

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

November 19, 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 09/04/2025 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: *COPA L & I*

**Staffing Hours**

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

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *09/04/2025*

**Inspection Dates and Department Representative**

09/04/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *84* Residents Served: *58*  
 Secured Dementia Care Unit  
 In Home: *Yes* Area: *Bridges to Rediscovery* 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: *58*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *18* Have Physical Disability: *0*

**Inspections / Reviews**

09/04/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/04/2025*

10/02/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *10/23/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/26/2025*

Inspections / Reviews *(continued)*

11/19/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/23/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 42b - Abuse

**1. 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**

On [REDACTED] at approximately 1:16 PM, staff person A was transporting resident [REDACTED] back to the home following a medical appointment. While resident [REDACTED] wheelchair had been secured within the transport vehicle, resident [REDACTED] was not secured with a seat belt.

During transit, staff person A was required to brake suddenly when another driver failed to stop at a stop sign, and made a turn in front of the transport vehicle. As a result of the abrupt stop, resident [REDACTED] was ejected from the wheelchair, striking their head on the seat in front of them, before falling to the floor of the vehicle. Resident [REDACTED] sustained the following injuries: skin tear to the top of the head, abrasion to the left shin, and a tibial fracture.

**Plan of Correction**

Accept [REDACTED] 10/02/2025)

In response to the violation on 9/4/25 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 9/4/25 by the Administrator suspending Staff Person A, pending investigation. Staff Person A was terminated from employment on 9/8/25 for failing to ensure safety while driving a resident in the community bus and failing to possess direct care qualifications.

While the community does not have a designated driver at this time, the Life Enrichment Director will ensure that any qualified driver has received required Regulation 42b, Abuse, training prior to transporting a resident.

On 9/5/25, the Administrator trained all department managers on Regulation 42b, Abuse. During this training, we reviewed the importance of resident safety and assurance that all staff understand. On 9/24/25, the Administrator retrained all staff on Regulation 42b, Abuse, utilizing Pennsylvania Department of Aging Older Adult Protective Services training tool downloaded from the DHS website. This training was comprehensive, including engaging re-enactments so all staff understand prohibited abuse and neglect.

Additionally, all staff were required to complete PS Mandatory Abuse Reporting Training Course provided online by the Pennsylvania Department of Aging Learning Management System by 8/31/25. All certificates of completion are retained. Ongoing education will continue to be provided upon hire/annually for all staff on Older Adult Protective Services Act, Resident Rights.

Residents are informed regularly of their rights (upon admission as well as during resident council). Residents are and will continue to be encouraged to promptly report if someone is allegedly mistreating or neglecting them.

To ensure consistent adherence to Regulation 2600.42b, Abuse, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 10/23/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 10/24/2025

Implemented [REDACTED] - 11/19/2025)

54a - Direct Care Staff

2. Requirements

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 A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Repeat violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 10/02/2025)

In response to the violation on 9/4/25 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 9/4/25 by the Administrator suspending Staff Person A, pending investigation. Staff Person A was terminated from employment on 9/8/25 for failing to ensure safety while driving a resident in the community bus and failing to possess direct care qualifications. Staff Person A had a direct care certification, but not a United States High School diploma on file.

On 8/22/25, an audit of all associate files was conducted by the Regional Operations Director. Any direct care staff that did not possess a high school diploma/CNA license, had theirs obtained and placed in their employment file immediately. They were not permitted to provide direct care until the diploma was received.

On 9/5/25, the Administrator trained all department managers on Regulation 54a, Direct Care Staff.

On 9/19/25, the Business Office Manager responsible for ensuring all direct care staff have a high school diploma/CNA license on file, was separated from employment. Upon hire of a new Business Office Manager, the Administrator will ensure to provide training on Regulation 54a, Direct Care Staff, to them.

To ensure consistent adherence to Regulation 2600.54a, Direct Care Staff, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 10/23/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 10/24/2025

Implemented [REDACTED] - 11/19/2025)

171b1 - Providing Transportation

3. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

1. The occupants of the vehicle shall be in an appropriate safety restraint at all times the vehicle is in motion.

Description of Violation

On [REDACTED] at approximately 1:16 PM, staff person A transported resident [REDACTED] from a medical appointment back to the home. During the trip, resident [REDACTED] was not secured with a seatbelt while the vehicle was in motion.

## 171b1 - Providing Transportation (continued)

**Plan of Correction****Accept** [REDACTED] - 10/02/2025)

*In response to the violation on 9/4/25 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 9/4/25 by the Administrator suspending Staff Person A, pending investigation. Staff Person A was terminated from employment on 9/8/25 for failing to ensure safety while driving a resident in the community bus and failing to possess direct care qualifications.*

*While the community does not have a designated driver at this time, the Life Enrichment Director will ensure that any qualified driver has received required Regulation 171b1, Providing Transportation, training prior to transporting a resident. Any driver will also be provided with Five Star Senior Living's policy on Vehicle and Driver Safety, as well as Driver Acknowledgement Regarding Safety and Vehicle Use. Confirmation of receipt of these documents will be maintained in the staff employment file.*

*On 10/1/25, the Administrator trained all department managers on Regulation 171b1, Providing Transportation.*

*To ensure consistent adherence to Regulation 2600.171b1, Providing Transportation, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 10/23/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.*

**Licensee's Proposed Overall Completion Date:** 10/24/2025

**Implemented** [REDACTED] - 11/19/2025)

## 225c - Additional Assessment

**4. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

**Description of Violation**

*Resident [REDACTED] was discharged from the hospital and returned to the home on [REDACTED], with a significant change in condition. Resident [REDACTED] assessment, upon returning to the home, was not completed until 9/4/2025. Assessments are to be finalized within 5 days of a significant change in condition.*

*Repeat violation: 8/27/24*

**Plan of Correction****Accept** [REDACTED] - 10/02/2025)

*In response to the violation on 9/4/25 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 9/4/25 by the Healthcare Director completing an additional assessment due to the significant change in condition. Resident A was discharged from Paoli Hospital after a ten-day hospitalization, without a new DME. The hospital should have discharged Resident A to SNF for sub-acute rehabilitation. The home was actively seeking SNF placement post hospitalization but was unsuccessful due to bed availability and insurance restrictions.*

*Resident A was subsequently transferred to a SNF for sub-acute rehabilitation on 9/5/25. An assessment and support plan was created when the resident returned from SNF on 9/30/25.*

**225c - Additional Assessment (continued)**

An audit of all medical evaluations was completed by the Regional Healthcare Specialist on 9/5/25. Non-compliance will be documented on the medical evaluation by the Healthcare Director. The Healthcare Director will continue with monthly audits of all medical evaluations until compliance is achieved.

On 9/5/25, the Administrator trained all department managers on Regulation 225c, Additional Assessments. All department managers were given assessments to audit as part of this training.

On 9/30/25, the Administrator retrained the Healthcare Director on regulation 2600.225c, Additional Assessments. The Healthcare Director has a clear understanding on ensuring all assessments are completed upon need. Documentation shall be retained.

To ensure consistent adherence to Regulation 2600.225c, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 10/23/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 10/24/2025

Implemented [REDACTED] 11/19/2025)

**227g -Support Plan Signatures****5. Requirements**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

**Description of Violation**

Resident [REDACTED] participated in the development of [REDACTED] support plan on [REDACTED]. However, the resident and the assessor did not sign the support plan.

**Plan of Correction**

Accept [REDACTED] - 10/02/2025)

In response to the violation on 9/4/25 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 9/4/25 by the Healthcare Director and Resident A signing the support plan due to the significant change in condition.

Resident A was subsequently transferred to a SNF for sub-acute rehabilitation on 9/5/25. A new assessment and support plan was created when Resident A returned to the home from the SNF on 9/30/25.

An audit of all support plans was completed by the Regional Healthcare Specialist on 9/5/25. Non-compliance will be documented on the support plan by the Healthcare Director. The Healthcare Director will continue with monthly audits of all support plans until compliance is achieved.

On 9/5/25, the Administrator trained all department managers on Regulation 227, Support Plan Signatures. All department managers were given support plans to audit as part of this training.

On 9/30/25, the Administrator retrained the Healthcare Director on regulation 2600.227g, Support Plan Signatures. The Healthcare Director has a clear understanding on ensuring all support plans are signed by the assessor, the resident, and the resident's responsible party, if applicable. Documentation shall be retained.

To ensure consistent adherence to Regulation 2600.227g, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 10/23/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

227g -Support Plan Signatures *(continued)*

Licensee's Proposed Overall Completion Date: 10/24/2025

Implemented (█ - 11/19/2025)