pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **DEVONHOUSE SENIOR LIVING LLC**
LEGAL ENTITY

To operate **DEVONHOUSE SENIOR LIVING**
NAME OF FACILITY OR AGENCY

Located at **1930 BEVIN DRIVE ALLENTOWN, PA 18103**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **100**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

PROVISIONAL

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **July 31, 2026** until **January 31, 2027**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **231151**

ISSUING OFFICER

ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628P – 04/23

Pennsylvania
Department of Human Services

Sent via email to: [redacted]
CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JULY 31, 2026

[redacted]
Successor Manager
Devonhouse Senior Living LLC
[redacted]

RE: Devonhouse Senior Living
1930 Bevin Drive
Allentown, Pennsylvania 18103
License #231151

[redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing's (Department) licensing inspections on January 21, 2026, April 22 2026 and June 23, 2026 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (LICENSE NO 231150) dated November 9, 2025 to November 9, 2026 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026(b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from JULY 31, 2026 to JANUARY 31, 2027.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date:

55 Pa. Code Chapter 2600 Section:	Class of Violation	Census at Inspection	Fine Per Resident X Per day	Calculated Fine = Per Day	Mandated Correction Date (to avoid Fine)
185a	III	69	$3	$207	15 calendar days from the date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected and full compliance with the regulation has been achieved by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[redacted], Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Forum Place, 6th Floor
PO Box 2675
Harrisburg, PA 17105-2675
PH: [redacted]

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [redacted]

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

Facility Information

Name: *DEVONHOUSE SENIOR LIVING* **License #:** *23115* **License Expiration:** *11/09/2026*

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

Staffing Hours

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

Inspection Information

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

Reason: *Interim* **Exit Conference Date:** *04/22/2026*

Inspection Dates and Department Representative

04/22/2026 *On Site:* [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served:** *67*

Secured Dementia Care Unit

In Home: *No* **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *67*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *10* **Have Physical Disability:** *2*

Inspections / Reviews

04/22/2026 - Partial

Lead Inspector: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *05/10/2026*

Inspections / Reviews *(continued)*

05/26/2026 POC Submission

Submitted By: [redacted]
Date Submitted: *05/08/2026*
Reviewer: [redacted]
Follow Up Type: *Bypass Document Submission*

07/15/2026 Bypass Document Submission

Submitted By: [redacted]
Date Submitted: *05/26/2026*
Reviewer: [redacted]
Follow Up Type: *Enforcement*

3c - Post Current License

1. Requirements

2600.
3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home's licensing inspection summary, dated [redacted], was not posted in a conspicuous and public place in the home.

Repeated violation [redacted] et al

Plan of Correction ***Directed [redacted] - 05/26/2026)***

On 4/22/2026, the Executive Director, added missing Inspection Summary information. Moving forward the Executive Director or Designee will audit Inspection Summary monthly for compliance. The audit will be completed monthly x three months by Executive Director or designee.
Proposed Overall Completion Date: 05/08/2026

(Directed)
All completed license inspection summaries shall be posted in a public and conspicuous place in the home within 72 hours of receipt. The Administrator will educate all staff on this regulation. A check list, including all required postings will be developed. The administrator or designee will audit the postings weekly for three months and then monthly. Documentation will be maintained by the home for the Department to review upon request.

Directed Completion Date: *06/19/2026*

Implemented [redacted] - 07/06/2026)

184a - Resident's Meds Labeled

3. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident [redacted] medication label notes 2mg as needed after each loose stool, max 8 tabs in 24 hours. The medication administration record note one every 3 hours as needed. The label to the medication is incorrect.

[redacted] *tablets were in the* [redacted] *medication cart without a pharmacy label attached. Staff person A did not know who the medication belonged to.*

184a - Resident's Meds Labeled (continued)

Resident [redacted] has an order for [redacted] tablets. The medication label notes to take 1 tablet 4 times daily as needed. The resident's medication record states to take 1 tablet orally every 8 hours. The resident's medication label is incorrect.

Repeated violation: [redacted] et al

Plan of Correction ***Directed [redacted] - 05/19/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken by the Director of Nursing on 4/22/2026 clarified order with MD, the medication administration record now matches the medication label. Director of Nursing on 4/22/2026 removed and destroyed the 4 loose ondansetron tablets that were in the medication cart without a pharmacy label attached. Director of Nursing on 4/22/26 placed a change of direction sticker on medication label on Resident [redacted]s Guaifenesin.

To enhance the currently compliant operations, on 05/08/2026 the Director of Nursing/designee will complete weekly medication cart audits. Medication cart audits to be done weekly x4 weeks and then monthly x3 months, with a completion date of 08/07/2026.

Effective 5/8/2026 the Director of Nursing/Designee will perform medication cart audits beginning 5/8/2026, through 8/7/2026 to maintain ongoing compliance with Resident's medications labeled. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 05/11/2026

(Directed)
All staff administering medications will be trained on this regulation. The home will complete weekly audits of the medication carts for 3 months to ensure proper labeling of prescribed medications. Documentation of the training and audits will be maintained by the home for the Department to review upon request.

Directed Completion Date: *06/19/2026*

Not Implemented [redacted] 07/15/2026)

185a - Implement Storage Procedures

4. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident [redacted]s PRN [redacted] powder was not available at the time of the inspection.

The homes narcotic count policy is at the beginning of each shift the LPN/MT will conduct a narcotic count and sign the controlled substance count sheet. The narcotic count sheet for the 200-wing medication cart was not signed on [redacted] at 3:00 p.m. by the oncoming staff person and the off going 11:00 p.m. staff person. The narcotic count

185a - Implement Storage Procedures (continued)

sheets for the 100-wing medication cart and the 300-wing medication cart were signed on [redacted] by the off going staff person at 3:00 p.m. prior to change of shift and the count being completed.

Repeated violation: [redacted] et al

Plan of Correction ***Directed [redacted] - 05/19/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/22/2026 by the Director of Nursing. Director of Nursing reordered Resident [redacted]s PRN nystatin powder and it was delivered on 4/22/26. On 4/22/2026 education provided to Med techs and nurses on Narcotic shift to shift count policy.

To enhance the currently compliant operations, on 04/22/2026 the Director of Nursing will Education provided on reordering medications and regulation 185a.Education provided on Narcotic Shift to Shift count policy and procedure, with a completion date of 08/07/2026.

Effective 05/08/2026 the Director of nursing will perform weekly cart audits of medications, x 4 weeks then monthly through 08/07/2026 to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Compliance monitoring activities will be implemented under the supervision of the Director of Nursing. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Designee for further review and continuous improvement.

Proposed Overall Completion Date: 05/11/2026

(Directed)
In addition to the above noted plan: The home will complete weekly audits of the medication carts for 3 months to ensure the homes procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons are being followed. Documentation of the audits will be maintained by the home for the Department to review upon request.

Directed Completion Date: *06/19/2026*

Not Implemented [redacted] - 07/06/2026)

187a - Medication Record

5. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
8. Frequency of administration.
9. Administration times.

Description of Violation

Resident [redacted] has an order for [redacted] in each nostril 4 times daily as needed. The medication administration record notes every 6 hours as needed. The medication administration record is incorrect.

Plan of Correction ***Directed [redacted] - 05/19/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/22/2026 by the Director of Nursing. On 4/22/26 Director of Nursing contacted pharmacy to reprofile Order for Ipratopium bromide nasal spray. Medication is now properly charted.

To enhance the currently compliant operations, on 05/08/2026 the Director of Nursing/designee will perform medication cart audits weeklyx4 weeks then monthlyx3months to ensure the medication administration record and the medication directions match, with a completion date of 08/07/2026.

Effective 05/08/2026 the Director of Nursing/designee will perform Weekly x4 weeks, then monthly x3 months Audits of Medication administration record and that the labels match, through 08/07/2026 to maintain ongoing compliance with Effective 5/8/2026 the Director of Nursing/Designee will perform Medication cart audits to ensure that medication administration record and medication label match, through 8/7/2026 to maintain ongoing compliance with medication administration record and medication labels match. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Compliance monitoring activities will be implemented under the supervision of the Director of Nursing. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Designee for further review and continuous improvement.

Proposed Overall Completion Date: 05/11/2026

(Directed)
All staff administering medications will be trained on this regulation. The home will complete weekly audits of the medication administration records to ensure the medication records have all of the required content. Documentation of the training and audits will be maintained by the home for the Department to review upon request.

Directed Completion Date: *06/19/2026*

Not Implemented [redacted] - 07/15/2026)

187b - Date/Time of Medication Admin.

6. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

187b - Date/Time of Medication Admin. *(continued)*

Description of Violation

Resident [redacted] is prescribed [redacted] to be administered daily at 9:00 a.m., 2:00 p.m. and 10:00 p.m. Resident [redacted] April 2026 medication administration record does not include the initials of the staff person who administered the medication on [redacted] at 10:00 p.m.

Plan of Correction ***Directed [redacted] - 05/19/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/08/2026 by the Director of Nursing/ Designee to Director of Nursing on 4/22/2026 contacted employee to document properly medication administration.

To enhance the currently compliant operations, on 05/08/2026 the Director of Nursing/Designee will To enhance the currently compliant operations, on 5/8/2026 the Director of Nursing/Designee will educate Med-techs and LPN's on proper medication administration documentation with a completion date of 5/11/2026, with a completion date of 05/11/2026.

Effective 05/08/2026 the Director of Nursing/ Designee will perform Weeklyx4 weeks, then monthly x3 months Audit of MAR holes of to ensure MAR documentation is complete, through 08/07/2026 to maintain ongoing compliance with ensuring the information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director of Nursing/ Designee for further review and continuous improvement.

Proposed Overall Completion Date: 05/11/2026

(Directed)
In addition to the above noted plan: The home will complete weekly audits of the medication administration records to ensure the medication records are initialed by staff after administering medications. The home will observe medication trained staff administer medications on different days of the week and different shifts 3 times weekly for 3 months. Documentation of the observations and audits will be maintained by the home for the Department to review upon request.

Directed Completion Date: *06/19/2026*

Implemented [redacted] - 07/06/2026)

187d - Follow Prescriber's Orders

7. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] has an order for [redacted], and 12 units of [redacted] at 8:00 a.m. The medications were administered at approximately 11:00 a.m. on [redacted].

187d - Follow Prescriber's Orders (continued)

Repeated violation. [redacted] *et al*

Plan of Correction ***Directed*** [redacted] ***- 05/21/2026)***

In response to the violation on [redacted] *by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/22/2026 by the Director of Nursing who reported medication error to DHS, notified physician and family of medication error. Director of Nursing received verbal order from CRNP to change administration times to AM for both medications to prevent future medication error.*

To enhance the currently compliant operations, on 05/08/2026 the Director of Nursing/Designee will provide education on following the prescribers order with a completion date of 5/11/2026.

Effective 05/08/2026 the Director of Nursing/Designee will perform Weekly x4 weeks then monthly x3 months an Audit of 25% of current residents medication administration times to ensure medications are administered in the proper time frame, through 08/07/2026. To maintain ongoing compliance with ensuring the home must follow the directions of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director of Nursing/Designee for further review and continuous improvement.

Proposed Overall Completion Date: 05/11/2026

(Directed)
In addition to the above noted plan: The home will complete weekly audits of the medication administration records to ensure medications are being administered timely and as per the prescribers orders. Documentation of the audits will be maintained by the home for the Department to review upon request.

Directed Completion Date: *06/19/2026*

Not Implemented [redacted] ***07/06/2026)***

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

Facility Information

Name: *DEVONHOUSE SENIOR LIVING* **License #**: *23115* **License Expiration**: *11/09/2026*

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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *69* **Waking Staff**: *52*

Inspection Information

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

Reason: *Interim* **Exit Conference Date**: *01/21/2026*

Inspection Dates and Department Representative

01/21/2026 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served**: *60*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *11*

Number of Residents Who:

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

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *9* **Have Physical Disability**: *2*

Inspections / Reviews

01/21/2026 - Partial

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *03/21/2026*

Inspections / Reviews *(continued)*

03/23/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *04/13/2026*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *03/30/2026*

03/31/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *04/13/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *04/13/2026*

07/16/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *04/13/2026*

Reviewer: [redacted] **Follow Up Type:** *Enforcement*

17 - Record Confidentiality

1. Requirements

2600.
17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

Upon entry at 9:05 a.m. the medication room was open, unlocked and unattended. There were resident records available, and computers unlocked with resident information readily available.

At 9:30 a.m. a binder with residents' treatment information, toileting and dressing needs was unlocked, unattended and accessible in the 100-wing hall cabinet.

Plan of Correction ***Accept [redacted] - 03/27/2026)***

Medication room door will be audited for closure daily x1 month and then weekly x1 month. DON or designee will be responsible. Medication room door will be equipped with self-closing hinges to be installed by the Maintenance Director on 3/27/2026. Executive Director or designee responsible. Going forward, upon entering and exiting the door will automatically shut and lock.
Resident treatment binders have been discarded and information shredded on 1/21 by DON. DON or designee will sweep hallways weekly x4 weeks then monthly x3 months to check for any resident sensitive information. DON or designee will be responsible for audits and begin audits by 4/3/26.

Licensee's Proposed Overall Completion Date: *04/03/2026*

Implemented [redacted] - 04/22/2026)

65f - Training Topics

2. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:
1. Medication self-administration training.

Description of Violation

Direct care staff person A did not receive training in medication self-administration during the training year 2025 .

Plan of Correction ***Directed [redacted] - 03/27/2026)***

Direct care person A will be inserviced on Medication self-administration. DON/designee will be responsible. Audit will be completed to ensure that all employees received training on Medication self administration for 2025. Executive Director/Designee will be responsible. Going forward. An audit will be completed to ensure that all employees have attended and completed mandatory education for 2026. Executive Director/Designee responsible. Inservice and audit to start by 4/3/26 by Executive Director/ Designee.

Proposed Overall Completion Date: 04/03/2026

(Directed)
In addition to the above noted plan: The administrator will develop a staff training plan for training year 2026 that includes the following information:

65f - Training Topics (continued)

(1) The name, position and duties of each direct care staff person, ancillary staff person, substitute personnel and regularly-scheduled volunteer
(2) The required training courses for each person identified in (1).
(3) The dates, times and locations of the scheduled training for each person identified in (1) for the upcoming year.
The training plan will include, at a minimum, the topics required by 2600.65f and 2600.65g.

The home will implement the developed plan. Compliance with the plan will be kept in accordance with 2600.65i and 2600.66c.
The audit the home is completing on all employee files will be completed by the date of this directed plan of correction. Staff who missed any of the required training topics in 2025 will be retrained.
Documentation of the audit and trainings will be maintained by the home for the Department to review upon request.

Directed Completion Date: *04/13/2026*

Not Implemented [redacted] - 04/22/2026)

65g - Annual Training Content

3. Requirements

2600.
65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

Description of Violation

Staff person A did not receive training in fire safety by a fire safety expert during the training year [redacted] to [redacted].

Staff person B did not receive training in fire safety by a fire safety expert, emergency preparedness, resident rights, the Older Adults Protective Services Act, and falls and accident prevention during the training year [redacted] to [redacted].

Plan of Correction ***Directed ([redacted] - 03/27/2026)***

Staff person A and B will be trained in fire safety by a fire safety expert. The Executive Director/ Designee will be responsible. Moving forward, all staff members will be trained in fire safety by fire safety expert annually. Audit will be completed to ensure all employees are trained in fire safety by a fire safety expert annually. Executive Director or designee responsible. Staff person B will also be trained in emergency preparedness, resident rights, the older adults protective services act and falls and accident prevention. Executive Director or Designee responsible. Moving forward all staff will be trained in emergency preparedness, resident rights, the older adults protective services act and falls and accident prevention. An audit will be completed to ensure all employees are trained in emergency preparedness, resident rights, the older adults protective services act and falls and accident prevention. Executive

65g Annual Training Content (continued)

Director/Designee responsible. In service to completed by and audit in progress by 4/3/26.

Proposed Overall Completion Date: 04/03/2026

(Directed)
In addition to the above noted plan: The administrator will develop a staff training plan for training year 2026 that includes the following information:
(1) The name, position and duties of each direct care staff person, ancillary staff person, substitute personnel and regularly-scheduled volunteer
(2) The required training courses for each person identified in (1).
(3) The dates, times and locations of the scheduled training for each person identified in (1) for the upcoming year.
The training plan will include, at a minimum, the topics required by 2600.65f and 2600.65g.

The home will implement the developed plan. Compliance with the plan will be kept in accordance with 2600.65i and 2600.66c.
The audit the home is completing on all employee files will be completed by the date of this directed plan of correction. Staff who missed any of the required training topics in 2025 will be retrained.
Documentation of the audit and trainings will be maintained by the home for the Department to review upon request.

Directed Completion Date: *04/13/2026*

Not Implemented [redacted] - 04/22/2026)

85a - Sanitary Conditions

4. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] at 5:13 p.m. Resident [redacted] glucometer was used to test Resident [redacted] s blood glucose.

On [redacted] at 4:40 p.m. Resident [redacted] glucometer was used to test Resident [redacted] s blood glucose.

Plan of Correction ***Accept [redacted] 03/27/2026)***

On 1/20/2026 both glucometers were discarded by DON and new ones were purchased at the homes expense. New glucometers were labeled front and back by DON, with Resident's name and room number. An Inservice will be held on sanitary conditions relating to proper use of a residents glucometer by the DON. Training will include all LPN's and Med Techs. DON/designee responsible. Moving forward an audit will be completed weekly x4 weeks, then monthly x1 month to check glucometers for correct sanitary conditions and usage by DON/Designee. Going forward correct sanitary conditions and labeling of glucometers will be added to monthly cart audit checklist. Training will be completed and audit will be in progress by 4/3/26.

Licensee's Proposed Overall Completion Date: *04/03/2026*

Implemented [redacted] 04/22/2026)

100b - Removal Snow/Obstructions

5. Requirements

2600.
100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

At approximately 9:58 a.m., door #10 had approximately a half inch of snow and ice located on the sidewalk outside the door.

At approximately 10:02 a.m., door [redacted] had approximately a half inch of snow and ice located on the sidewalk outside the door.

Plan of Correction ***Accept [redacted] 03/27/2026)***

Maintenance staff will be in-serviced on proper snow removal including sidewalks and fire exit pads. Executive Director or Designee will be responsible for in-service. Moving forward for each subsequent snow storm Executive Director/Designee will be responsible for snow removal of sidewalks outside each fire exit door. Inservice will be completed by 4/3/2026.

Licensee's Proposed Overall Completion Date: *04/03/2026*

Implemented [redacted] 04/22/2026)

101j7 - Lighting/Operable Lamp

6. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

At 9:40 a.m. residents [redacted] and [redacted] did not have access to a source of light that could be turned on/off at bedside.

At 9:42 a.m. Resident [redacted] did not have access to a source of light that can be turned on/off at bedside.

Plan of Correction ***Directed ([redacted] - 03/27/2026)***

Audits to occur weekly x4 weeks then monthly x2 months to ensure a light source is available at bedside. Executive Director/Designee responsible. New lights will be purchased that attach to headboard for all rooms that were not meeting compliance. Executive Director/Designee will be responsible. Audits will be in progress and lights purchased by 4/3/2026, Executive Director or Designee to be responsible.

Proposed Overall Completion Date: 04/03/2026

(Directed)
In addition to the above noted plan: Resident [redacted] will immediately have a source of lighting they can access from their bed. All staff will be educated on this regulation. Documentation of this training will be maintained by the home for review upon the Departments request.

Directed Completion Date: *04/03/2026*

101j7 - Lighting/Operable Lamp *(continued)*

Implemented (RY - 04/27/2026)

132b - Safety Inspection/Fire Drill

7. Requirements

2600.
132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The homes most recent fire safety inspection was completed on 10/23/24.

Plan of Correction ***Directed [redacted] - 03/27/2026)***

Fire Safety inspection was completed by Salisbury township on November 7th 2025 (see attached). Moving forward fire safety inspection will be held annually to meet compliance. Executive Director or Designee will be responsible. Maintenance department will be inserviced on regulation 132b highlighting window that inspection needs to occur to maintain compliance. Inservice will be completed by 4/3/26, Executive Director or Designee to complete.

Proposed Overall Completion Date: 04/03/2026

(Directed)
The home will have an inspection completed by a fire safety expert. This inspection will be documented for the Department to review.

Directed Completion Date: *04/13/2026*

Implemented [redacted] - 05/19/2026)

183e - Storing Medications

8. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident [redacted] had an open [redacted] in the medication cart. The open date and expiration date were not legible. According to the manufacturer's instructions, the pen should be discarded after 28 days.

Resident [redacted] had an open [redacted] in the medication cart. The pen was opened on [redacted] According to the manufacturer's instructions, the pen should be discarded after 28 days ([redacted]).

Plan of Correction ***Accept [redacted] 03/30/2026)***

Resident number [redacted] Novolog Insulin pen was removed from service, by DON and a new pen put into service on 1/20/26. Moving forward, a label maker will be used to label all insulin pens to avoid smudged ink. DON or designee will be responsible. Resident [redacted]s Novolog Insulin pen was removed from service, by DON and new Insulin Pen was put into service on 1/20/26. Inservice will be done for all Nurses and Med techs regarding discarded insulin pen in

183e - Storing Medications (continued)

28 days and using label maker for date opened and date expired. DON or designee will be responsible. Audit will be done weekly x4 weeks and monthly x1 month on Insulin pen open and expirations date and that Insulin pens are labeled using the label maker, to avoid smudged ink. DON/Designee responsible, training will be completed by 4/3/26 and audit to be in progress.

Licensee's Proposed Overall Completion Date: *04/03/2026*

Implemented [redacted] - 04/22/2026)

185a - Implement Storage Procedures

9. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident [redacted] has an order for [redacted] the narcotic count sheet indicates there are 17 pills, however the blister pack had 16 pills.

Plan of Correction ***Accept [redacted] - 03/31/2026)***

Narcotic count sheet for Resident [redacted] corrected by Med Tech by documenting administration of [redacted] on 1/20/26. Med Tech dispensed and administered medication but neglected to sign the narcotic log sheet at time of administration. Med tech was disciplined and educated on DevonHouse policy and State Regulation by DON on 1/20/2026. Inservice will be completed on signing Narcotic log after medication administration. DON or Designee will be responsible. Shift to shift daily narcotic count at 1500 to be observed by DON or designee. Audit to be completed daily x1 week, weekly x1 month. Training will be completed and audit in progress by 4/3/26.

Licensee's Proposed Overall Completion Date: *04/03/2026*

Not Implemented [redacted] - 04/22/2026)

187d - Follow Prescriber's Orders

10. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] has an order for [redacted], give 1 tablet orally 3 times a day, HOLD for or SBP greater than or equal to [redacted] On [redacted] at 8:00 a.m. the resident's SBP was [redacted] and the medication was incorrectly administered. On [redacted] at 8:00 a.m. the residents SBP was [redacted], the medication was incorrectly administered. On [redacted] at 4:00 p.m. the resident's SBP was [redacted], and the medication was incorrectly administered. On [redacted] at 4:00 p.m. the resident's SBP was [redacted] and at 9:00 p.m. the residents SBP was [redacted] the medication was incorrectly administered.

Plan of Correction ***Accept [redacted] - 03/31/2026)***

Medication error was reported to DHS on 1/22/2026 by Director of Nursing. Physician and family were also notified on 1/22/2026 by Director of Nursing. Inservice will be completed for all med tech's and Nurses regarding following the directions of the prescriber and hold parameters. D.O.N. or designee will be responsible for education. DON or

187d - Follow Prescriber's Orders (continued)

designee will audit medications that have parameters to ensure compliance of following the directions from the prescriber. Audit will be done weekly x4 weeks then monthly x1 month. In-service will be completed and audit in progress by DON or designee by 4/3/26.

Licensee's Proposed Overall Completion Date: *04/03/2026*

Not Implemented (04/22/2026)