

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

October 8, 2024

[REDACTED]
FIVE STAR QUALITY CARE NS OPERATOR LLC

[REDACTED]
ATTN: LICENSING
[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 07/18/2024, 08/01/2024, 08/13/2024 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

Staffing Hours

Resident Support Staff: Total Daily Staff: 76 Waking Staff: 57

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 07/18/2024

Inspection Dates and Department Representative

07/18/2024 - On-Site: [Redacted]
08/01/2024 - Off-Site: [Redacted]
08/13/2024 - Off-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 84	Residents Served: 50		
Secured Dementia Care Unit			
In Home: Yes	Area: 1st floor	Capacity: 26	Residents Served: 15
Hospice			
Current Residents: 0			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 50		
Diagnosed with Mental Illness: 1	Diagnosed with Intellectual Disability: 2		
Have Mobility Need: 26	Have Physical Disability: 0		

Inspections / Reviews

07/18/2024 - Partial
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 08/23/2024

Inspections / Reviews (*continued*)

10/03/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 08/22/2024

Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

10/08/2024 - Bypass Document Submission

Submitted By: [REDACTED] Date Submitted: 10/03/2024

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The portable smoke detector in the 1st floor visitor's bathroom did not have an operable battery installed.

Plan of Correction

Accept [REDACTED] - 08/27/2024)

A battery was place in portable smoke detector located in the 1st floor visitor's bathroom on 7/18/2024 and tested for proper operation.

The maintenance director conducted a survey of all portable smoke detectors located within the community to assure battery installation and proper operation on 7/19/2024.

As scheduled through the Tels maintenance tracking system, the maintenance director will conduct a monthly survey of all portable smoke detectors within the community to assure battery installation and proper operation. Deficiencies will be corrected at time of monthly survey

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented ([REDACTED] 10/08/2024)

236 - Staff Training

2. Requirements

2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

Direct care staff person A, who works in the Secure Dementia Care Unit (SDCU) had only 1 hours of training in dementia care during the 2023 training year.

Plan of Correction

Accept [REDACTED] - 08/27/2024)

Despite self-audits completed toward the end of 2023, the community did not identify the additional training needs to the staff person A.

The Director of Resident Services completed dementia training for the resident services team members beginning 7.22.24 and ending 8.19.24 to meet the requirement (attached).

The Executive Director and Business Office Manager will complete an audit of all team member training for the 2024 training year by 9.16.2024. Based on the findings and, as needed, the community will adjust the annual training plan to assure compliance.

Licensee's Proposed Overall Completion Date: 09/16/2024

Implemented ([REDACTED] - 10/08/2024)