

Department of Human Services  
Bureau of Human Service Licensing

May 4, 2021

[REDACTED]  
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 [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/11/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]  
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 **License #:** 22656    **License Expiration Date:** 10/18/2021  
**Address:** 139 OLD SWEDE ROAD, DOUGLASSVILLE, PA 19518  
**County:** BERKS **Region:** NORTHEAST

**Administrator**

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

**Legal Entity**

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

**Certificate(s) of Occupancy**

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

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 59      **Waking Staff:** 44

**Inspection**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Incident      **Exit Conference Date:** 03/11/2021

**Inspection Dates and Department Representative**

03/11/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 100      **Residents Served:** 51

**Secured Dementia Care Unit**

|                    |              |                  |                          |
|--------------------|--------------|------------------|--------------------------|
| <b>In Home:</b> No | <b>Area:</b> | <b>Capacity:</b> | <b>Residents Served:</b> |
|--------------------|--------------|------------------|--------------------------|

**Hospice**

**Current Residents:** 4

**Number of Residents Who:**

|  |  |
|--|--|
| <b>Receive Supplemental Security Income:</b> 0 | <b>Are 60 Years of Age or Older:</b> 51          |
| <b>Diagnosed with Mental Illness:</b> 0        | <b>Diagnosed with Intellectual Disability:</b> 0 |
| <b>Have Mobility Need:</b> 8                   | <b>Have Physical Disability:</b> 0               |

## Inspections / Reviews

03/11/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *04/24/2021*

4/25/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/29/2021*

5/4/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 81b - Resident Personal Equipment

### 1. Requirements

2600.

- 81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

#### Description of Violation

*Residents #1 and #2 have enabler bars attached to their beds. The enabler bars were not covered to protect resident from possible entrapment.*

#### Plan of Correction

**Accept**

*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.*

#### 81b - Resident Personal Equipment

*Requirements 2600.81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.*

#### Description of Violation

*Residents #1 and #2 have enabler bars attached to their beds. The enabler bars were not covered to protect resident from possible entrapment.*

#### Plan of Correction

- *On 3/11/2021 the Care Services Manager covered Resident #1 and #2 enabler bars to protect resident from possible entrapment.*
- *The CSM conducted an audit of current resident rooms on 3/12/2021 noting the presence of enabler bars and their appropriate covers. Enabler bars were covered as necessary. (Document A1)*
- *The Care Services Manager (CSM) was educated on 3/11/2021 by the Executive Director (ED) on regulation 2600.81.b (Document A2)*
- *The CSM and/or ED provided in-service to community staff on regulation 2600.81.b on 04/07/2021 (Document A3)*
- *The CSM and/or designee will audit resident rooms of residents utilizing enabler bars weekly x 12 weeks to validate the presence of the enabler bar cover. (Document A4)*
- *Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be on-going.*

**Completion Date:** 04/23/2021

#### Update - 04/25/2021

*Please send/Attach proof of staff training and picture of enabler cover.*

#### Document Submission

**Implemented**

*Pictures and proof of staff training submitted.*

## 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 #1 has an enabler bar attached to ■■■ bed. The support plan dated 03/19/20 did not indicate the placement of the enabler bar or the reason the resident requires the enabler bar.

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

*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.*

*227d - Support Plan Medical/Dental*

*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 #1 has an enabler bar attached to ■■■ bed. The support plan dated 03/19/20 did not indicate the placement of the enabler bar or the reason the resident requires the enabler bar.*

*Plan of Correction*

- On 3/11/2021 the Care Services Manager updated Resident #1 support plan to include the placement of the enabler bar and reason for use.*
- The CSM conducted an audit of current resident rooms on 3/12/2021 noting the presence of enabler bars. (Document B1)*
- On 3/12/2021, the CSM audited the support plans of residents utilizing enabler bars, validating the documented presence of the enabler bar and the reason the resident requires the enabler bar. (Document B2)*
- The CSM was educated on 3/11/2021 by the ED on regulation 2600.227.d (Document B3)*
- The CSM and/or ED provided in-service to community staff on regulation 2600.227.d on 4/7/2021. (Document B4)*
- The CSM and/or designee will audit the support plans and rooms of five residents weekly x 12 weeks noting the presence/absence of an enabler bar. Resident support plans will be updated accordingly for residents identified to utilize an enabler. (Document B5)*
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be on-going.*

**Completion Date:** 04/23/2021

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**227d - Support Plan Medical/Dental (continued)****Update - 04/25/2021***Please send/Attach updated section of resident #1's RASP.***Document Submission****Implemented***Resident #1 RASP attached*