



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: January 15, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 15, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *KEYSTONE VILLA AT EPHRATA*
Address: *100 NORTH STATE STREET,, EPHRATA, PA 17522*
County: *LANCASTER* Region: *CENTRAL*

License Number: *33466*

Administrator

Name: *Michele Glover* Phone: *717-738-5800* Email:

Legal Entity

Name: *HSL EPHRATA SUBTENANT LLC*
Address: *ONE SEAGATE, SUITE 1500, C/O RENEW REIT ATTN LEGAL, TOLEDO, OH, 43604*

Certificate(s) of Occupancy

Type: *I-2* Date: Issued By:
Type: *I-2* Date: *09/02/2014* Issued By: *Borough of Ephrata*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *100* Waking Staff: *75*

Inspection

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

Inspection Dates and Department Representative

11/15/2019 - On-Site: Jason McCloskey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *77*

Secured Dementia Care Unit

In Home: *Yes* Area: *Evergreen* Capacity: *34* Residents Served: *22*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *76*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *23* Have Physical Disability: *1*

42b - Abuse

Regulations

2600. 42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 9/27/19, at approximately 3am, Resident 1 struck Resident 2 on the left side of her face while Resident 2 was asleep. This action resulted in a reddened area to the side of Resident 2's face and a scratch mark on her neck.

Repeat Violation: 8/29/2019

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.)

Resident #2 moved into the shared apartment with Resident #1 on May 8, 2019. Resident #1 and Resident #2 lived together without any problems until 9/27/19. On 9/27/19 at approximately 3AM, Resident #1 struck Resident #2 on the left side of her face while Resident #2 was in bed. This action resulted in a reddened area to the side of Resident #2's face and a scratch mark on her neck. Both residents have a dementia diagnosis. Resident #1 was immediately removed from the shared apartment where she resided with Resident #2 and was provided one on one care by DCS and taken to a private room on a different floor in the building for the remainder of the night. Both residents were assessed by a Med-Tech and George Newcomer, CRNP and there were no injuries and no new orders were given. POA for both residents were notified. Act 13 Form was completed and sent to Lancaster Office of Aging and a reportable incident was sent into DHS.

On 9/28/19 we moved Resident #1 permanently to a private apartment on a different floor.

At our daily stand-up meeting we will add a Resident Relations section to our agenda to discuss with all managers to identify and address any potential problems. (See Attachment #1).

We have completed a review of all residents that currently reside in a shared apartment to identify any potential problems. (See Attachment #2).

We feel that the situation was handled appropriately and have met or exceeded DHS regulations. We disagree with the abuse 42b deficiency as the facility has no way to prevent or predict a resident from having a behavior and we would like to appeal the violation.

Legal Entity Representative

Signature: Michele M. Glover

Printed Name and Title: Michele M Glover Ex. Dir. Date: 12-3-19

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The above plan of correction is approved as of 12/5/19 (Date) Plan of correction implementation status as of 1/15/2020 (Date)

XXX Implemented

The above plan of correction was approved by BAS (Initials)

Not Implemented

227h - Support Plan Refuse Sign

Regulations

2600. 227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

The support plan for Resident 3, dated 2/8/19, was not signed by the resident nor is there any documentation of the resident's refusal or inability to sign.

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:

The support plan for Resident #3, dated 2/8/19, was not signed by the resident nor is there any documentation of the resident's refusal or inability to sign.

Who:

The Director of Health & Wellness or Designee will assure proper signatures are present and the appropriate boxes are checked on the support plan.

How:

When support plan is completed it will be reviewed by the Director of Health & Wellness and verified by the Executive Director before it is filed to assure compliance.

Ongoing:

An initial audit of 15% of our resident census was completed by 12/3/19 to make sure there is proper documentation related to the signatures on the plan. (See Attachment #1)

For quality assurance, Executive Director or Designee will review all support plans upon completion for accuracy each month utilizing a 30-Day Admission Annual & Discharge Chart Audit form (See Attachment #2).

Legal Entity Representative

Signature: Michele M. Glover

Printed Name and Title: Michele M. Glover Ex. Dir. Date: 12-3-19

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