

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

September 28, 2026

[REDACTED]
DEVONHOUSE SENIOR LIVING LLC
[REDACTED]
[REDACTED]

RE: DEVONHOUSE SENIOR LIVING
1930 BEVIN DRIVE
ALLENTOWN, PA, 18103
LICENSE/COC#: 23115

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/18/2026 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: DEVONHOUSE SENIOR LIVING

License #: 23115

License Expiration: 01/31/2027

Address: 1930 BEVIN DRIVE, ALLENTOWN, PA 18103

County: LEHIGH

Region: NORTHEAST

Administrator

Name:

Phone:

Email:

Legal Entity

Name: DEVONHOUSE SENIOR LIVING LLC

Address:

Phone:

Email:

Certificate(s) of Occupancy

Type: C-2 LP

Date: 10/20/1989

Issued By: L&I

Type: I-1

Date: 01/08/2008

Issued By: Salisbury Twp

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 82

Waking Staff: 62

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Fine

Exit Conference Date: 08/18/2026

Inspection Dates and Department Representative

08/18/2026 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100

Residents Served: 69

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: 67

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 13

Have Physical Disability: 2

Inspections / Reviews

08/18/2026 Partial

Lead Inspector:

Follow-Up Type: POC Submission

Follow-Up Date: 09/07/2026

09/08/2026 - POC Submission

Submitted By:

Date Submitted: 09/22/2026

Reviewer:

Follow-Up Type: POC Submission

Follow-Up Date: 09/15/2026

Inspections / Reviews (*continued*)

09/15/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/22/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/22/2026

09/28/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/22/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

121b - Locking Device Approval

1. 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

At 9:30 a.m., door #6 which is not in a Secured Dementia Care Unit was equipped with a magnetic lock. The code posted did not open the door when entered into the keypad. The home does not have written approval to have a magnetic lock on the door.

Plan of Correction

Accept [REDACTED] - 09/15/2026)

The magnetic lock was not in operation and not the reason the door didn't open. The framework of the door precluded the door from opening. The door has been fixed and operates properly. The magnetic lock will be removed for compliance. Executive Director or designee will be responsible. Executive Director and Maintenance Director removed mag lock on 9/8/26.

Licensee's Proposed Overall Completion Date: 09/10/2026

Implemented [REDACTED] - 09/28/2026)

183f - Discontinued Medications

2. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Resident [REDACTED] PRN [REDACTED] was discontinued on [REDACTED]. However, the bottle of [REDACTED] was not removed from the medication cart and properly disposed of.

Plan of Correction

Accept [REDACTED] - 09/08/2026)

On 8/3/26 upon identification of the violation, Director of Nursing removed Resident [REDACTED]'s discontinued [REDACTED] from the medication cart and disposed of it in accordance with the home's medication disposal procedures. Resident [REDACTED]'s current medication orders and medications available on the medication cart were reviewed to verify that only medications with current prescriber orders were maintained for the resident.

On 8/3/26 the Director of Nursing/designee completed an audit of medication carts and medication storage areas for all residents to identify any medications that were discontinued, expired, or belonged to residents no longer served by the home.

Any medication identified as discontinued or expired was immediately removed from active medication storage and properly disposed of according to the home's medication disposal policy and applicable regulations.

The home reviewed and reinforced its process for discontinued medications. When a medication is discontinued by

183f Discontinued Medications (continued)

the prescriber, licensed medication staff will:

Verify the discontinuation order.

Update the resident's medication administration record as applicable.

Promptly remove the discontinued medication from the active medication cart/storage area.

Place the medication in the designated secured area for discontinued medications pending destruction, when applicable.

Ensure the medication is destroyed and documented in accordance with the home's policy and applicable Federal, State, and Department of Environmental Protection requirements. Director of Nursing or designee be responsible.

The Director of Nursing/designee will review medication discontinuation orders to verify that discontinued medications are promptly removed from active medication storage.

The Director of Nursing/designee will conduct audits of medication carts and medication storage areas to verify that:

Medications maintained in the home correspond with current prescriber orders.

Discontinued medications have been promptly removed from active medication storage.

Expired medications are removed and properly disposed of.

Medications belonging to residents no longer served by the home are appropriately transferred or disposed of as required.

Medication disposal documentation is completed according to the home's policy. Director of Nursing or designee will be responsible.

Audits will be completed weekly for 4 weeks and then monthly for 3 months.

Any deficiency identified during an audit will be corrected immediately. Staff involved will receive additional education or corrective action as appropriate. Audit findings will be reviewed by the Director of Nursing and Administrator to identify trends and determine whether additional corrective measures are necessary. All will be complete by 9/8/26.

Medication Tech's and Nurses re educated on DHS Regulation 183f on 9/4/26 by Director of Nursing.

Licensee's Proposed Overall Completion Date: 09/08/2026

Implemented () - 09/28/2026

185a - Implement Storage Procedures**3. 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

On [REDACTED], Resident [REDACTED]'s PRN [REDACTED] take 2 tablets every four hours as needed for fever was not available in the home.

Repeated Violations: [REDACTED] et al.

Plan of Correction

Accepted () - 09/08/2026

The Director of Nursing on 8/3/26 upon identification of the violation, Resident [REDACTED]'s medication orders were

185a - Implement Storage Procedures (continued)

reviewed to verify the current order for PRN [REDACTED]

The resident's spouse was contacted and the medication was obtained for Resident [REDACTED] on 8/3/26. Upon receipt, the medication was verified against the current prescriber's order and placed in the appropriate secured medication storage area by Director of Nursing.

Resident [REDACTED]'s medications were reviewed to ensure that all other currently ordered medications were available in the home by Director of Nursing.

The Director of Nursing/designee completed an audit of all residents' current medication orders and medications maintained in the home to verify that all ordered prescription and PRN medications were available.

Any medication identified as unavailable was immediately addressed by contacting the pharmacy, prescriber, responsible party, or other appropriate provider to obtain the medication and ensure continuity of medication availability. Completed by Director of Nursing.

The home reviewed and reinforced its medication availability and reorder procedures. Licensed nursing/medication administration staff will routinely monitor medication quantities, including PRN medications, to ensure an adequate supply is maintained. Director of Nursing or designee to complete.

Staff will initiate medication refills/reorders before the available supply is depleted. When an ordered medication is unavailable, staff will immediately notify the Director of Nursing/designee and contact the pharmacy to obtain the medication.

If the medication cannot be obtained in a timely manner, the prescriber will be notified for further instructions, and all actions and notifications will be documented as appropriate.

PRN medications will be included in routine medication availability checks to ensure that they remain available for administration when needed. Director of Nursing or designee to complete.

The Director of Nursing/designee will conduct medication availability audits to verify that:

All medications have a current prescriber order.

All currently ordered medications are available in the home.

PRN medications are available for administration when needed.

Medication quantities are monitored and medications are reordered before supplies are exhausted.

Any unavailable medication is promptly addressed and appropriate notifications and follow-up are completed.

Director of Nursing or designee to complete.

Audits will be completed weekly for 4 weeks and then monthly for 3 months. By Director of Nursing or designee to complete.

Any medication availability issue identified during an audit will be corrected immediately. The pharmacy and/or prescriber will be contacted as necessary, and involved staff will receive additional education or corrective action as appropriate. Director of Nursing or designee to complete. All will be completed by 9/8/2026.

Medication Tech's and Nurses re-educated on DHS Regulation 185a on 9/4/26 by Director of Nursing.

185a - Implement Storage Procedures (*continued*)

Licensee's Proposed Overall Completion Date: 09/08/2026

Implemented [REDACTED] - 09/28/2026)