

Department of Human Services  
Bureau of Human Service Licensing

April 7, 2021

██████████ LEGAL REPRESENTATIVE  
DOUGLASSVILLE AID II OPCO LLC  
330 N WABASH AVE, SUITE 3700  
CHICAGO, IL 60611

RE: AMITY PLACE  
139 OLD SWEDE ROAD  
DOUGLASSVILLE, PA, 19518  
LICENSE/COC#: 22656

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/17/2021 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:** AMITY PLACE **Licen e #:** 22656 **Licen e Expiration Date:** 10/18/2021  
**Addr e :** 139 OLD SWEDE ROAD, DOUGLASSVILLE, PA 19518  
**County:** BERKS **Region:** NORTHEAST

**Administrator**

**Name:** [REDACTED] **Phone:** 6103857600 **Email:** [REDACTED]

**Legal Entity**

**Name:** DOUGLASSVILLE AID II OPCO LLC  
**Address:** 330 N WABASH AVE, SUITE 3700, CHICAGO, IL, 60611  
**Phone:** 6103857600 **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** I-1 **Date:** 02/19/2009 **Issued By:** Amity Township

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 55 **Waking Staff:** 41

**Inspection**

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Rea on:** Incident **Exit Conference Date:** 02/17/2021

**Inspection Dates and Department Representative**

02/17/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 100 **Residents Served:** 55

**Secured Dementia Care Unit**

**In Home:** No **Area:** **Capacity:** **Residents Served:**

**Hospice**

**Current Re ident :** 13

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 55  
**Diagnosed with Mental Illness:** 0 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 0 **Have Physical Disability:** 0

Inspections / Reviews

02/17/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *03/04/2021*

3/7/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *03/10/2021*

4/7/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 42c - Treatment of Residents

## 1. Requirements

2600.

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

**Description of Violation**

Staff person A was overheard by other staff telling resident #1 that ■■■ shouldn't drink because then ■■■ has to go to the bathroom too much. Resident #1 requires assistance with toileting.

**Plan of Correction**

Accept

2600.42c

Resident #1 suffered no negative effects related to the occurrence.

Employee A is no longer employed by the community.

The Executive Director and/or Care Services Manager will re-educate staff on residents right to dignity and respectful care and treatment 2600.42c (Exhibit A), by 3/6/21. (Exhibit B)

ED and/or designee will interview current residents by 3/6/21, asking if they are treated in a dignified and respectful manner.

The ED and/or designee will interview 3 residents per week x 8 weeks, asking if they are treated in a dignified and respectful manner.

Results of these audits will be reviewed at the monthly Quality Improvement Meeting for 2 months. The QI Committee will determine if continued auditing is necessary based on 2 consecutive months of compliance. Monitoring will be ongoing

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency

**Completion Date:** 03/17/2021

**Update - 03/07/2021**

Please send/Attach proof of staff training and ongoing compliance with this regulation.

**Document Submission**

Implemented

Documents uploaded:

1. Audit record of current residents' treatment with dignity and respect
2. Staff education of regulation 2600.42c.