



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail to: [chehn@keystonevillaatdouglassville.com](mailto:chehn@keystonevillaatdouglassville.com)**  
**MAILING DATE: May 6, 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 March 11, 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: *Carrie Hehn* Phone: *6704275278* Email: *chehn@keystonevillaatdouglassville.com*

## Legal Entity

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

## Certificate(s) of Occupancy

Type: *C-2 LP* Date: Issued By:

## Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *797* Working Staff: *148*

## Inspection

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

## Inspection Dates and Department Representative

*03/11/2020 - On-Site: Amy Deluca*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *168* Residents Served: *131*

### Secured Dementia Care Unit

In Home: *Yes* Area: *na* 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: *131*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *66* Have Physical Disability: *0*

23a - Activities of Daily Living Assistance

Regulations

2600. 23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

According to staff interviews, resident #1 was a two person assist and needed a Sara Lift for all transfers in the last month in which he lived in the home. On 2/22/20, a family member witnessed a staff person assisting the resident with toileting alone, and without the use of a Sara lift.

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 was identified as requiring a two person assist and utilization of a Sara Lift for all transfers within the last month that he lived in the home. On 02/22/2020, a family member witnessed an agency caregiver assisting the resident with toileting alone and without the use of the Sara Lift.

Who: The Resident Care Director and/or designee will complete a chart audit (Attachment A) of resident RASPs to ensure care needs are properly addressed, as well as train all care staff, including agency, regarding how to read the RASP for care needs.

When: The audit of the RASPs and the staff training (Attachment B) will be completed by May 5, 2020. Record of Training (Attachment C) will be submitted by May 5, 2020.

How: The Resident Care Director and/or designee will periodically monitor the provision of care of a random sample of residents to ensure that the individualized care plans are being followed.

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

Legal Entity Representative

Handwritten signature of Carrie Hets

Signature

CARRIE HETS INTERIM EXECUTIVE DIRECTOR 04/16/2020

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 4-22-20 (Date)

Plan of correction implementation status as of 4-22-20 (Date)

[X] Implemented

[ ] Not Implemented

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

141b1 – Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most current Documentation of Medical Evaluation form (DME) is dated 1/21/2019. The home did not complete an annual DME form for the resident for 2020.

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 Documentation of Medical Evaluation form (DME) is dated 01/21/2019. There was no updated DME for 2020. Resident #1 no longer resides at the community, therefore, the DME was unable to be updated.

Who: Interim Executive Director and/or designee completed a chart audit (Attachment A) of resident DMEs to ensure compliance and timeliness of completion.

When: The audit of the resident DMEs was completed on 02/18/2020 and 02/21/2020. All outstanding DMEs were completed.

How: All resident DMEs will be uploaded into the community's electronic medical record to bring the electronic "Forms Due Report" current. The "Forms Due Report" will then be utilized to ensure that DMEs are completed in a timely manner.

Ongoing: The Resident Care Director and/or designee will complete monthly QA audits of resident records (Attachment D). All findings will be reviewed in the quarterly QA meetings.

Legal Entity Representative

*Carrie Heitz*  
Signature

*CARRIE HEITZ* *INTERIM EXECUTIVE DIRECTOR*  
Printed Name and Title  
*04/16/2020*  
Date

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The above plan of correction is approved as of 4-22-20 (Date)

Plan of correction implementation status as of 4-22-20 (Date)

Implemented  
 Not Implemented

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