

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

June 10, 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 04/18/2024 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: *11/09/2024*
 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: Total Daily Staff: *85* Waking Staff: *64*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *04/18/2024*

Inspection Dates and Department Representative

04/18/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *100* Residents Served: *71*

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

Hospice
 Current Residents: *71*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *71*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *14* Have Physical Disability: *3*

Inspections / Reviews

04/18/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/13/2024*

05/14/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *06/06/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/21/2024*

Inspections / Reviews *(continued)*

05/23/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/06/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/06/2024

06/10/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/06/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident #1 reported to Staff Member A that [redacted] was struck by Resident #2, in the head, when exiting the home for an outing. Additionally, Resident #2 also closed the door on Resident #1, knocking their cellphone from their hand, causing it to fall to the floor and break. The home failed to report the physical altercation to the Department of Human Services Licensing.

Plan of Correction

Directed ([redacted] - 05/22/2024)

In the future the home will report all incidents or conditions to the Department. The incident between resident #1 and resident #2 has been reported to the Department and to Protective Services. The incident was reported on 4/22/2024. All reporting will be completed by Executive Director or designee. Surveyor [redacted] has already reviewed the altercation while on site. Protective services has investigated and closed case. An in-service will be given on Older Adult Protection Act, Resident Rights and Reportable Incidents. In services attached and sign in sheets to follow.

Proposed Overall Completion Date: 05/24/2024

Directed: Within 14 days of receipt of this directed plan of correction:

In-service will be given in OAPSA, Resident Rights, and Reportable Incidents by 6/6/2024. Verification of staff sign in sheets will be provided to the department upon completion. The administrator will review the incidents required to be reported by 2600.16a with all staff. All future incidents will be reported as required.

Directed Completion Date: 06/06/2024

Implemented ([redacted] - 06/06/2024)

60a - Staff/Support Plan

2. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident’s assessment and support plan.

Description of Violation

On 3/23/24 and 3/24/24, the home has a census of 71 residents, with three staff members working 11pm-7am. The home has 14 residents with mobility needs that require assistance from staff in the event of an evacuation. Four of those residents require a two person assist, using a Hoyer lift for transfers. One resident requires the use of a Hoyer lift for transfers and at times require three staff to assist. Two residents require two staff hands-on assist for transfers. One resident is bed bound and requires two to three staff for hands-on assistance with transfers. The remaining six residents require one staff for hands-on assistance with transfers. The home has a maximum time of seven minutes and 28 seconds to evacuate in the event of a fire emergency. On 3/23/24 and 3/24/24, there were not enough staff to safely assist residents in the event of a fire emergency, requiring evacuation.

60a - Staff/Support Plan (continued)

Plan of Correction

Directed [REDACTED] - 05/23/2024)

Starting on 4/18/24 the Immobile list will be reviewed to ensure the 11-7 staffing enables employees to evacuate residents in our given time of seven minutes and twenty eight seconds. Reviews of Immobile residents will be reviewed monthly for compliance. Staff will be added to the schedule as needed.

The resident who was assessed to need three to four employees to evacuate has been given a thirty day notice letter. The resident has been discharged from the facility. Future residents immobile status will be reviewed to meet the evacuation time. Those hindering compliance time will be discharged.

Director of Nursing, and Assistant Director of Nursing, will monitor the immobile list and all aspects of staffing.

Proposed Overall Completion Date: 05/20/2024

Directed: Within 5 days of receipt of this directed plan of correction and ongoing:

The administrator or designee will review the staff schedule 7 days in advance to ensure that there is enough staff scheduled for each day based upon the current home census, and current resident mobility needs. If any staff member calls off, fails to show, or leaves their scheduled shift early the administrator or designee will review the schedule and replace the staff member immediately if needed. The administrator or designee will document by initialing staff schedules to verify that they have been reviewed. This documentation will be kept and provided to the department upon request.

The administrator shall monitor and ensure ongoing compliance.

Directed Completion Date: 05/28/2024

Implemented [REDACTED] - 06/06/2024)

182b - Prescription Medication

3. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

Description of Violation

Staff Member B had not completed the required biannual Medication Administration Audits and Medication Administration Record Reviews since the completion of their initial Medication Administration Certification Course on [REDACTED] but was administering medications.

Plan of Correction

Accept [REDACTED] - 05/22/2024)

Staff Member B on [REDACTED] was removed from the schedule as a Medication Technician. Staff Member B has since been terminated by Devon House for unrelated reasons.

On [REDACTED] an outside Train the Trainer was hired by Devon House to review all Medication Technicians records. All records that were found out of compliance have been updated. The outside Train the Trainer will remain in place until June 1st, 2024.

182b Prescription Medication (continued)

Our Assistant Director of Nursing, has enrolled in the Train the Trainer program. The course will be completed by June 1st 2024. At that time the Assistant Director of Nursing will accept responsibility for the Train the Trainer program.

All Train the Trainer responsibilities after June 1st will be completed by the Assistant Director of Nursing or designee. Monthly reviews will be completed to maintain compliance. Business Office manager will review all upcoming observations dates to maintain compliance.

Licensee's Proposed Overall Completion Date: 06/01/2024

Implemented ([REDACTED] - 06/10/2024)

190b - Insulin Injections

4. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

The home serves residents with diabetic needs. On [REDACTED] from 11pm to 7am there was no staff member working in the building that had completed the Diabetic Training Course within the last year.

Plan of Correction

Accept ([REDACTED] - 05/22/2024)

All Medication Technicians who are out of compliance with diabetic education will be scheduled for training. All training will be completed by 5/15/24. Agency L.P.N. 's will be scheduled for overnights as training proceeds. Director of Nursing, and Assistant Director of Nursing will oversee.

Going forward all diabetic training will be scheduled to meet compliance. Director of Nursing, and Assistant Director of Nursing, will be responsible for completion. Business Office Manager will monitor all upcoming diabetic training dates to maintain compliance.

Licensee's Proposed Overall Completion Date: 05/21/2024

Implemented ([REDACTED] - 06/06/2024)