

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

September 29, 2025

[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 06/02/2025 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: *THE DEVON SENIOR LIVING* License #: *13206* License Expiration: *10/06/2025*
 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: *08/26/2003* Issued By: *PA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *77* Waking Staff: *58*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *06/02/2025*

Inspection Dates and Department Representative

06/02/2025 - 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: *Memory Care* Capacity: *26* Residents Served: *16*
 Hospice
 Current Residents: *4*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *52*
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *25* Have Physical Disability: *1*

Inspections / Reviews

06/02/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/04/2025*

07/07/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *07/29/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/12/2025*

Inspections / Reviews *(continued)*

07/08/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/29/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/16/2025

09/29/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/29/2025

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

On [REDACTED], resident [REDACTED] was taken to the hospital and received six sutures for a laceration to the left ankle. The home did not submit an incident report to the Department.

Plan of Correction

Accept [REDACTED] - 07/08/2025)

DHW submitted late reportable on 7/3/25 to DHS. (See attached) On 6/3, E.D. retrained DHW on reportable events listed in the RCG under 2600.16c. As a company standard, E.D. must view all PCC incidents within 24 hours to review and sign off on event. At that time, ED will ensure state reportable is submitted if incident falls within the 2600.16c reportable guidelines. ED or designee will begin audits on 6/24 for 20 days to identify any reportable incidents.

Licensee's Proposed Overall Completion Date: 07/14/2025

Implemented [REDACTED] 09/29/2025)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident [REDACTED] who has diagnoses of [REDACTED], and [REDACTED], requires assistance with ambulation, personal hygiene, and transferring to and from bed or chair. On [REDACTED] at approximately 6:00 am, staff person A went to resident [REDACTED] bedroom to assist with their scheduled shower. The resident refused care, cursing and scratching staff person A.

Staff person A placed resident [REDACTED] wheelchair near the bed and attempted to transfer the resident from the bed to the wheelchair using an incontinence pad on the bed. During this process, resident [REDACTED]'s left foot got caught under the wheelchair, causing a bloody laceration to the resident's left ankle.

The home's policy on the refusal of care instructs a staff person to make three documented attempts to provide service and to ask a second staff person to assist. Resident [REDACTED] support plan, dated [REDACTED] states that "DCS (direct care staff) will use walkers first for transfers. If resident is unable to stand DCS will then use two people to transfer resident." Staff person A did not follow the home's

Staff person A treated the wound and alerted a medication technician. On [REDACTED], resident [REDACTED] hospice nurse noticed the wound and advised the home to take the resident to the hospital, where the resident received six sutures. The sutures were removed on [REDACTED].

42b Abuse (continued)

Plan of Correction

Directed [REDACTED] - 07/08/2025)

DHW provided training on 7/1/25 to direct care staff regarding the importance of following RASPS. Training included, the reason for following individual care plans and prompt reporting of any difficulties or concerns. Beginning on 6/24, A random sample of 5 residents will be reviewed over the next 20 days, to ensure care plans are being followed.

Proposed Overall Completion Date: 07/14/2025

Directed step of POC:

In addition to the above-mentioned plan of correction:

Within 10 days of the receipt of this plan of correction: All direct care staff, ancillary staff persons, substitute personnel, volunteers and management staff including the administrator shall receive training in abuse reporting and prevention and resident rights from a Department approved outside source. Documentation of training shall be kept in accordance with 2600.65i.

Directed Completion Date: 07/18/2025

Implemented [REDACTED] - 09/29/2025)

51 - Criminal Background Check

3. Requirements

2600.

- 51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

On [REDACTED], the home did not have a Pennsylvania State Police criminal background check for staff person A.

Plan of Correction

Accept [REDACTED] - 07/08/2025)

Criminal background check was processed on 5/1/25 but not available to inspector at time of request. See attached. ED retrained BOM on company and state pre employment background check process. Audit was conducted on all current employees through 6/2. E Patches printed from Sterling and added to employee files. BOM or designee will continue to audit all new hire files for the next 20 days.

Licensee's Proposed Overall Completion Date: 07/14/2025

Implemented [REDACTED] - 09/29/2025)

54a - Direct Care Staff

4. Requirements

54a - Direct Care Staff (continued)

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 1. Be 18 years of age or older, except as permitted in subsection (b).
- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
- 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person C does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. The home obtained a credential evaluation report on staff person C's overseas education but never applied to the Department for a waiver.

Plan of Correction

Directed (█) - 07/08/2025)

Waiver completed for direct care staff person C and submitted on 7/3. ED retrained BOM on the specific requirements listed in the RCG for direct care staff. All direct care staff employee files were audited for compliance. All staff requirements are met according to 2600.54.a. Beginning on 6/3, ED or designee will audit all new direct care staff pre-hire paperwork to ensure compliance prior to orientation for the next 45 days.

Proposed Overall Completion Date: 07/14/2025

Directed step of POC:

Immediately: *Staff person C shall not be permitted to provide direct care services in the home until they have met the educational qualifications. Upon completion of the audit of direct care employee files, only those staff persons who meet the direct care staff qualifications shall be permitted to provide direct care services.*

Directed Completion Date: 07/14/2025

Implemented (█) - 09/29/2025)

62 - Contact List

5. Requirements

2600.

- 62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

Staff persons D and E were not on the staff list.

Plan of Correction

Accept (█) - 07/08/2025)

Inspector was not provided an up to date contact list. However, contact list from Workday did include staff persons D and E as employees are automatically added to Workday system at time of hire. BOM was retrained by ED how to pull Workday "Team Roster" report. ED or designee will audit contact list kept at the front desk for the next 20 days. A new contact list will be printed from Workday, day of new hire orientation.

Licensee's Proposed Overall Completion Date: 07/14/2025

62 - Contact List (*continued*)

Implemented [REDACTED] - 09/29/2025)