

Department of Human Services  
Bureau of Human Service Licensing

April 28, 2022

[REDACTED]  
HSL DOUGLASSVILLE SUBTENANT LLC  
[REDACTED]  
[REDACTED]

RE: KEYSTONE VILLA AT  
DOUGLASSVILLE PERSONAL CARE  
1152 BEN FRANKLIN HIGHWAY  
EAST  
DOUGLASSVILLE, PA, 19518  
LICENSE/COC#: 22768

Dear Mr. [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/30/2021 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: *KEYSTONE VILLA AT DOUGLASSVILLE PERSONAL CARE* License #: *22768* License Expiration: *06/13/2022*  
Address: *1152 BEN FRANKLIN HIGHWAY EAST, DOUGLASSVILLE, PA 19518*  
County: *BERKS* Region: *NORTHEAST*

**Administrator**

Name: [REDACTED] Phone: *6103852000* Email: [REDACTED]

**Legal Entity**

Name: *HSL DOUGLASSVILLE SUBTENANT LLC*  
Address: *765 SKIPPACK PIKE, SUITE 300, C/O HERITAGE SENIOR LIVING, BLUE BELL, PA, 19422*  
Phone: *6103852000* Email: [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *157* Waking Staff: *118*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *01/20/2022*

**Inspection Dates and Department Representative**

11/30/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *168* Residents Served: *108*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *3rd Floor* Capacity: *68* Residents Served: *44*

**Hospice**

Current Residents: *5*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *107*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *49* Have Physical Disability: *0*

**Inspections / Reviews**

**11/30/2021 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/25/2022*

Inspections / Reviews (*continued*)

03/15/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/01/2022*

04/28/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

## 16c - Written Incident Report

## 1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

## Description of Violation

On [REDACTED] resident #1 fell and was sent out to the emergency room with a hematoma on the right side of the head. The home did not report this incident to the department.

## Plan of Correction

Accept

*What:* On [REDACTED] resident #1 fell and was sent out to the emergency room with a hematoma on the right side of the head. The home did not report this incident to the department.

*Who:* The Executive Director/Designee will provide education to staff on the home's reportable incident policy and reporting requirements to Department of Human Services and the Older Adult Protective Services Act. (See Attachment A.)

*When:* Training will be completed by March 18, 2022.

*How:* The Executive Director/Designee will review incident reports weekly for the next three months to ensure that incidents that are required to be reported to the Department or other agencies have been reported in accordance with regulations.

*Ongoing:* The Executive Director will report on status of incident reports quarterly at Quality Assurance meetings to discuss progress and other opportunities for performance improvement.

**Completion Date:** 02/24/2022

**Update:** 03/15/2022

*please send in signature sheets once training is completed.*

AG, 3-15-22

## Document Submission

Implemented

*See attached*

## 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

The assessment and support plan, dated [REDACTED] for resident #1 indicates the resident is total immobile. On 11/8/21, the resident went out to a doctor's appointment without a winter coat and did not receive this assistance as required.

## Plan of Correction

Accept

*What:* The assessment and support plan, dated [REDACTED], for resident #1 indicates the resident is totally immobile. On 11/8/21, the resident went out to a doctor's appointment without a winter coat and did not receive this assistance as required.

*Who:* The Executive Director/Designee will provide staff education on the home's policy on caring for residents when being sent out of the community.

1. The Executive Director/Designee will re-educate staff on using RASPs to identify resident needs and how to

23a - Activities of Daily Living Assistance (continued)

prioritize care.

2. The Executive Director/Designee will review home's Send Out Procedure protocol and re-educate staff on home's respective policy.

3. The Executive Director/Designee will review incident reports for the next 3 months to ensure that proper protocols are being followed when any resident is sent out of the community.

4. The Executive Director will review Send Out Procedures with front desk staff.

5. The Executive Director will review Send Out Procedures at Quality Assurance meetings, and discuss progress and other opportunities for performance improvement.

When: Training will be completed by March 31, 2022

How: All staff who send a resident out of the home will complete the Send Out Procedure Check List prior to the resident's departure.

Ongoing: The Executive Director will review all Send Out Procedure Check Lists at quarterly Quality Assurance meetings to discuss progress and other opportunities for performance improvement

Completion Date: 02/24/2022

Update: 03/15/2022

please send in signature sheets once training is completed.

AG, 3-15-22

Document Submission

Implemented

See attached