

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

May 11, 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 01/08/2026 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: *COPA L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *75* Waking Staff: *56*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *01/08/2026*

Inspection Dates and Department Representative

01/08/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *84* Residents Served: *56*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Wellspring* Capacity: *26* Residents Served: *13*

Hospice
 Current Residents: *6*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *56*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *19* Have Physical Disability: *2*

Inspections / Reviews

01/08/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/31/2026*

02/11/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/02/2026*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/02/2026*

Inspections / Reviews *(continued)*

05/11/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/02/2026

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], at approximately 2:30 PM, Resident [REDACTED] was found confined to their room without the ability to exit independently.

At approximately 2:28 PM, a DHS Representative attempted to access Resident [REDACTED] room from the hallway and discovered the door was locked and could not be opened without a key. After confirming that the resident was not present in the common area, home staff indicated to the DHS Representative that the resident was "in their room".

As the DHS Representative was informed earlier in the day that Medication Technicians holds the key to Resident [REDACTED] room, and there is always a Medication Technician on the unit, the DHS Representative approached Staff Person A and requested access to Resident [REDACTED] room at 2:29 PM. Staff Person A did not have the key and left the common area to find "one of the aides" who reportedly had it.

The DHS Representative walked to and remained outside Resident [REDACTED] locked room awaiting access. The door was unlocked by home staff at 2:31 PM.

Upon entry, Resident [REDACTED] was observed sitting in a chair watching television. Resident [REDACTED] is wheelchair dependent, does not self-propel, and is unable to transfer independently. Per Resident [REDACTED]'s support plan, staff assistance is required for all mobility and transportation throughout the community, and Resident [REDACTED]'s door is to remain unlocked while the resident is in their room. Resident 1 is unable to exit their room, without staff support. Resident [REDACTED] was confined to their room without the ability to exit, and without the ability of all staff to provide Resident [REDACTED] with immediate assistance in an emergency situation.

Repeat violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 02/11/2026)

The home respectfully disagrees with the citation as issued. The following plan of correction is provided for regulatory compliance purposes only and not an admission of any wrongdoing whatsoever.

- At 2:31 PM on 1/8/26, direct care staff unlocked the door, assessed Resident [REDACTED], and verified no acute distress.
- At 4:45 PM on 1/8/26, the Maintenance Director changed the door handle to a transfer handle that does not lock, despite Resident [REDACTED] POA direct instruction to the home to maintain a locked apartment door at all times.
- The care plan, dated 11/1/25, indicated that the apartment lock should be engaged when Resident #1 not in the unit, unlocked when in the unit. On 1/8/26, at 2:31 PM, the home failed at this care plan. The Healthcare Director updated Resident [REDACTED] care plan on 1/9/26 accordingly.
- On 1/8/26, the Administrator notified Resident [REDACTED] POA via email that the lock was removed from the resident's door due to the emergency egress violation.
- On 1/8/26, the Administrator retrained department managers on Regulation 23, with direct focus on SDCU locks, which was what was cited by the inspector on 1/8/26.
- On 1/9/26, the Administrator audited SDCU apartment doors to ensure they had transfer handles. No other

42b Abuse (continued)

issues identified.

- On 1/21/26, staff were retrained on the Older Adult Protective Services Act, Resident's Rights, and Mandatory Reporting by the Administrator, as part of an all staff meeting. Regulation 42 training has been held monthly at the home since August 2025.
- 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: 01/31/2026

Implemented (█) - 05/11/2026)

82c - Locking Poisonous Materials**2. 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

█ with a manufacturer's label indicating "In case of accidental ingestion, get medical help or contact a Poison Control Center right away", was unlocked, unattended, and accessible to residents in room █. Not all the residents of the home, including Resident █ have been assessed capable of recognizing and using poisons safely.

█ with a manufacturer's label indicating "If swallowed, get medical help or contact a Poison Control Center right away", was unlocked, unattended, and accessible to residents in room █. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

Mouthwash, with a manufacturer's label indicating "In case of accidental ingestion, seek professional assistance or contact a Poison Control Center immediately", was unlocked, unattended, and accessible to residents in room █. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

Repeat violation: █

Plan of Correction

Accept (█) - 02/11/2026)

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 1/8/26, during the department's visit, Zinc Oxide paste was found in room █ Zoltaren, not BioFreeze, was found in room 13, and mouthwash was found in room █. The Healthcare Director removed these items from the rooms and discarded them.
- On 1/8/26, the Administrator notified the residents' responsible parties via email of the regulation requirement on poisonous materials in the SDCU.
- On 1/8/26, the Administrator retrained department managers on Regulation 82, Poisons. During this training, we reviewed the importance of storing properly, locking and maintaining security, of identified poisonous

82c Locking Poisonous Materials (continued)

materials (labeled as poisonous).

- Beginning 1/9/26, the Management Team began daily environmental rounds in the SDCU. If a concern is found during the rounds, they will be addressed immediately. These environmental rounds will continue daily until 2/28/26, or compliance is maintained.
- On 1/21/26, staff were retrained on Regulation 82 by the Administrator, as part of an all staff meeting.
- Beginning 3/1/26, the Administrator will monitor monthly for compliance.

Licensee's Proposed Overall Completion Date: 02/28/2026

Implemented [REDACTED] - 05/11/2026)

121b - Locking Device Approval**3. Requirements**

2600.

121.b. Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.

Description of Violation

The door on resident room [REDACTED] in the Secured Dementia Care Unit (SDCU), which is used as an egress route from room [REDACTED] to the common hall of the unit, is equipped with a lock that can only be unlocked from the hall with a key. Not all staff on the Secured Dementia Care Unit (SDCU) have a key to the door, preventing immediate egress from room [REDACTED]. The home does not have written approval or a variance from the Department of Labor and Industry, the Department of Health or the local building authority for use of a lock on a resident room door in the Secured Dementia Care Unit (SDCU).

Plan of Correction

Accept [REDACTED] - 02/11/2026)

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.

- At 4:45 PM on 1/8/26, the Maintenance Director changed the door handle to a transfer handle that does not lock, despite Resident [REDACTED] POA direct instruction to the home to maintain a locked apartment door at all times.
- The care plan, dated 11/1/25, indicated that that the apartment lock should be engaged when Resident [REDACTED] not in the unit, unlocked when in the unit. On 1/8/26, at 2:31 PM, the home failed at this care plan. The Healthcare Director updated Resident [REDACTED] care plan on 1/9/26 accordingly.
- On 1/8/26, the Administrator notified Resident [REDACTED] POA that the lock was removed from the resident's door due to the emergency egress violation.
- On 1/8/26, the Administrator retrained department managers on Regulation 121b, with direct focus on SDCU apartment door locks.
- On 1/9/26, the Administrator audited SDCU apartment doors to ensure they had transfer handles. No other issues identified.
- On 1/21/26, staff were retrained by the Administrator on Regulation 121b, to bring awareness to staff to be mindful of locked doors in the SDCU.
- Administrator will monitor monthly for compliance.

121b Locking Device Approval (continued)

Licensee's Proposed Overall Completion Date: 01/31/2026

Implemented [redacted] - 05/11/2026)

162c - Menus Posted

4. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of [redacted] through [redacted], and [redacted] through [redacted] were not posted in the home. The menus posted in the home were from December 2025.

Plan of Correction

Accept [redacted] - 02/11/2026)

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 of this deficiency, the Culinary Director posted current menus immediately in required areas. Menus are generally posted for the full five week cycle, with dates pre printed on them. During this inspection on 1/8/26, the home was changing from the former ownership menus to the new ownership menus. The new ownership menus are now posted as required.
- On 1/8/26, the Administrator retrained department managers on Regulation 162c, with direct focus on posting SDCU menus.
- Beginning 1/9/26, the Culinary Director audited the SDCU dining room board to ensure the correct menus were posted, weekly for four weeks. No further deficiencies were noted.
- On 1/21/26, staff were retrained on Regulation 162c, by the Administrator, to bring awareness to staff to be mindful of current menus posted in the SDCU.
- Administrator will monitor monthly for compliance.

Licensee's Proposed Overall Completion Date: 01/31/2026

Implemented [redacted] - 05/11/2026)

183d - Prescription Current

5. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [redacted], [redacted] belonging to Resident [redacted] was in the resident's room, however, Resident [redacted] does not have a current order for this medication.

[redacted] belonging to Resident [redacted] was in the resident's room, however, Resident [redacted] does not have a current order for this medication.

Repeat violation [redacted]

183d - Prescription Current (*continued*)**Plan of Correction****Accept** [REDACTED] - 02/11/2026)

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 1/8/26, during the department's visit, Zinc Oxide paste was found in room [REDACTED] and Voltaren was found in room [REDACTED]. The Healthcare Director removed these items from the rooms and discarded them because the home was not aware of the items being brought into the home.*
- *On 1/8/26, the Administrator notified the residents' responsible parties via email of the regulation requirement on over-the-counter medications in the SDCU.*
- *On 1/8/26, the Administrator retrained department managers on Regulation 183d. During this training, we reviewed the importance of auditing apartments for over-the-counter medications, and the daily environmental rounds were introduced.*
- *Beginning 1/9/26, the Management Team began daily environmental rounds in the SDCU. If a concern is found during the rounds, they will be addressed immediately. These environmental rounds will continue daily until 2/28/26, or compliance is maintained.*
- *On 1/21/26, the Administrator retrained staff on Regulation 183d.*
- *Beginning 3/1/26, the Administrator will monitor monthly for compliance.*

Licensee's Proposed Overall Completion Date: 01/31/2026

Implemented [REDACTED] - 05/11/2026)