

Department of Human Services  
Bureau of Human Service Licensing

February 25, 2021

[REDACTED], COO  
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 [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/28/2021, 01/29/2021, 02/04/2021 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:** [REDACTED] **Phone:** 7176594767 **Email:** [REDACTED]

**Legal Entity**

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

**Certificate(s) of Occupancy**

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

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 188 **Waking Staff:** 141

**Inspection**

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Incident **Exit Conference Date:** 02/04/2021

**Inspection Dates and Department Representative**

01/28/2021 - On-Site: [REDACTED]  
01/29/2021 - Off-Site: [REDACTED]  
02/04/2021 - Off-Site: [REDACTED]

**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:** 34

**Hospice**

**Current Residents:** 6

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 95  
**Diagnosed with Mental Illness:** 0 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 92 **Have Physical Disability:** 0

## Inspections / Reviews

01/28/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *02/21/2021*

2/18/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *02/22/2021*

2/25/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 227d - Support Plan Medical/Dental

**1. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

*Resident Assessment and Support Plan dated 11/21/2020 for Resident 1 indicates that the resident is a 2-person assist when transferring. Staff Member A stated that [REDACTED] transferred Resident 1 from the recliner to the wheelchair and then from the wheelchair to the toilet by herself on 1/18/2021.*

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

*What: During an unrelated inspection by PA Department of Human Services, it was determined that Resident #1 was transferred by one staff person when the resident's care plan indicated that transferring this resident should include assistance of two staff.*

*WHO:*

- 1. The resident's support plan was updated by [REDACTED] Regional Director, to reflect that up to two staff were needed to assist the resident for transfers.*
- 2. Staff person #1 was retrained on the use of the resident's assessment and support plan (RASP) by [REDACTED] Resident Care Director.*
- 3. Based on this result, the community staff will initiate a full audit of all RASP for each current resident. The purpose of this audit will be to ensure that the RASP's are not only correct, but that language is applied that helps the staff to understand the individual care needs of each resident more easily.*

*When:*

- 1. Resident #1's RASP was updated as noted in the "who" section on 1/29/2021.*
- 2. Staff person #1 was retrained as noted in the "who" section on February 11, 2021.*
- 3. The audit noted in item #3, in the "who" section will be completed by April 30, 2021.*

*How:*

- 1. The RASP update and change form was used in the application Tabula Pro.*
- 2. Training of staff person #1 was conducted by verbal review and examples from actual existing resident RASP's.*
- 3. Community staff will review each RASP and corresponding RASP update and Change form as noted in the "who" section, item #3.*

*Ongoing: The community will continue to provide training on the Resident Assessment and Support Plan, as required by regulation.*

**Completion Date:** 02/17/2021

**Update - 02/18/2021**

*Please send/Attach copy of resident #1 RASP.*

**Document Submission****Implemented**

*Copy of Initial RASP dated 11.21.2020 attached with corresponding RASP Updates and Changes Addendum last modified on 01.29.2021.*