

Department of Human Services  
Bureau of Human Service Licensing

October 2, 2020

CARRIE HAHN, ADMINSTRATOR  
HSL DOUGLASSVILLE SUBTENANT LLC  
ONE SEAGATE, SUITE 1500  
C/O RENEW REIT ATTN LEGAL  
TOLEDO, OH 43604

RE: KEYSTONE VILLA AT  
DOUGLASSVILLE PERSONAL CARE  
1152 BEN FRANKLIN HIGHWAY  
EAST  
DOUGLASSVILLE, PA, 19518  
LICENSE/COC#: 22768

Dear Ms. Hahn,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/30/2020, 08/21/2020, 08/24/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Anne Graziano

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: *KEYSTONE VILLA AT DOUGLASSVILLE PERSONAL CARE* License #: *22768* License Expiration Date: *06/13/2021*  
 Address: *1152 BEN FRANKLIN HIGHWAY EAST, DOUGLASSVILLE, PA 19518*  
 County: *BERKS* Region: *NORTHEAST*

**Administrator**

Name: *Carrie Hehn* Phone: *6103852000* Email:  
*chehn@keystonevillaatdouglassville.com;*  
*lindscott@pa.gov; agraziano@pa.gov*

**Legal Entity**

Name: *HSL DOUGLASSVILLE SUBTENANT LLC*  
 Address: *ONE SEAGATE, SUITE 1500, C/O RENEW REIT ATTN LEGAL, TOLEDO, OH, 43604*  
 Phone: *6103852000* Email: *JGETCHEY@RENEWREIT.COM*

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *197* Waking Staff: *148*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint,Incident* Exit Conference Date: *08/24/2020*

**Inspection Dates and Department Representative**

*07/30/2020 - On-Site: Gerald Dumas*  
*08/21/2020 - Off-Site: Gerald Dumas*  
*08/24/2020 - Off-Site: Gerald Dumas*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *168* Residents Served: *132*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *n.a.* 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: *132*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *65* Have Physical Disability: *0*

## Inspections / Reviews

## 07/30/2020 - Partial

Lead Inspector: *Gerald Dumas*Follow-Up Type: *POC Submission*Follow-Up Date: *09/08/2020*

## 9/11/2020 - POC Submission

Lead Reviewer: *Anne Graziano*Follow-Up Type: *Document Submission*Follow-Up Date: *09/30/2020*

## 42c - Treatment of Residents

### 1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

### Description of Violation

*The photo of resident # 1 in the resident's record, presented an undignified, unshaven resident with the resident's hair not groomed.*

### Plan of Correction

**Directed**

*What: During the Department's licensing inspections on 7/30/20, 8/21/20, and/or 8/24/20, it was identified that the photo of Resident #1 in the resident's record presented an undignified, unshaven resident with the hair not groomed. The violation was corrected on 07/30/2020 when the photo was replaced with a dignified one.*

*Who: The Executive Director or Designee will train the Resident Life Department and Department Managers on Plan of Correction-Dignified Resident Photos (Attachment A) and how to run the electronic medical record report for all residents who moved in for the month that just ended and complete Sign-in Sheet (Attachment B).*

*When: Training and review of all current residents' photos in the electronic medical record to be completed by 9/18/20*

*How: Resident Life Director or Designee will greet all new residents and complete the activity assessment on the resident's first day and upload the resident's photo to the electronic medical record.*

*Ongoing: The Resident Life Director or Designee will conduct monthly Quality Assurance audits for all residents who moved in that month, to ensure their photos in the electronic medical record are dignified. Findings and trends will be reviewed at the Quarterly QA meetings.*

*Directed Plan of Correction:*

*The Administrator will submit the next Findings and Trends Results from the next upcoming Quarterly QA meeting to the Northeast Regional Office with this verification for this Plan of Correction. AG*

**Completion Date:** 09/30/2020

## 234d - Support Plan Revision

### 1. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

### Description of Violation

*Subsequent to the home determining that resident #1 was not appropriate for the facility due to aggressive behaviors towards residents and staff, the home contacted resident # 1's son on 4/25/20 and issued a 30-day notice to Resident # 1. Resident # 1 needed additional supervision (15-minute checks), after the 30-day notice until a discharge date was determined to assure the safety of the other residents in the home. On 7/23/20 resident # 1 punched resident # 2 in the face.*

234d - Support Plan Revision (*continued*)**Plan of Correction****Directed**

*What: Resident #1 was not appropriate for the facility due to aggressive behaviors towards residents and staff. On 4/25/20 Resident #1 received a 30-day notice. Resident #1 needed additional supervision until the resident was discharged from the community to ensure the safety of the other residents. On 7/23/20 Resident #1 struck resident #2 in the face. 1:1 Private Duty was initiated on 07/30/2020 and the resident was discharged from the community on 08/13/2020.*

*Who: The Resident Care Director or Designee will train the Resident Care team on Plan of Correction-Support Plan; Update When Resident's Condition Changes (Attachment C) and how to run the electronic medical record report of the communication log for all residents support plans updated with resident's condition changes in the month that just ended and complete Sign-in Sheet (Attachment D).*

*When: Training to be completed by 9/18/20*

*How: Resident Care Director or Designee will ensure all Resident Support Plans are updated with resident's condition changes, as well as the staff updated during daily shift report meetings.*

*Ongoing: The Resident Care Director or Designee will conduct monthly Quality Assurance audits of Resident Support Plans to ensure they are properly updated. Findings and trends will be reviewed at the QA meetings.*

*Directed Plan of Correction:*

*The Administrator will submit the next Findings and Trends Results from the next upcoming Quarterly QA meeting to the Northeast Regional Office with this verification for this Plan of Correction. AG*

**Completion Date:** 09/30/2020