



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: jconrad@keystonevillaatdouglassville.com
MAILING DATE: March 23, 2020

Mr. Matthew J. Haydien
Chief Operating Officer
HSL Douglassville Subtenant LLC
C/O Renew Reit ATTN Legal
One Seagate, Suite 1500
Toledo, Ohio 43604

RE: Keystone Villa at Douglassville Personal Care
1152 Ben Franklin Highway East
Douglassville, Pennsylvania 19518
License #: 227680

Dear Mr. Haydien:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 19, 2020 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, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *KEYSTONE VILLA AT DOUGLASSVILLE PERSONAL CARE*
Address: *1152 BEN FRANKLIN HIGHWAY EAST, DOUGLASSVILLE, PA 19518*
County: *BERKS* Region: *NORTHEAST*

License Number: *22768*

Administrator

Name: *Jona Conrad* Phone: *6104275278* Email: *jconrad@keystonevillatdouglassville.com*

Legal Entity

Name: *HSL DOUGLASSVILLE SUBTENANT LLC*
Address: *ONE SEAGATE, SUITE 1500 Q0 RENEW REIT ATTN LEGAL, TOLEDO, OH, 43604*

Certificate(s) of Occupancy

Type: *-2* Date: Issued By:

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *189* Working Staff: *142*

Inspection

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

Inspection Dates and Department Representative

02/19/2020 - On-Site: Amy Deluca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *168* Residents Served: *129*

Secured Dementia Care Unit

In Home: *Yes* Area: *3rd floor* Capacity: *68* Residents Served: *47*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *729*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *60* Have Physical Disability: *1*

142a - Secure Medical Care

Regulations

2600.

142a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

Resident #1 suffered a fall from her wheelchair on 2/3/20 when being pushed by a staff person in her wheelchair. Staff interviews indicate the resident complained of leg pain after the fall. Swelling in the resident's leg was noted on 2/6/20 by a nurse practitioner from her doctor's office and the resident was sent to the hospital after mobile x-rays indicated a possible fracture. The resident was diagnosed with fractures of the tibia and fibula.

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: Resident #1 complained of leg pain after a fall on 2/3/2020. Resident was assessed but was not treated until 2/7/2020 when seen by the nurse practitioner. Staff immediately brought in mobile x-ray and then transferred the resident to the hospital. Resident #1 was diagnosed with fractures of the tibia and fibula following admission to hospital on 2/8/2020.

Who: Resident Care Director and designee will complete training for all staff on Incident Reporting /Falls Management by February 28, 2020.

When. Training for all staff on the Incident Reporting/Falls Management and Assessment protocols was completed by the Resident Care Director and her designee on 2/28/2020.

How: Review of Heritage Senior Living Falls Management Program was completed on Thursday February 27, 2020 for the clinical leadership team. Staff in-service on incident reporting and falls management protocols was completed on February 28, 2020. Content of training for staff attached (Attachment A).

Ongoing: Executive Director and/or designee will conduct monthly QA monthly assurance audits to ensure compliance. Results to be reviewed in quarterly QA meeting. Audit tool attached (Attachment B).

Legal Entity Representative

Carrie Hehn, ABO
Signature

Carrie Hehn, ASSOCIATE EXECUTIVE DIRECTOR 03/12/2020
Printed Name and Title Date

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The above plan of correction is approved as of 3-20-2020 (Date) Plan of correction implementation status as of 3-20-2020 (Date)

The above plan of correction was approved by MM (Initials) Implemented Not Implemented

225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- I. Annually.

Description of Violation

Resident #1's most current support plan is dated 10/15/18. A support plan was not completed for the resident for 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.)

What: Resident #1's most current support plan is dated 10/15/18. There was no updated support plan for 2019.

Who: Executive Director and/or designee will complete an audit of all resident records to ensure compliance with timelines for updated RASP and DME.

When: Resident #1's most current support plan is dated 10/15/18. There was no updated support plan for 2019.

How: Resident's support plan was unable to be updated as she was no longer a resident of the community. Chart audits were completed on 2/18/2020 and 2/21/2020 for all resident charts. A new tracking document (see Attachment C) has been developed to identify the last completed RASP and the due date of the next annual RASP for all residents using the **thirty-day audit tool. Attachment X.**

Ongoing: The Resident Care Director and/or designee will complete monthly QA audits. All findings will be reviewed in the quarterly QA meetings.

Legal Entity Representative

Carrie Heits, AEO

Signature

CARRIE HEITS, ASSOCIATE EXECUTIVE DIRECTOR

Printed Name and Title

03/12/2020
Date

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(Date)

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- Implemented
- Not Implemented