department on 2/27/2024.

The Executive Director will review all resident-home contracts for new move-ins upon completion to assure proper signatures.

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

Implemented [REDACTED] 03/11/2024)

## 142a - Secure Medical Care

## 2. Requirements

2600.

142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

## Description of Violation

On [REDACTED] around [REDACTED], an old pressure valve was damaged and burst from the ceiling of the lower-level residential area, leading to significant flooding. Both Resident [REDACTED] and Resident [REDACTED] witnessed the ceiling collapsing with water gushing into their room. During the evacuation process, Resident [REDACTED] fell on the wet ground and sustained a head injury that resulted in neck pain. However, the home failed to secure medical care for Resident [REDACTED] and Resident [REDACTED] in the midst of the traumatic event, as both affected residents claimed that they had not received medical assessments from nursing staff or hospital evaluation.

## Plan of Correction

Accept [REDACTED] - 03/11/2024)

The Executive Director had met with Resident [REDACTED] the day of and three consecutive days following the relocation and the resident denied incident or injury. After this claim was made, the community determined that Resident [REDACTED] had informed the Medication Technician who had assisted and assessed the resident at the time of the flood. The Medication Technician failed to properly communicate or document the fall.

The Medication Technician who initially responded is no longer employed by the community.

The community completely a re-education for all Medication Technicians on the proper and timely reporting and documentation of incidents (attached) and the necessity to secure medical care (attached). This training was provided on [REDACTED], and [REDACTED].

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

Implemented [REDACTED] - 03/11/2024)