

Department of Human Services  
Bureau of Human Service Licensing

April 19, 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 [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/21/2021, 01/05/2022 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: *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: *161* Waking Staff: *121*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Incident* Exit Conference Date: *01/07/2022*

**Inspection Dates and Department Representative**

12/21/2021 - On-Site: [REDACTED]  
01/05/2022 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *168* Residents Served: *111*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *n/a* Capacity: *68* Residents Served: *44*

**Hospice**

Current Residents: *8*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *110*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *50* Have Physical Disability: *0*

## Inspections / Reviews

12/21/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *04/01/2022*

04/11/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/18/2022*

04/19/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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

Resident #1 requires total care with dressing and bathing. On 11/18/21 staff person A noted scrapes on the resident's knees before dressing the resident in jeans. When a family member came to visit resident #1 red stains were seen on the resident's jeans. It was found that the resident's knees were bleeding from the scrapes. Resident #1 did not receive proper care to the scrapes prior to being dressed in jeans.

Plan of Correction

Accept

Regulation 2600.23.a. The home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

What: Resident #1 requires total care with dressing and bathing. On 11/18/21 staff person A noted scrapes on the resident's knees before dressing the resident in jeans. When a family member came to visit resident #1 red stains were seen on the resident's jeans. It was found that the resident's knees were bleeding from the scrapes. Resident #1 did not receive proper care to the scrapes prior to being dressed in jeans.

Who: The Executive Director/Designee will provide staff education on the home's policy on caring for residents.

1. The Executive Director/Designee will re-educate staff on using RASPs to identify resident needs and how to 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: 03/31/2022

Update: 04/11/2022

Please send proof of staff training. 4-11-2022 MM

Document Submission

Implemented

Please see the attached training sheets:

- 1. Meeting Residents Needs as Described in State Required Forms
- 2. Best Practice for Sending Out a Resident

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

**187d - Follow Prescriber's Orders (continued)****Description of Violation**

Resident #2 has a PRN order for Lorazepam gel. The order states that .5 mg is to be administered every 12 hours as needed for agitation. On the following dates the resident received 1 ml of Lorazepam gel instead of .5 ml: 11/13/21 through 11/16/21, 11/18/21, 11/19/21, 11/21/21, 11/23/21, and 11/27/21.

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

*What:* Resident #2 has a PRN order for Lorazepam gel. The order states that .5 mg is to be administered every 12 hours as needed for agitation. On the following dates the resident received 1 ml of Lorazepam gel instead of .5 ml: 11/13/21 through 11/16/21, 11/18/21, 11/19/21, 11/21/21, 11/23/21, and 11/27/21.

*Who:* The Executive Director/Designee will provide education to Nurses and Medication Technicians on the Five Rights of Medication Administration.

*When:* Training will be completed by April 11th, 2022.

*How:* The Executive Director/Designee will provide re-education on the five rights of medication administration and the requirement to check the medication label, physician order, and EMAR before administering.

*Ongoing:* The Executive Director/Designee will report on a quarterly basis at quarterly Quality Assurance meetings to monitor trends, patterns and concerns, and look for opportunities for performance improvement.

**Completion Date:** 03/31/2022

**Update:** 04/11/2022

Please send proof of staff training. 4-11-2022 MM

**Document Submission****Implemented**

Please see attached Training Sheet on The 5 Rights of Medication Administration.

**202 - Prohibitions****1. Requirements**

2600.

202. The following procedures are prohibited:

1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).
2. Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
3. Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.
5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.
6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

## 202 - Prohibitions (continued)

**Description of Violation**

Resident #2 is frequently combative and physically aggressive with staff during care. On 09/27/21 staff person B noted that resident #2 was observed to have wet pants and then aggressively refused to be changed. Resident #2 was noted to be swinging and cursing at staff. Staff person B noted that the resident's hands were held by staff person B and another staff while a 3rd staff person attempted to remove resident #2's pants. Physical restraint of a resident is not permitted.

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

What: Resident #2 is frequently combative and physically aggressive with staff during care. On 09/27/21 staff person B noted that resident #2 was observed to have wet pants and then aggressively refused to be changed. Resident #2 was noted to be swinging and cursing at staff. Staff person B noted that the resident's hands were held by staff person B and another staff while a 3rd staff person attempted to remove resident #2's pants. Physical restraint of a resident is not permitted.

Who: The Executive Director/Designee will provide education to all direct care staff on how to provide care to residents who are resistant to care.

When: Training will be completed by April 11th, 2022.

How: The Executive Director/Designee will provide training to all direct care staff as to how to provide care to residents who are resistant to care.

Ongoing: The Executive Director/Designee will report on a quarterly basis at quarterly Quality Assurance meetings to monitor trends, patterns and concerns, and look for opportunities for performance improvement.

**Completion Date:** 03/31/2022

**Update:** 04/11/2022

Please send proof of staff training. 4-11-2022 MM

**Document Submission****Implemented**

Please see Training Sheets for Managing Aggressive Behaviors.

## 234d - Support Plan Revision

**1. Requirements**

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

**Description of Violation**

Resident #2's care notes indicate that the resident is frequently combative during care. Resident #2 will punch, kick, bite, and be verbally abusive to staff during care and redirection. Resident #2's support plan dated [REDACTED] was not updated regarding these behaviors with a plan to address the behaviors. The support plan dated [REDACTED] indicates the resident has no issues with aggression, irritability, or agitation.

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

What: Resident #2's care notes indicate that the resident is frequently combative during care. Resident #2 will punch, kick, bite, and be verbally abusive to staff during care and redirection. Resident #2's support plan dated 8/17/21 was not updated regarding these behaviors with a plan to address the behaviors. The support plan dated 8/17/21 indicates the resident has no issues with aggression, irritability, or agitation.

Who: The Executive Director/Designee will provide education to all direct care staff on how to provide care to residents who are resistant to care.

When: Training will be completed by April 11th, 2022.

How: The Executive Director/Designee will provide training to all direct care staff as to how to provide care to

**234d - Support Plan Revision (continued)**

*residents who are resistant to care.*

*Ongoing: The Executive Director/Designee will report on a quarterly basis at quarterly Quality Assurance meetings to monitor trends, patterns and concerns, and look for opportunities for performance improvement.*

**Completion Date:** 03/31/2022

**Update:** 04/11/2022

*Please send proof of staff training. 4-11-2022 MM*

**Document Submission**

***Implemented***

*Please see Training Sheets for Managing Aggressive Behaviors.*