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

June 22, 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 04/30/2026 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**: *76* **Waking Staff**: *57*

Inspection Information

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

Reason: *Monitoring* **Exit Conference Date**: *04/30/2026*

Inspection Dates and Department Representative

04/30/2026 - 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**: *Wellspring* **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: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *18*

Have Physical Disability: *0*

Inspections / Reviews

04/30/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/21/2026*

05/19/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/16/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *06/17/2026*

Inspections / Reviews *(continued)*

06/22/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/16/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

95 - Furniture and Equipment

1. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The home's emergency exit in the secured dementia care unit's outdoor courtyard was not functioning on [redacted] at 10:08 A.M. The emergency exit has a magnetic lock with a code that would not unlock when the code was entered. According to the manufacturer's statement the lock is to unlock when the fire panel is in alarm. [redacted] at 1:07 P.M. the fire panel was in alarm and the emergency exit in the secured dementia care unit's outdoor courtyard did not unlock.

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

1. No residents were effected by the deficient practice.
2. Facility was placed on fire watch until May 1, 2026 when the mag lock mechanism was again working properly.
3. Contractor did check mechanism and door with mag lock is currently working. New mag lock and plastic cover was requested to be replaced by contractor.
4. Mag lock is checked daily for proper releasing and no problems have occurred.
5. Daily audits will be continued until new mag lock mechanism is installed. Trends will be reviewed by QAPI committee for need for further audits.

Licensee's Proposed Overall Completion Date: *06/17/2026*

Implemented [redacted] - 06/22/2026)

121a - Unobstructed Egress

2. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [redacted] at 10:08 A.M., the magnetic lock was not unlocking and blocked egress from the emergency exit in secured dementia care unit courtyard. According to the manufacturer's statement the lock will unlock when the fire panel goes into alarm. On [redacted] at 1:07 P.M. the fire panel went into alarm and the magnetic lock did not unlock the emergency exit in home's secured dementia care unit courtyard.

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

1. No residents were effected by the deficient practice.
2. Facility was placed on fire watch until May 1, 2026 when the mag lock mechanism was again working properly.
3. Contractor did check mechanism and door with mag lock is currently working. New mag lock and plastic cover was requested to be replaced by contractor.
4. Mag lock is checked daily for proper releasing and no problems have occurred.
5. Daily audits will be continued until new mag lock mechanism is installed. Trends will be reviewed by QAPI committee for need for further audits.

Licensee's Proposed Overall Completion Date: *06/17/2026*

Implemented ([redacted] - 06/22/2026)

183d - Prescription Current

3. 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] prescribed for individual Resident [redacted] was in the home's pc medication cart 2; however, the medication was discontinued on [redacted]

Repeat Violation:[redacted] et al

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

1. Eliquis was immediately removed from the med cart. R1 was not effected by this deficient practice.
2. Education was completed to all wellness employees.
3. Medication Audits will be completely 3 times per week x 1 month by DOW/ Designee.
4. Trends will be reported to QAPI for review and need for further audits.

Licensee's Proposed Overall Completion Date: *06/17/2026*

Implemented [redacted] 06/22/2026)

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] is prescribed [redacted] as needed. On [redacted] this medication was not available in the home.

Repeat Violation: [redacted] et al,

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

1. Milk of Magnesia was found and put into the medication cart. R1 was not effected by this deficient practice.
2. Education was completed to all wellness employees.
3. Medication Audits will be completely 3 times per week x 1 month by DOW/ Designee.
4. Trends will be reported to QAPI for review and need for further audits.

Licensee's Proposed Overall Completion Date: *06/17/2026*

Implemented [redacted] - 06/22/2026)