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

February 4, 2026

[redacted]
FIVE STAR QUALITY CARE NS OPERATOR LLC
[redacted]
ATTN: LICENSING, 2 NEWTON PLACE
[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 12/04/2025 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**: *10/06/2026*

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**: *Commonwealth of Pennsylvania, L&I*

Staffing Hours

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

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Incident* **Exit Conference Date**: *12/04/2025*

Inspection Dates and Department Representative

12/04/2025 - 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**: *Memory Care* **Capacity**: *26* **Residents Served**: *15*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *58*

Diagnosed with Mental Illness: *4* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *19* **Have Physical Disability**: *1*

Inspections / Reviews

12/04/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *01/02/2026*

01/27/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *01/31/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *01/30/2026*

Inspections / Reviews *(continued)*

01/29/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *01/31/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *02/03/2026*

02/04/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *01/31/2026*

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] the Department received an incident report stating staff member A observed staff member B verbally abusing residents. Staff member A reported this in writing to the Administrator and immediately resigned from their position. Staff member A was not available for an interview.

Face to face interviews with staff and residents were conducted onsite where the following was reported:

- *Staff member C stated staff member B was friendly with some residents when giving medications but with others [redacted] liked to shout (at the resident).*
- *Resident [redacted] stated staff member B was "not nice", "demanding" and when asked if resident [redacted] had witnessed any abuse from staff member B, resident [redacted] responded "verbal, not physical".*
- *Resident [redacted] talked about an interaction with staff member B. Resident [redacted] was sick, staff member B was administering medications in resident [redacted]s room but had to leave and said they had to get another medication for the resident's cough but did not return. Resident [redacted] went looking for staff member B and when staff member B saw resident [redacted] [redacted] pulled the cart towards resident [redacted] and yelled at the resident that staff member B had other residents to take care of and resident [redacted] was going to have to wait. Resident [redacted] said they were "very taken aback, because {they} were sick". Staff member B told resident [redacted] to take some water for the cough and resident [redacted] felt this was an insult to their intelligence. Since then, resident [redacted] stated, they have been "afraid" to ask staff member B for anything.*

Repeat Violation:[redacted] et. al., [redacted] et. al.

Plan of Correction ***Accept [redacted] - 01/29/2026)***

The following plan of correction is provided for regulatory compliance purposes only and not as any admission or agreement of wrongdoing or regulatory violation whatsoever.

- *As evidence of immediate protective oversight, action was taken on 11/5/25 by the Administrator suspending Staff Person B, pending investigation. Staff Person B is no longer employed since 11/5/25.*
- *Staff were retrained on 11/20/25 on the Older Adult Protective Services Act, Resident's Rights, and Mandatory Reporting by the Administrator, as part of an all-staff meeting.*
- *On 12/4/25, the Administrator retrained department managers on Regulation 42, Abuse. This training specifically discussed the importance of resident safety and reporting requirements.*
- *Ongoing education will continue to be provided upon hire/annually for all staff on Older Adult Protective Services Act, Resident Rights and Mandatory Reporting.*
- *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 allegedly mistreats or neglects them.*
- *Administrator will monitor monthly for compliance.*

Licensee's Proposed Overall Completion Date: *01/27/2026*

Implemented [redacted] - 02/04/2026)

42c - Treatment of Residents

2. Requirements

42c - Treatment of Residents *(continued)*

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

In an interview with staff member C, the staff member stated staff member B and C worked together from January through July, staff member B worked 3-11 and staff member C worked 7:00 PM to 7:00 AM. Staff member C stated that when staff member B came in at 7:00 PM, staff member B would turn off all the lights and the TVs. Staff member B would tell residents to go to bed, that the residents don't need to watch TV, even if the residents protested, staff member B would not let the residents watch TV and would take the remote control. Staff member B would even tell other staff that if they don't like it to go on the other side of the home.

Plan of Correction ***Accept ([redacted] 01/29/2026)***

The following plan of correction is provided for regulatory compliance purposes only and not as any admission or agreement of wrongdoing or regulatory violation whatsoever.

- *As evidence of immediate protective oversight, action was taken on 11/5/25 by the Administrator suspending Staff Person B, pending investigation. Staff Person B is no longer employed since 11/5/25.*
- *Staff were retrained on 11/20/25 on the Older Adult Protective Services Act, Resident's Rights, and Mandatory Reporting by the Administrator, as part of an all-staff meeting.*
- *On 12/4/25, the Administrator retrained department managers on Regulation 42, Abuse. This training specifically discussed the importance of resident safety and reporting requirements.*
- *Ongoing education will continue to be provided upon hire/annually for all staff on Older Adult Protective Services Act, Resident Rights and Mandatory Reporting.*
- *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 allegedly mistreats or neglects them.*
- *Administrator will monitor monthly for compliance.*

Licensee's Proposed Overall Completion Date: *01/27/2026*

Implemented [redacted] - 02/04/2026)

65a - FS Orientation 1st Day

3. Requirements

2600.
65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

The home could not provide verification that staff member A, whose first day of work was [redacted], received orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as

65a - FS Orientation 1st Day (continued)

during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Repeat Violation: [redacted] *et. al.,* [redacted] *et. al.*

Plan of Correction ***Accept*** [redacted] ***01/27/2026)***

The following plan of correction is provided for regulatory compliance purposes only and not as any admission or agreement of wrongdoing or regulatory violation whatsoever.

- *Due to an administrative error, the home was unable to immediately locate the new hire orientation packet from Staff Person A prior to* [redacted] *abrupt resignation. The Administrator personally conducted this orientation and attested to the validity of the training occurring and verified in a signed and dated statement that it occurred. There were two other new staff persons in this class, who the home retains their training documentation who can also serve as witness to the training.*
- *On 8/22/25, the Regional Operations Director had audited the associate files to maintain ongoing compliance with 2600.65a to identify any gaps in training requirements for all current and new associates & agency staffing. An associate who missed training received proper training from designated trainer including educational handouts located in the binder.*
- *A new Business Office Manager (BOM) was hired and part of the 10/28/25 orientation class. As part of a previous POC, this new BOM was to be trained on Regulation 65, Direct Care Staff Person Training and Orientation. This training was provided by the Administrator on 10/30/25.*
- *Beginning, 12/1/25, any new hire associate must have a New Hire Checklist completed before permitted to work. This checklist will ensure compliance on Regulation 65.*
- *On 12/4/25, the Administrator retrained all department managers on Regulation 65. During this training, we reviewed the importance of associate training requirements.*
- *On 12/19/25, the Administrator re-audited the associate training files, which included 65a, 65b, 65c, and 65d training that was provided by the new ownership group 12/11/25 through 12/18/25. No deficiencies noted.*
- *Administrator will monitor monthly for compliance.*

Licensee's Proposed Overall Completion Date: *12/31/2025*

Implemented [redacted] ***- 02/04/2026)***

82c - Locking Poisonous Materials

4. Requirements

2600.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On [redacted]*, at 9:59 AM, during a safety walk of the entire home, an unlocked housekeeping cart was observed in the memory care unit. Inside the cart were several poisonous cleaners including two bottles of Ecolab Cleaners, with a manufacturer's label indicating "Keep out of reach of children...Wash hands thoroughly after handling. Get medical advice/attention if you feel unwell*

82c - Locking Poisonous Materials (continued)

, a bottle of Clorox Healthcare Hydrogen Peroxide Cleaner Disinfectant, with a manufacturer's label indicating Hazards to Humans and Domestic Animals. Causes moderate eye irritation. Avoid contact with eyes or clothing... Call the poisons control center... or doctor for treatment advice".
Not all the residents of the home, including the memory care residents, have been assessed capable of recognizing and using poisons safely.

Repeat Violation: [redacted] et. al.

Plan of Correction ***Accept [redacted] - 01/27/2026)***

The following plan of correction is provided for regulatory compliance purposes only and not as any admission or agreement of wrongdoing or regulatory violation whatsoever.

- *On 12/4/25, during the department's visit, the housekeeper left the housekeeping cart in the hallway unlocked and unattended.*
- *On 12/4/25, the Administrator retrained all department managers on Regulation 82, Poisons. During this training, we reviewed the importance of storing properly, locking and maintaining security, of identified poisonous materials (labeled as poisonous).*
- *Beginning 12/5/25, the Administrator rounded the memory care unit randomly once per week to ensure the housekeeping cart was locked while unattended. No deficiencies noted.*
- *On 12/10/25, a coaching and counseling was issued to the housekeeper by the Administrator. During this coaching, a translator was utilized to ensure that the Albanian housekeeper fully understood what was being trained. The housekeeper acknowledged understanding Regulation 82, Poisons.*
- *Administrator will monitor monthly for compliance.*

Licensee's Proposed Overall Completion Date: *12/31/2025*

Implemented [redacted] - 02/04/2026)

100a - Exterior - Free of Hazards

5. Requirements

2600.
100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

During a safety walk on [redacted] the following hazards were found:

- *A flower pot, broken into several pieces, was on the memory care patio,*
- *A large pool of water was in the middle of the side yard by the exterior walking path,*
- *A large patch of ice had formed on the patio outside door #11 by the dining area.*

Plan of Correction ***Accept [redacted] - 01/27/2026)***

The following plan of correction is provided for regulatory compliance purposes only and not as any admission or agreement of wrongdoing or regulatory violation whatsoever.

- *Upon notification during the safety walk, the broken flowerpot was immediately removed from the memory care patio by the Maintenance Director. All debris was swept and disposed of to eliminate any potential tripping or safety hazards. The Maintenance Director inspected the entire memory care patio and adjoining outdoor spaces to ensure no additional damaged items or debris were present.*

100a - Exterior - Free of Hazards (continued)

- *Upon notification during the safety walk of the large patch of ice on the patio outside door #11, the Maintenance Director applied Ice Melt Salt and placed a hazard cone over the area. Additional ice melt was applied later that same day as a preventive measure however it is noted the home in no way can control the formation of ice and certain temperature variations may or may not permit the use of ice melt.*
- *On 12/4/25, a full inspection of all exterior exits and patios was conducted to detect any additional ice accumulation by the Maintenance Director. No other hazards were noted.*
- *During inclement weather, daily ice-check logs will be completed and reviewed by the Maintenance Director.*
- *On 12/4/25, the Administrator retrained all department managers on Regulation 100, Exterior Conditions.*
- *The large pool of water in the middle of the side yard is located in a manmade retention basin that has been on the campus since 1998. This manmade retention basin was designed to divert any waterflow away from the home and walking trails. This retention basin has never been fenced in and has been surveyed annually and as required by the department without any notation or citation whatsoever.*
- *On 12/19/25, mesh safety fencing was ordered to surround the retention basin. Upon delivery on 12/22/25, the Maintenance Director installed the fencing.*
- *Administrator will monitor monthly for compliance.*

Licensee's Proposed Overall Completion Date: *12/31/2025*

Implemented [redacted] - 02/04/2026)