

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

September 29, 2025

[REDACTED]
FIVE STAR QUALITY CARE NS OPERATOR LLC

[REDACTED]
ATTN: LICENSING
[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 08/04/2025 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: 10/06/2025
 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: Total Daily Staff: 77 Waking Staff: 58

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Monitoring Exit Conference Date: 08/04/2025

Inspection Dates and Department Representative

08/04/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 84 Residents Served: 60
 Secured Dementia Care Unit
 In Home: Yes Area: Memory Care Capacity: 26 Residents Served: 17
 Hospice
 Current Residents: 4
 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: 17 Have Physical Disability: 0

Inspections / Reviews

08/04/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/31/2025

09/04/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 09/26/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 09/28/2025

Inspections / Reviews *(continued)*

09/29/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/26/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

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

On [REDACTED] the home's copy of 55 Pa.Code Chapter 2600 was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept [REDACTED] - 09/04/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 8/4/25 by the Administrator and the pink 2600 regulatory book was posted in a conspicuous area in the lobby and verified by DHS inspector.

By 9/5/25, the Administrator shall educate the concierge staff on regulation 2600.3c. Documentation shall be retained.

Beginning 8/18/25, the Administrator shall round weekly for 4 weeks to observe for posted current license.

To ensure consistent adherence to Regulation 2600.3c, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 9/25/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented [REDACTED] - 09/29/2025)

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Personal care and assisted living homes must post the required influenza information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1785). The home did not have an influenza poster posted on [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/04/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 8/4/25 by the Administrator and the 2025 influenza/COVID poster was printed and posted in the lobby area. DHS inspector verified compliance.

By 9/5/25, the Administrator shall educate the concierge staff on regulation 2600.18. Documentation shall be retained.

Beginning 8/18/25, the Administrator shall round weekly for 4 weeks to observe for posted current license.

18 - Compliance With Laws (continued)

To ensure consistent adherence to Regulation 2600.18, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 9/25/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented [REDACTED] - 09/29/2025)

51 - Criminal Background Check

3. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff member A, whose date of hire was [REDACTED] has a criminal background available in their employee file dated [REDACTED]

Repeat violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/04/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 8/4/25 by the Administrator who obtained the original criminal background report dated 8/3/20 for Staff Person A, an agency associate. While this is still after the original hire date of 5/4/20, the criminal background was processed prior to the 7/28/25 date mentioned in this deficiency. As a result of an associate audit, because the original criminal background was not located, a second report was run on 7/28/25.

On 8/22/25, an audit of all associate files was conducted by the Regional Operations Director. Any associate that does not have a criminal background report will have one conducted and placed in their employment file immediately.

By 9/5/25, the Business Office Manager will be trained on Regulation 2600.51, Criminal Background Check, which includes use of the audit tool for ongoing compliance. Beginning, 9/5/25, new associates will have their criminal background check completed prior to hire.

To ensure consistent adherence to Regulation 2600.51, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 9/25/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented [REDACTED] - 09/29/2025)

57c - 2 Hours/Day

4. Requirements

2600.

57c - 2 Hours/Day (continued)

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On [REDACTED], there were 60 residents in the home, including 34 residents with mobility needs, requiring a total minimum of 94 hours of direct care service. On this date, only 74 hours of direct care staffing was provided.

On [REDACTED], there were 60 residents in the home, including 34 residents with mobility needs, requiring a total minimum of 94 hours of direct care service. On this date, only 77.5 hours of direct care staffing was provided.

Plan of Correction

Accepted [REDACTED] - 09/04/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 8/4/25 by the Administrator reviewing the immobile residents in the home to ensure adequate staffing. The Healthcare Director misinformed the inspector that there were 34 immobile residents in the home. According to residents' current medical evaluations, RASPS and care levels, the correct number of immobile residents requiring total oral and physical assistance to evacuate is 19.

On 7/25/25 and 7/30/25, the home should have provided 79 hours of direct care staffing however they only provided 74 hours on 7/25/25 and 77.5 hours on 7/30/25.

On 8/28/25, the Administrator trained the Healthcare Director on regulation 2600.57c, 2 Hours/Day. The Healthcare Director has a clear understanding on determining resident mobility needs and adequate staffing guidelines. Documentation shall be retained.

Beginning 8/29/25, the Healthcare Director will utilize an audit tool to ensure staffing requirements are met. The Healthcare Director will also use the online staffing tool, OnShift, to schedule needs.

To ensure consistent adherence to Regulation 2600.57c, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 9/25/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented [REDACTED] 09/29/2025)

57d - Waking Hours

5. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On [REDACTED], a total of 94 hours of direct care was required. However, only 56 of the required hours, or 60

57d - Waking Hours (continued)

percent, were provided during waking hours.

On [REDACTED] a total of 94 hours of direct care was required. However, only 55.5 of the required hours, or 59 percent, were provided during waking hours.

Plan of Correction

Accept ([REDACTED] 09/04/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 8/4/25 by the Administrator reviewing the scheduled staffing in the home to ensure adequate staffing with the Healthcare Director.

On 7/25/25 and 7/30/25, the home should have provided 94 hours of direct care staffing however due to the Healthcare Director providing the incorrect number of immobile residents, this should have only been 79 hours. On 7/25/25, only 56 hours, or 60 percent, were provided during waking hours, and on 7/30/25, only 55.5 hours, or 59 percent, were provided during waking hours.

On 8/28/25, the Administrator trained the Healthcare Director on regulation 2600.57d, Waking Hours. The Healthcare Director has a clear understanding on determining resident mobility needs and adequate staffing guidelines. Documentation shall be retained.

Beginning 8/29/25, the Healthcare Director will utilize an audit tool to ensure staffing requirements are met. The Healthcare Director will also use the online staffing tool, OnShift, to appropriately ensure 75 percent of personal care service hours are scheduled during waking hours.

To ensure consistent adherence to Regulation 2600.57d, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 9/25/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented [REDACTED] - 09/29/2025)

65b - Rights/Abuse 40 Hours**6. Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

65b - Rights/Abuse 40 Hours (continued)

Description of Violation

Staff person B completed [redacted] 40th scheduled work hour prior to [redacted]. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), or, reporting of reportable incidents and conditions.

Plan of Correction

Accept [redacted] - 09/04/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, the Administrator took immediate action by creating a binder specifically for Agency Staff with an orientation checklist for the first 40 scheduled hours of training. If agency Staff Person B returns to the facility, they will be trained on missing education prior to starting shift.

On 8/22/25, the Regional Operations Director audited the associate files to maintain ongoing compliance with 2600.65b to identify any gaps in training requirements for all current and new associates & agency staffing. Any associate who missed training will immediately receive proper training from designated trainer including educational handouts located in the binder.

By 9/5/25, the Business Office Manager will be trained on Regulation 2600.65b, Rights/Abuse 40hrs, which includes use of a New Hire Checklist for ongoing compliance. Beginning, 9/5/25, any new hire associate must have this New Hire Checklist completed before permitted to work.

To ensure consistent adherence to Regulation 2600.65b, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 9/25/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented [redacted] - 09/29/2025)

65e - 12 Hours Annual Training

7. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.
2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

Description of Violation

Direct care staff person A received 0 hours of annual training in training year 2024.

Repeat violation: [redacted]

Plan of Correction

Accept [redacted] - 09/04/2025)

In response to the violation on 8/4/25 by the Pennsylvania Bureau of Human Service Licensing, the Administrator took immediate action by creating a binder specifically for Agency Staff with an annual training plan. If agency Staff Person B returns to the facility, they will be trained on missing education prior to starting shift.

65e - 12 Hours Annual Training (continued)

On 8/22/25, the Regional Operations Director audited the agency files to maintain ongoing compliance with 2600.65e to identify any gaps in training requirements for all current and new associates & agency staffing. Any agency who missed training will immediately receive proper training from designated trainer including educational handouts located in the binder.

By 9/5/25, the Business Office Manager will be trained on Regulation 2600.65e, 12 Hours Annual Training, which includes use of the Annual Training Plan for ongoing compliance. Beginning, 9/5/25, any new hire associate must have this New Hire Checklist completed before permitted to work.

To ensure consistent adherence to Regulation 2600.65e, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 9/25/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented (████) - 09/29/2025)

65g - Annual Training Content

8. 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.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person C did not receive training in the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102) during training year 2024.

Repeat violation: ██████████

Plan of Correction

Accepted (████) - 09/04/2025)

In response to the violation on ██████████ by the Pennsylvania Bureau of Human Service Licensing, the home failed to provide the inspector with the AdvanceU (Relias) 2024 transcript for Staff Person C. Staff Person C received training on Preventing, Recognizing and Reporting Abuse, which includes Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102) on 4/24/24.

On 8/29/25, the Administrator conducted an audit on training plans for all current associates for 2024 & 2025. A new 2025 Training Plan was created by the Administrator to ensure annual training is completed by 12/31/25. To enhance the currently non-compliant operations, the Administrator/designee will follow mandatory training requirements by holding a monthly ALL STAFF meeting with all areas of training included in 2600.65g.

By 9/5/25, the Business Office Manager will be trained on Regulation 2600.65g, Annual Training, which includes

65g Annual Training Content (continued)

use of a Associate Training Binder for ongoing compliance. Beginning 9/5/25, all current staff will begin/repeat their annual training content.

To ensure consistent adherence to Regulation 2600.65g, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 9/25/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented (█) - 09/29/2025)

131f - Fire Extinguisher Inspection

9. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

Two fire extinguishers in The Terrace hallway have not been inspected by a fire safety expert since October, 2023.

Plan of Correction

Accept (█) - 09/04/2025)

In response to the violation on █ by the Pennsylvania Bureau of Human Service Licensing, the Maintenance Director contacted the third party company, Summit Fire Protection, responsible for inspecting the extinguishers to have them return to correct their deficiency. The two extinguishers on the Terrace floor have been checked monthly by the Maintenance Director and noted on the tags that they were fully operational. The third party company that serviced the two extinguishers in 2024, failed to punch the year.

On 8/26/25, the Administrator trained the Maintenance Director on regulation 2600.131f, Fire Extinguisher Inspection. The Maintenance Director has a clear understanding that when Summit Fire Protection returns in September, that every extinguisher in the home and vehicle is punched for 2025 service.

Beginning with the September third party inspection, the Maintenance Director will utilize an audit tool to ensure that all extinguishers within the home and vehicle are inspected monthly. To ensure consistent adherence to Regulation 2600.131f, compliance monitoring will be conducted during the QMPI meeting with review of the monthly audit. This review shall occur at the next QMPI meeting on 9/25/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented (█) 09/29/2025)

141a 1-10 Medical Evaluation Information

10. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 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 an answer regarding the Mobility Needs Assessment.

Repeat violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/04/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, the Healthcare Director took immediate action by completing the mobility needs section of the medical evaluation and verifying with the Primary Care Physician.

An audit of all medical evaluations will be completed by the Regional Healthcare Specialist by 9/5/25. Non-compliance will be documented on the medical evaluation by the Healthcare Director. The Healthcare Director will continue with monthly audits of all medical evaluations until compliance is achieved.

On 8/20/25, the Administrator trained the Healthcare Director on regulation 2600.141a, Medical Evaluation Information. The Healthcare Director has a clear understanding on ensuring all sections of the medical evaluation are completed upon receipt. Documentation shall be retained.

To ensure consistent adherence to Regulation 2600.141a, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 9/25/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented [REDACTED] - 09/29/2025)

224a - Preadmission Screen Form

11. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department’s preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [REDACTED] was admitted to the home on [REDACTED], however, the resident’s preadmission screening form was not completed as of [REDACTED]

224a Preadmission Screen Form (continued)

Plan of Correction

Accept (█ - 09/04/2025)

In response to the violation on █ by the Pennsylvania Bureau of Human Service Licensing, the Preadmission Screen Form for Resident █ was immediately completed by the Healthcare Director.

An audit of all preadmission screen forms will be completed by the Regional Healthcare Specialist by 9/5/25. Non compliance will be documented on the prescreen by the Healthcare Director. The Healthcare Director will continue with monthly audits of all prescreens until compliance is achieved.

On 8/28/25, the Administrator trained the Healthcare Director on regulation 2600.224a, Preadmission Screen Form. The Healthcare Director has a clear understanding on ensuring all sections of the prescreen are completed prior to resident admission. Documentation shall be retained.

To ensure consistent adherence to Regulation 2600.224a, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 9/25/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented █ - 09/29/2025

231c - Preadmission Screening

12. 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 █ was admitted to the Secure Dementia Care Unit (SDCU) on █ however, resident █'s written cognitive preadmission screening was not completed as of █.

Plan of Correction

Accept █ - 09/04/2025)

In response to the violation on █ by the Pennsylvania Bureau of Human Service Licensing, the written cognitive preadmission screening for Resident # █ was immediately completed by the Healthcare Director.

An audit of all written cognitive preadmission screen forms will be completed by the Regional Healthcare Specialist by 9/5/25. Non compliance will be documented on the cognitive prescreen by the Healthcare Director. The Healthcare Director will continue with monthly audits of all cognitive prescreens until compliance is achieved.

On 8/20/25, the Administrator trained the Healthcare Director on regulation 2600.231c, Preadmission Screening. The Healthcare Director has a clear understanding on ensuring all sections of the cognitive prescreen are completed prior to resident admission to the SDCU. Documentation shall be retained.

To ensure consistent adherence to Regulation 2600.231c, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 9/25/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 09/26/2025

231c - Preadmission Screening (*continued*)*Implemented* (█ - 09/29/2025)

233c - Key-Locking Devices

13. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the gate from the Secure Dementia Care Unit (SDCU) courtyard to the parking lot, or near the door to exit the Secure Dementia Care Unit (SDCU) into Personal Care.

Plan of Correction*Accept* (█ - 09/04/2025)

In response to the violation on █ by the Pennsylvania Bureau of Human Service Licensing, the Maintenance Director immediately posted the instructions to exit the gate from the SDCU courtyard to the parking lot. The Maintenance Director checked all SDCU doors for posted codes and ensured they were accurate and in working order with no other issues identified.

By 9/5/25, the Memory Care Manager and Maintenance Director will be trained on Regulation 2600.233c, Key-Locking Devices, which includes use of an audit tool. Beginning 9/5/25, the Memory Care Manager will audit weekly for 4 weeks to ensure instructions are posted near the doors entering and exiting the SDCU. Documentation will be retained.

To ensure consistent adherence to Regulation 2600.222c, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 9/25/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented (█ - 09/29/2025)

236 - Staff Training

14. Requirements

2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

Direct care staff person A, who works in the Secure Dementia Care Unit (SDCU) had 0 hours of training in dementia care during the 2024 training year.

Repeat violation: █

Plan of Correction*Accept* (█ - 09/04/2025)

In response to the violation on █ by the Pennsylvania Bureau of Human Service Licensing, the Administrator took immediate action by creating a binder specifically for Agency Staff with an annual training plan. If agency Staff Person A returns to the home, they will be trained on missing education prior to starting shift.

236 Staff Training (continued)

On 8/22/25, the Regional Operations Director audited the agency files to maintain ongoing compliance with 2600.236 to identify any gaps in training requirements for all current and new associates & agency staffing. Any agency who missed training will immediately receive proper training from designated trainer including educational handouts located in the binder.

By 9/5/25, the Business Office Manager will be trained on Regulation 2600.236, Staff Training, which includes use of the Annual Training Plan for ongoing compliance. Beginning 9/5/25, any new hire associate must have this New Hire Checklist completed before permitted to work.

To ensure consistent adherence to Regulation 2600.236, compliance monitoring will be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on 9/25/25, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented [REDACTED] - 09/29/2025)