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

July 24, 2026

[redacted]
FIVE STAR QUALITY CARE NS OPERATOR LLC
[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 05/21/2026 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**: *I-1* **Date**: *05/06/2026* **Issued By**: *Tredyffrin township*

## Staffing Hours

**Resident Support Staff**: *0* **Total Daily Staff**: *70* **Waking Staff**: *53*

## Inspection Information

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

**Reason**: *Complaint, Incident* **Exit Conference Date**: *05/21/2026*

## Inspection Dates and Department Representative

*05/21/2026 - On-Site:* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *84* **Residents Served**: *55*

### Secured Dementia Care Unit

**In Home**: *Yes* **Area**: *Wellspring* **Capacity**: *26* **Residents Served**: *15*

### Hospice

**Current Residents**: *6*

### Number of Residents Who:

**Receive Supplemental Security Income**: *0*

**Are 60 Years of Age or Older**: *55*

**Diagnosed with Mental Illness**: *0*

**Diagnosed with Intellectual Disability**: *0*

**Have Mobility Need**: *15*

**Have Physical Disability**: *2*

## Inspections / Reviews

### 05/21/2026 Partial

**Lead Inspector**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/20/2026*

### 06/22/2026 - POC Submission

**Submitted By**: [redacted] **Date Submitted**: *07/20/2026*

**Reviewer**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/26/2026*

## Inspections / Reviews *(continued)*

**06/29/2026 POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *07/20/2026*

**Reviewer:** [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/27/2026*

**07/24/2026 Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *07/20/2026*

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

## 15a - Resident Abuse Report

**1. Requirements**

2600.

15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

**Description of Violation**

*On [redacted], at approximately 8:43 AM, resident [redacted] grabbed resident [redacted] by the shirt and pulled [redacted] out of a chair. This incident was observed by staff person A. This incident was reported to staff person B on [redacted] at an unknown time. However, this allegation of abuse was not reported to the local area agency on aging.*

*On [redacted], at approximately 4:30 PM, resident [redacted] grabbed and hit the side of resident [redacted] head. This incident was observed by staff person C. This incident was reported to staff person B on [redacted] at an unknown time. However, this allegation of abuse was not reported to the local area agency on aging.*

*On [redacted], at approximately 5:30 PM, resident [redacted] and resident [redacted] were found in bed completely unclothed. The door to the room was open and neither resident could recall how they got into the situation. This incident was observed by staff person A. This incident was reported to staff person B on [redacted] at 5:30 PM. However, this allegation of abuse was not reported to the local area agency on aging.*

**Plan of Correction** ***Accept [redacted] 06/29/2026)***

*1. Resident [redacted] no longer resides at the facility. [redacted] and [redacted] have not had any adverse reaction to the incidents. AAA was notified of incidents on 5/20/2026 and 5/21/2026.*

*2. 30 day look back for any reportable incidents was completed by ED on June 19, 2026.*

*3. Executive Director and Director of Wellness will receive education on reportable events per regulation by VP of Operations on 6/23/26. Education will be complete June 25 and 26, 2026 for employees regarding portable incidents by Director Wellness/ Designee.*

*4. ED/ and or Designee will complete weekly audits x 4 weeks starting 6/9/26 to ensure all reportable events are reported timely.*

*5. Trends will be reported to QAPI committee to determine need for further audits.*

**Licensee's Proposed Overall Completion Date:** *07/21/2026*

***Implemented [redacted] - 07/21/2026)***

## 16c - Written Incident Report

**2. Requirements**

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

**Description of Violation**

*On [redacted] at approximately 8:43 AM, resident [redacted] grabbed resident [redacted] by the shirt and pulled [redacted] out of a*

## 16c - Written Incident Report (continued)

*chair. This incident was observed by staff person A. The home did not submit an incident report to the Department.*

*On [redacted] approximately 4:30 PM, resident [redacted] grabbed and hit the side of resident [redacted]s head. This incident was observed by staff person C. The home did not submit an incident report to the Department.*

*On [redacted] at approximately 5:30 PM, resident [redacted] and resident [redacted] were found in bed, completely unclothed. The door to the room was open and neither resident could recall how they got into the situation. This incident was observed by staff person A. The home did not report this incident until the Department was onsite [redacted]*

*Repeated Violation - [redacted]*

**Plan of Correction** ***Accept [redacted] - 06/29/2026)***

*1. Resident [redacted] no longer resides at the facility. [redacted] and [redacted] have not had any adverse reaction to the incidents. DHS was notified of incidents on 5/21/2026 incidents.*

*2. 30 day look back for any reportable incidents was completed by ED on June 19, 2026. Education will be complete June 25 and 26, 2026 for employees regarding portable incidents by Director Wellness/ Designee.*

*3. Executive Director and Director of Wellness will receive education on reportable events per regulation on 6/23/2026 by the VP of Operations.*

*4. ED/ and or Designee will complete weekly audits x 4 weeks on 6/9/2026 to ensure all reportable events are reported timely.*

*5. Trends will be reported to QAPI committee to determine need for further audits.*

**Licensee's Proposed Overall Completion Date:** *07/21/2026*

***Implemented [redacted] 07/21/2026)***

## 17 - Record Confidentiality

**3. 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**

*On [redacted], at 9:20 AM, resident assignment sheets which detailed showering schedules and resident needs were unlocked, unattended, and accessible in a bin outside the memory care office.*

*Repeated Violation [redacted] et al*

**Plan of Correction** ***Accept ([redacted] - 06/29/2026)***

*1. The bin outside the Memory Care Office was removed prior to surveyor leaving the community on 5/21/26.*

*2. Executive Director / designee to complete education on record confidentiality for employees beginning 6/22/2026.*

*3. Executive Director/ Designee completed facility tour on 6/22/2026 to ensure records are kept confidential.*

## 17 Record Confidentiality (continued)

*4. Weekly audits x 4 will be completed by Executive Director/ Designee to ensure records are kept confidential.*

*5. Trends will be reported to QAPI committee to determine need for further audits.*

**Licensee's Proposed Overall Completion Date:** *07/21/2026*

***Implemented [redacted] - 07/21/2026)***

## 121a - Unobstructed Egress

**4. 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 9:26, The keypad on the emergency exit gate in the memory care courtyard was not functioning. The gate was locked and unable to be opened blocking the egress.*

**Plan of Correction** ***Accept [redacted] - 06/22/2026)***

*1. No residents were effected by deficient practice.*

*2. Facility was cited on 4/30/2026 for same deficiency with Date of Compliance of 6/17/2026.*

*3. Mag Lock was replaced by Servitas and is in working order.*

*4. Daily Audits will be completed by Maintenance Director/ Designee to ensure door is functioning.*

*5. Trends will be reported to QAPI committee to determine need for further audits.*

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

***Implemented [redacted] - 07/21/2026)***

## 141a 1-10 Medical Evaluation Information

**5. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

**Description of Violation**

*Resident [redacted] medical evaluation dated [redacted], did not include a general physical examination by a physician, physician's assistant or nurse practitioner, the ability to self administer medications, and documented that resident [redacted] did not require dementia related care in a secured area. Resident [redacted] resides in the SDCU due to a diagnosis of [redacted].*

## *141a 1-10 Medical Evaluation Information (continued)*

*Resident [redacted]s medical evaluation dated [redacted] did not include the resident's ability to self-administer medications, and if the resident's needs can be met in a personal care home.*

**Plan of Correction** ***Accept [redacted] 06/29/2026)***

*1. [redacted] no longer resides at the facility. [redacted] medical evaluation has been updated on 5/22/2026.*
*2. Facility audit was completed by Director of Wellness/Designee to ensure current residents have medical evaluation completed to include self administering of medication and for Wellspring Memory Care evaluation will indicate that resident does require dementia-related care in a secured area on 6/9/2026.*
*3. Executive Director provided education to Director of Wellness and Medical Concierge on 6/23/26.Weekly audits x 4 weeks starting 6/10/26 will be completed by Director of Wellness/ Designee to ensure new admissions have completed medical evaluations.*
*4. Trends will be reported to QAPI committee to determine need for further audits.*

**Licensee's Proposed Overall Completion Date:** *07/21/2026*

***Implemented [redacted] - 07/21/2026)***

## 183b - Meds and Syringes Locked

**6. Requirements**

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**Description of Violation**

*On [redacted] at 11:00 AM, [redacted] was unlocked, unattended, and accessible in resident [redacted] bathroom.*

*Repeated Violation [redacted] et al*

**Plan of Correction** ***Accept [redacted] - 06/29/2026)***

*1. Cream was removed from [redacted] apartment. [redacted] had no adverse effect related to having the cream in apartment.*
*2. Facility audit completed to ensure apartments are free from medication, creams if no order for self administration on 6/9/26. Director of Wellness will provide education to families, RP's to ensure all outside medication is given to Med Tech through email correspondence on 6/23/2026 and Town Hall on July 1, 2026..*
*3. Weekly random audits x 4 weeks beginning 6/10/26 will be completed by Leadership Team to ensure apartments are free from medication, OTC and creams if not ordered for self administration. Employees will be educated starting 6/23/2026 that no medication should be in resident apartments without physician order*
*4. Trends will be reported to QAPI committee to determine need for further audits.*

**Licensee's Proposed Overall Completion Date:** *07/21/2026*

***Implemented [redacted] - 07/21/2026)***

## 183d - Prescription Current

**7. 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]*

## 183d Prescription Current (continued)

*was in the resident's bathroom; however, the medication was discontinued on an unknown date.*

*Repeated Violation* [redacted] *et al*

**Plan of Correction** ***Accept*** [redacted] ***- 06/29/2026)***

*1. Cream was removed from* [redacted] *apartment.* [redacted] *had no adverse effect related to having the cream in apartment.*
*2. Facility audit completed to ensure apartments are free from medication, creams if no order for self administration 6/9/2026. Director of Wellness will provide education to families, RP's to ensure all outside medication is given to Med Tech `.*

*3. Weekly random audits x 4 weeks will be completed by Leadership Team to ensure apartments are free from medication, OTC and creams if not ordered for self administration.*

*4. Trends will be reported to QAPI committee to determine need for further audits.*

**Licensee's Proposed Overall Completion Date:** *07/21/2026*

***Implemented*** [redacted] ***- 07/21/2026)***

## 190a - Completion Medication Course

**8. Requirements**

2600.
190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**Description of Violation**

*Staff person A, who has not successfully completed the Department approved medications administration course, administered medications to residents to include the following:* [redacted] *to resident* [redacted] *on* [redacted] *at 12:49 PM and* [redacted] *at 8:31 AM.*

*Home could not provide documentation indicating that staff person A had completed the medication training program or the most recent completed annual practicum for staff person A.*

**Plan of Correction** ***Accept*** [redacted] ***- 06/29/2026)***

*1. Staff A completed training program/ annual practicum on 5/22/2026.*
*2. Director of Wellness was educated to regulation requirement.*
*3. Director of Wellness/ Designee will complete audit of employees on 5/24/2026 working as Medication Tech to ensure compliance.*
*4. Ongoing audits began on 5/24/2026 for new employees working as Medication Tech will be completed by Director of Wellness/ Designee.*
*5. Trends will be reported to QAPI committee to determine need for further audits.*

**Licensee's Proposed Overall Completion Date:** *07/21/2026*

***Implemented*** [redacted] ***07/24/2026)***

## 225c - Additional Assessment

**9. Requirements**

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

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] assessment, dated [redacted], does not include the resident's psychological medical diagnosis and does not include an assessment of residents behavioral needs and indicates the resident has no degree of need for judgement, agitation and aggression.*

*However, Resident [redacted] has exhibited signs of poor judgement, agitation and aggression since admission including the following:*

*On [redacted] at approximately 8:43 AM resident [redacted] grabbed resident [redacted] by [redacted] shirt and lifted [redacted] out of a chair. On [redacted] at 3:00 PM, resident [redacted] became aggressive and began arguing with other residents and needed to be separated. Resident [redacted] remained aggressive after [redacted] was directed away from other residents. On [redacted] at approximately 4:30 PM resident [redacted] grabbed resident [redacted]s head and hit [redacted]*

*Resident [redacted] assessment, dated [redacted], does not include behavioral or cognitive degree of need for communication of needs. Resident [redacted] is non-verbal and staff report [redacted] always has blank face.*

*Repeated Violation [redacted] et al*

**Plan of Correction** ***Accept [redacted] - 06/29/2026)***

*1. [redacted] no longer resides at the facility. [redacted] Assessment was updated prior to discharge.*
*2. Director of Wellness/ Designee completed audit of assessments on 6/9/26 to ensure significant changes are added / modified. ED educated Director of Wellness and Medical Concierge on regulation 225c on 6/23/2026.*
*3. Random Weekly audits x 4 weeks starting week of 6/9/26 will be completed for need to update assessment by Director of Wellness/ Designee.*
*4.Trends will be reported to QAPI committee to determine need for further audits.*

**Licensee's Proposed Overall Completion Date:** *07/21/2026*

***Implemented [redacted] - 07/21/2026)***

## 231b - Medical Evaluation

**10. Requirements**

2600.
231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

**Description of Violation**

*Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]; however, the resident's medical evaluation was completed on [redacted]*

## 231b - Medical Evaluation (continued)

*Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]; however, the resident's medical evaluation was completed on [redacted]*

**Plan of Correction** ***Accept [redacted] - 06/29/2026)***

*1. Facility cannot retroactively correct date of medical evaluations. R1 no longer resides at the facility.*
*2. Director of Wellness/ Designee completed an audit on 6/9/26 of Wellspring medical evaluations to ensure completion is within 60 days prior to admission. If any errors are found, new medical evaluation will be completed.*
*3. Audits will be completed starting week of 6/10/26 by Director of Wellness for any new admission to Wellspring. Director of Wellness and Medical Concierge educated to medical evaluation regulation on 6/23/2026 by Executive Director.*
*4.Trends will be reported to QAPI committee to determine need for further audits.*

**Licensee's Proposed Overall Completion Date:** *07/21/2026*

***Implemented [redacted] - 07/21/2026)***

## 231c - Preadmission Screening

**11. Requirements**

2600.
231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

**Description of Violation**

*Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] However, the resident [redacted] written cognitive preadmission screening was completed on [redacted]*

**Plan of Correction** ***Accept [redacted] - 06/29/2026)***

*1. R1 no longer resides at the facility.*
*2. Director of Wellness/ Designee will complete audit of preadmission screenings on Wellspring to ensure completed within 72 hours of admission on 6/9/2026. If any dates are found outside the 72 hour time period, physician will be notified and new screening will be completed.*
*3. Director of Wellness/ Designee will complete new admission audits to ensure compliance of preadmission screening timeline. Audits started week of 6/10/2026 for 4 weeks x 1 month. Director of wellness and medical concierge was educated by Executive Director on 6/23/2026 about regulation 231a preadmission screening guidelines.*
*4.Trends will be reported to QAPI committee to determine need for further audits.*

**Licensee's Proposed Overall Completion Date:** *07/21/2026*

***Implemented [redacted] - 07/21/2026)***

## 231e - No Objection Statement

**12. Requirements**

2600.
231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

**Description of Violation**

*Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]*

## 231e - No Objection Statement (continued)

*. The home has no documentation that the resident and the resident's designated person have not objected to the admission.*

*Repeated Violation [redacted] et al, [redacted]*

**Plan of Correction** ***Accept [redacted] - 06/29/2026)***

*1. R1 no longer resides at the facility.*
*2. Executive Director completed audit on 6/9/2026 of contracts for Wellspring residents to ensure written documentation is present for admission to Memory Care.*
*3. New admission contracts will be audited by Executive Director to ensure compliance beginning week of 6/10/26 for 4 weeks x 1 month. Executive Director educated on regulation 231e by VP of operations on 6/23/2026.*
*4. Trends will be reported to QAPI committee to determine need for further audits.*

**Licensee's Proposed Overall Completion Date:** *07/21/2026*

***Implemented ([redacted] - 07/21/2026)***

## 234a - Admission Support Plan

**13. Requirements**

2600.
234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

**Description of Violation**

*Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, the resident's initial support plan was completed on [redacted]*

**Plan of Correction** ***Accept [redacted] - 06/29/2026)***

*1. Cannot retroactively correct the initial support plan for [redacted]*
*2. Director of Wellness/ Designee completed audit on 6/9/2026 of admission support plan for Wellspring residents.*
*3. Director of Wellness/ Designee will complete ongoing audit of new admissions to Wellspring Memory Care Unit beginning week of 6/10/26 for 4 weeks x 1 month. Executive Director educated Director of Wellness and Medical Concierge on regulation 234a and need for support plan completion within 72 hours of admission on 6/23/2026.*
*4. Trends will be reported to QAPI committee to determine need for further audits.*

**Licensee's Proposed Overall Completion Date:** *07/21/2026*

***Implemented [redacted] 07/21/2026)***

## 251c - Standardized Forms

**14. Requirements**

2600.
251.c. The home shall use standardized forms to record information in the resident's record.

**Description of Violation**

*Resident [redacted] medical evaluation form, dated [redacted], was not completed on the Department's current standardized form for documentation of medical evaluation (DME) for a personal care home. It was completed on a DME for Assisted Living Residence.*

**Plan of Correction** ***Accept [redacted] - 06/29/2026)***

*1. Unable to retroactively have R5 DME form completed on personal care home standardized form for 10/15/2025.*

## *251c Standardized Forms (continued)*

*R5 will have new DME completed on correct form.*

*2. Director of Wellness/ Designee completed audit on 6/9/2026 to ensure residents have DME's on correct form.*

*3. Audits will be completed for new admissions to ensure compliance by Director of Wellness/ Designee beginning week of 6/10/26 x 4 weeks f or 1 month. Executive Director educated Director of Wellness and Medical Concierge to use only DME for personal care home on 6/23/2026.*

*4. Trends will be reported to QAPI committee to determine need for further audits.*

**Licensee's Proposed Overall Completion Date:** *07/21/2026*

***Implemented [redacted] - 07/21/2026)***