

Department of Human Services  
Bureau of Human Service Licensing

November 21, 2021

[REDACTED]  
DOUGLASSVILLE AID II OPCO LLC  
[REDACTED]  
[REDACTED]

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 06/07/2021 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: *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: *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, Pa.*

**Staffing Hours**

Resident Support Staff: *68* Total Daily Staff: *136* Waking Staff: *102*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Incident* Exit Conference Date: *06/07/2021*

**Inspection Dates and Department Representative**

*06/07/2021 - Off-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

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

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *51*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *17* Have Physical Disability: *0*

Inspections / Reviews

8/11/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *08/13/2021*

11/21/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
  - 1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  - 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  - 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  - 4. Special health or dietary needs of the resident.
  - 5. Allergies.
  - 6. Immunization history.
  - 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  - 8. Body positioning and movement stimulation for residents, if appropriate.
  - 9. Health status.
  - 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #1 was admitted to Amity Place on [REDACTED] Resident #1's Documented Medical Evaluation was completed on [REDACTED] which was not within 60 days prior to admission or within 30 days after admission.

Plan of Correction

Accept

See Attached

Completion Date: 08/02/2021

Plan of Correction

Accept

See Attached

Completion Date: 08/02/2021

Document Submission

Implemented

See Attached

Document Submission

Implemented

See Attached

224a - Preadmission Screen Form

1. Requirements

2600.

- 224.a. A determination shall be made within 30 days prior to admission and documented on the Department’s preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1 was admitted to the home on [REDACTED] however, the resident's preadmission screening form was not completed. According to the Administrator, no preadmission screening for resident #1 was completed within 30 days prior to admission nor could one be found in resident#1's record.

Plan of Correction

Accept

See Attached

Completion Date: 08/02/2021

224a - Preadmission Screen Form (*continued*)**Plan of Correction****Accept***See Attached***Completion Date:** 08/02/2021**Document Submission****Implemented***See Attached***Document Submission****Implemented***See Attached*