

Department of Human Services  
Bureau of Human Service Licensing

December 30, 2020

GREG BOBKA, CFO  
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 Mr. Bobka,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/19/2020, 11/20/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Michele Moskalczyk  
Human Services Licensing Supervisor

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: *Carolyn Hehn* Phone: *6103852000* Email:  
*chehn@keystonevillaatdouglassville.com,*  
*lindscott@pa.gov, mmoskalczy@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**

Type: *C-2 LP* Date: *04/12/1989* Issued By: *I&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *152* Waking Staff: *114*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *11/19/2020*

**Inspection Dates and Department Representative**

*11/19/2020 - On-Site: Amy Deluca*  
*11/20/2020 - Off-Site: Amy Deluca*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *168* Residents Served: *96*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *n/a* Capacity: *68* Residents Served: *37*

**Hospice**

Current Residents: *7*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *96*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *56* Have Physical Disability: *1*

## Inspections / Reviews

## 11/19/2020 - Partial

Lead Inspector: *Amy Deluca*Follow-Up Type: *POC Submission*Follow-Up Date: *12/17/2020*

## 12/21/2020 - POC Submission

Lead Reviewer: *Michele Moskalczyk*Follow-Up Type: *Document Submission*Follow-Up Date: *12/28/2020*

## 12/30/2020 - Document Submission

Lead Reviewer: *Michele Moskalczyk*Follow-Up Type: *Not Required*

## 23a - Activities of Daily Living Assistance

### 1. Requirements

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

*On 11/15/20 Staff member A did not provide timely incontinence care to resident #1. Resident #1 resides in the secure dementia unit. Resident #1 was noted to require care at approximately 11:00am but did not receive the care until approximately 2:00pm.*

### Plan of Correction

**Accept**

*What: According to Staff person B, timely care was not provided to Resident #1 by Staff person A. The resident's care plan provided for regular incontinence assistance. Staff person A failed to notify the nurse supervisor in a timely manner of the resident's refusals or apply alternative approaches to provide more timely assistance to the resident.*

*Who: Staff Member A was permitted to return to the community in consultation with both the Bureau of Human Services Licensing and Berk's County Area Agency on Aging. Staff Member A was provided with retraining regarding the Resident Assessment and Support Plan and the provision of care as outlined in the Resident Assessment and Support Plan by Interim Executive Director, Carolyn Hehn, PCHA. This training included applying appropriate safe management techniques and other approaches to apply when a resident refuses necessary care.*

*When: Staff Member A returned to the community on 11/24/2020. Prior to returning to duty, retraining on the use of the Resident Assessment and Support Plan and appropriate interventions regarding resident refusals was provided by Interim Executive Director, Carolyn Hehn, on 11/24/2020. (Attachment A)*

*How: Training with Staff Member A was conducted through a verbal review of the general purpose of the Resident Assessment and Support Plan along with a specific review of Resident #1's Resident Assessment and Support Plan. Time was provided for question and answers after the review.*

*Ongoing: The community will continue to provide training on the Resident Assessment and Support Plan, as required by regulation. Annual training is identified in the Staff Training Plan. Training for new staff is provided during orientation.*

**Completion Date:** 12/16/2020

**Update - 12/21/2020**

*Please send/attach proof of staff training.*

### Document Submission

**Implemented**

*Please see Attachments A-D submitted with POC on 12/16/2020*

## 42c - Treatment of Residents

### 1. Requirements

2600.

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

### Description of Violation

*On 11/15/20 staff member A was witnessed by staff member B to be using profanity in the presence of resident #2. Staff member A was witnessed raising a fist to resident #2 and saying "Don't touch me" after resident #2 had grabbed at her arm. Resident #2 resides in the secure dementia unit.*

42c - Treatment of Residents (*continued*)**Plan of Correction****Accept**

*What: It was alleged that staff member A used profanity in the presence of resident #2 and that staff member raised her fist to resident #2 and saying, "don't touch me." The investigation by both the community and the Berks County Area Agency on Aging found this allegation to be unsubstantiated.*

*Who: Staff member A was permitted to return to the community in consultation with both the Bureau of Human Services Licensing and Berk's County Area Agency on Aging. Upon her return staff person A was retrained on resident's rights, Older Adult Protective Services Act as well as safe management techniques by the Interim Executive Director, Carolyn Hehn, PCHA. It should be noted that the community also completed training with all community staff on these topics.*

*When: Staff person returned as noted in "who" above on 11/24/2020. The training noted in "who above was conducted on 11/24/2020 by Carolyn Hehn, Interim Executive Director. (Attachment A) The community wide training was completed by Interim Executive Director Carolyn Hehn supported by Regional Director of Operations, Doug Fouché, CDAL, CVT, and Edward Robinson Dining Director throughout the month of November 2020 with all staff having received this training by 11/30/2020. (Attachment B)*

*How: The one on one training with staff person A was conducted using a combination of presentation materials with question and answer following.*

*The community wide training was completed using a group presentation format with question and answer session following. An example of the training record form, and sign in sheets accompany this submission.*

*Ongoing: Community will continue to provide training on resident rights, Older Adult protective Services Act, etc. as required by regulation. This will be supplemented by the consistent inclusion of the community's Mission and Culture including treating others with dignity and respect.*

**Completion Date:** 12/16/2020

**Update - 12/21/2020**

*Please send/attach proof of staff training.*

**Document Submission****Implemented**

*Please see Attachments A-D submitted with POC on 12/16/2020*

## 65a - FS Orientation 1st Day

**1. Requirements**

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

## 65a - FS Orientation 1st Day (continued)

**Description of Violation**

Staff person A was hired 9/15/20 but did not receive fire safety orientation training required under this regulation until 11/4/20.

**Plan of Correction****Accept**

*What:* In working with the Bureau of Human Services on a previous licensing inspection survey, 9/2/2020, it was noted that fire safety training and other orientation items were not completed per regulation. At the time of this licensing inspection survey, the community, as noted above in the "Who and When" sections of the plan of correction for 42 C, had already been updating all staff with training specific to the items pertaining to 2600.65 (a) (b) (c) (d) (g).

*Who:* Doug Fouché, CDAL, CVT; Chet Juke, Environmental Services Director, both of whom are community Fire Safety Train the Trainers completed the required annual fire safety training specific to 2600.(g)(1)(2). (Attachment C) Carolyn Hehn PHCA, Interim Executive Director, Edward Robinson Dining Director and Doug Fouché Regional Director of Operations completed all other sections of the training required in 2600.65(a)(b)(c)(d)(g/3-5). It should be noted that training was not completed on 2500.65 (g)(6) as no new population groups had been identified at the time of the training.

*When:* This training was conducted throughout the month of November 2020 with all staff having completed the training by 11/30/2020 in keeping with the plan of correction specific to the 9/2/2020 licensing inspection survey. (Attachment B)

*How:* The community wide training was completed using a group presentation format with question and answer session following. An example of the training record form, and sign in sheets accompany this submission. (Attachment B & D)

*Ongoing:* The training and corresponding form identified in the "How" section above is now being used with all new staff. It also part of the personnel record for all staff. This documentation process will continue until a new documentation method is adopted.

**Completion Date:** 12/16/2020

**Update - 12/21/2020**

Please send/attach proof of staff training.

**Document Submission****Implemented**

Please see Attachments A-D submitted with POC on 12/16/2020

## 65b - Rights/Abuse 40 Hours

**1. Requirements**

2600.

- 65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
2. Emergency medical plan.
  4. Reporting of reportable incidents and conditions.

**Description of Violation**

Staff person A who was hired 9/15/20 did not receive training in the emergency medical plan and reportable incidents and conditions within 40 hours of the first work day.

## 65b - Rights/Abuse 40 Hours (continued)

**Plan of Correction****Accept**

*What: In working with the Bureau of Human Services on a previous licensing inspection survey, 9/2/2020, it was noted that emergency medical plan and reporting of reportable incidents and conditions training, as well as other orientation items, were not completed per regulations. At the time of this licensing inspection survey, the community, as noted above in the "Who and When" sections of the plan of correction for 42 C, had already been updating all staff with the items pertaining to 2600.65 (a) (b) (c) (d) (g).*

*Who: Doug Fouché, CDAL, CVT and Chet Juke, Environmental Services Director, both of whom are community Fire Safety Train the Trainers, completed the required annual fire safety training specific to 2600.(g)(1)(2). (Attachment C) Carolyn Hehn PHCA, Interim Executive Director, Edward Robinson Dining Director and Doug Fouché Regional Director of Operations completed all other sections of the training required in 2600.65(a)(b)(c)(d)(g/3-5). It should be noted that training was not completed on 2500.65 (g)(6) as no new population groups had been identified at the time of the training.*

*When: This training was conducted throughout the month of November 2020 with all staff having completed the training by 11/30/2020 in keeping with the plan of correction specific to the 9/2/2020 licensing inspection survey. (Attachment B)*

*How: The community wide training was completed using a group presentation format with question and answer session following. An example of the training record form, and sign in sheets accompany this submission. (Attachment B & C)*

*Ongoing: The training and corresponding form identified in the "How" section above is now being used with all new staff. It also part of the personnel record for all staff. This documentation process will continue until a new documentation method is adopted.*

**Completion Date:** 12/16/2020

**Update - 12/21/2020**

*Please send/attach proof of staff training.*

**Document Submission****Implemented**

*Please see Attachments A-D submitted with POC on 12/16/2020*