

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

March 10, 2025

[REDACTED]
DEVONHOUSE SENIOR LIVING LLC
[REDACTED]

RE: DEVONHOUSE SENIOR LIVING
1930 BEVIN DRIVE
ALLENTOWN, PA, 18103
LICENSE/COC#: 23115

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/22/2025 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: *DEVONHOUSE SENIOR LIVING* License #: *23115* License Expiration: *11/09/2025*
 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]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/20/1989* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *74* Waking Staff: *56*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Complaint* Exit Conference Date: *01/22/2025*

Inspection Dates and Department Representative

01/22/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *100* Residents Served: *57*

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

Hospice
 Current Residents: *9*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *57*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *17* Have Physical Disability: *0*

Inspections / Reviews

01/22/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/09/2025*

02/10/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/28/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/15/2025*

Inspections / Reviews *(continued)*

02/25/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/28/2025

03/10/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

142b Refusal Medical Treatment

1. Requirements

2600.

142.b. If a resident refuses routine medical or dental examination or treatment, the refusal and the continued attempts to educate and inform the resident about the need for health care shall be documented in the resident's record.

Description of Violation

Resident [redacted] has a gastric tube and according to physician's orders, the tube is required to be flushed daily. Resident [redacted] frequently refuses to allow staff to flush the gastric tube. Staff use the Medication Administration Record (MAR) to document when the gastric tube is flushed in both morning and afternoon, and at times when the resident refuses the care, a code is entered into the MAR. The home is not adequately documenting in the resident's record how and at what times the attempts are made to flush the gastric tube, and are not documenting that the resident has been educated on the importance of following the physician's orders to flush the tube twice daily.

Resident [redacted] refused to allow staff to flush the gastric tube on the following dates: [redacted], [redacted]. All refusals on those dates occurred during the morning hours. Staff are not documenting attempts to flush the gastric tube at later or earlier times in the morning when the resident may be more agreeable to the care.

Plan of Correction

Accept [redacted] - 02/25/2025)

The facility will create a refusal form. The form will include time of attempt, reason for refusal, amount of attempts and resident education on consequences of refusal. Staff will be inserviced on refusal of care and the need for multiple attempts at different times. The form will be added to the resident record. Director of Nursing or designee will be responsible for oversight. The in-service will be on 2/21/2025. Director of Nursing or designee will complete.

Licensee's Proposed Overall Completion Date: 02/21/2025

Implemented [redacted] - 03/06/2025)

227d Support Plan Medical/Dental

2. 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

Resident [redacted] was admitted to the home on [redacted]. Resident [redacted] support plan dated [redacted] does not include the following information: that the resident has a gastric tube and the need for the tube to be flushed twice daily, the resident's need for one person assist for all transfers, the resident's use of a wheelchair and the need for staff to transport the resident in the wheelchair, and the resident's behaviors such as combativeness with care, and refusal of the flushing of the gastric tube.

Plan of Correction

Accept [redacted] - 02/25/2025)

Executive Director or designee will provide an in service on requirements to be included on the R.A.S.P. The in services will include, but not limited to, documentation on specialty needs, transfer status, mobility devices, behaviors and chronic refusals. Executive Director or designee will be responsible for completion. The in-service date will be 2/21/2025. The resident RASP was updated 2/2/2025. We will audit 20% of resident RASP'S by 2/21/2025. The Director of Nursing or designee will complete.

227d Support Plan Medical/Dental (continued)

Licensee's Proposed Overall Completion Date: 02/21/2025

Implemented [REDACTED] - 03/06/2025)

227h - Support Plan Refuse Sign

3. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident [REDACTED] support plan dated [REDACTED] was not signed by the resident and there is no indication if the resident declined to sign the support plan.

Plan of Correction

Accepted [REDACTED] 02/25/2025)

Executive Director or designee will in service Director of Nursing and Assistant Director of Nursing on documentation on refusal to sign R.A.S.P. The in service will include, but will not be limited to, documentation requirements for decline to sign, refuse to sign or decline to participate. Executive Director or designee will be responsible for completion of in service and ongoing compliance. The in service date will be 2/21/2025. The resident signed the RASP on 2/2/2025. We will audit 20% of resident RASP signatures by 2/21/2025. Director of Nursing or designee will complete.

Licensee's Proposed Overall Completion Date: 02/21/2025

Implemented [REDACTED] - 03/06/2025)