



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to HSL EPHRATA SUBTENANT LLC
LEGAL ENTITY

To operate KEYSTONE VILLA AT EPHRATA
NAME OF FACILITY OR AGENCY

Located at 100 NORTH STATE STREET, EPHRATA, PA 17522
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 34

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 April 8, 2019 until April 8, 2020,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **334660**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
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.



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DEPARTMENT OF HUMAN SERVICES

APR 10 2019

Mr. Kevin McCollum
Vice President
HSL Ephrata Subtenant LLC
C/O ReNew Reit
One SeaGate, Suite 1500
Toledo, OH 43604

RE: Keystone Villa at Ephrata
100 North State Street
Ephrata, Pennsylvania 17522
License #: 334660

Dear Mr. McCollum:

As a result of the Department's Bureau of Human Services Licensing inspection on March 26, 2019 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because as this is a new legal entity operating the home.

During the inspection, citations on the enclosed violation report were found. All citations specified on the violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your new license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

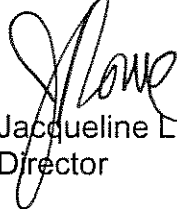
In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services provider application submission experience. To participate in the online applicant survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Application.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential.

Mr. Kevin McCollum

The responses will be reviewed as part of an aggregate of provider applicant responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe', written in a cursive style.

Jacqueline L. Rowe
Director

Enclosures
License
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

| | | |
|---|---|-----------------------|
| PCH Name: Keystone Villa at Ephrata | | License Number: 33466 |
| Address: 100 N State Street, Ephrata, PA 17522 | | County: Lancaster |
| Administrator: Michele Glover | | Region: CENTRAL |
| Legal Entity Name: ReNew Reit | | |
| Legal Entity Address: One SeaGate, Toledo, OH 43604 | | |
| Certificate(s) of Occupancy | | |
| I-2 09/02/2014 Borough of Ephrata | I-2 10/03/2014 Borough of Ephrats | |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 106 | Waking Staff: 80 |
| Type of Inspection: Initial | BHA Docket Number: | Notice: Announced |
| Reason(s) for Inspection(s) | | |
| Change Legal Entity | | |
| On-Site Inspections Dates and Department Representatives On-Site | | |
| 03/26/2019: Heemer, Laura | | |
| Off-Site Inspection Dates and Inspectors, if Applicable | | |
| | | |
| Other Details | | |
| Partial or Full Triggers: | | Random Indicators: |
| Resident Demographic Data as of Inspection Dates | | |
| Licensed Capacity: 100 Number of Residents Served: 80 Secured Dementia Care Unit in Home: Yes Area: Evergreen Secured Dementia Unit Capacity, if Applicable: 34 Number of Residents Served in Secured Dementia Care Unit, if applicable: 25 Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 0 | Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 80 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 26 Have a Physical Disability: 1 | |

Violation Report: 33466 - 03/26/2019 - Heemer, Laura
 PCH Name: Keystone Villa at Ephrata

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 On 3/26/2019 at 11:38 am, the water temperature in Resident room 435 measured 124 degrees Fahrenheit.
 On 3/26/2019 at 12:02 am, the water temperature in Resident room 336 measured 126 degrees Fahrenheit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

What:
 On 3/26/2019 at 11:38 am, the water temperature in Resident room #435 measured 124 degrees Fahrenheit and at 12:02 pm, and the water temperature in Resident room #336 measured 126 degrees Fahrenheit.

Who:
 Maintenance will continue to measure and record the hot water temperature in rooms #435 and #336 weekly for the next four weeks and monthly throughout the building to assure water temperatures do not exceed 120 degrees. Maintenance measured temps in both rooms on 3/26/19 at 3:00 pm and #435 is at 118 degrees Fahrenheit and #336 is at 118.7degrees Fahrenheit. In the event non-compliance is noted Maintenance will adjust the settings on the mixing valve on the hot water heater.

How:
 Maintenance Director will monitor and document rooms #435 and #336 weekly for four weeks (Attachment A) while continuing to monitor and document water temperatures monthly throughout the building (Attachment B).

Ongoing:
 Executive Director will monitor records weekly when meeting with Maintenance Director to assure ongoing compliance. Also, Executive Director will report regulatory compliance at the Quality Assurance Meeting.

| | | | |
|----------------------|-----------------------------------|--|--|
| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
|----------------------|-----------------------------------|--|--|

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle M. Glover*

| | |
|---|--------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle M. Glover, Executive Director</i> | Date <i>4-5-19</i> |
|---|--------------------|

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

| | |
|--|---|
| The above plan of correction is approved as of <u>4/8/19</u> (Date) | Plan of correction implementation status as of <u>4/8/19</u> (Date) |
| The above plan of correction was approved by <u>BAS</u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

Violation Report: 33466 - 03/26/2019 - Heemer, Laura
 PCH Name: Keystone Villa at Ephrata

1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
 The fire drill record for the fire drills held on the following dates and times, does not document the number of personal care residents in the home at the time of the fire drills and does not document the total number of personal care home residents evacuated:
 1/11/2019 at 6:00am
 2/26/2019 at 11 am
 3/21/2019 at 4:10 pm

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

What:
 Fire drill record for the fire drills held on 1/11/19 at 6:00am, 2/26/19 at 11:00am, and 3/21/19 at 4:10pm does not document number of Personal Care and Memory Support residents in the home at the time of the fire drills and does not document the total number of Personal Care and Memory Support residents evacuated.

Who:
 Executive Director will update the DHS Fire Drill Record reflecting the total number of Personal Care and Memory Support residents in the home at the time of the fire drill and document the total number of Personal Care and Memory Support residents evacuated (Attachment A).

How:
 Following our monthly fire drills the Maintenance Director will complete the DHS Fire Drill Record which will reflect the total number of Personal Care and Memory Support residents in the home at the time of the fire drill and total number of Personal Care and Memory Support residents evacuated.

Ongoing:
 The Executive Director will review the DHS Fire Drill Record after every fire drill to ensure the record is in compliance with the regulation.

| | | | | |
|----------------------|-----------------------------------|--|--|--|
| Repeat Violation: No | Date(s) of Previous Violation(s): | | | |
|----------------------|-----------------------------------|--|--|--|

Signature of Legal Entity Representative (Required on EVERY Page) Nichole M. Glowers

| | |
|--|--------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Nichole M. Glowers, Executive Director</u> | Date <u>4-5-19</u> |
|--|--------------------|

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| | |
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| The above plan of correction was approved by <u>BAS</u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |