

Department of Human Services
Bureau of Human Service Licensing

June 22, 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 03/10/2022 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: *06/13/2023*
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: *PALI*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *178* Waking Staff: *134*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
Reason: *Complaint, Incident* Exit Conference Date: *04/04/2022*

Inspection Dates and Department Representative

03/10/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *168* Residents Served: *119*

Secured Dementia Care Unit

In Home: *Yes* Area: *0* Capacity: *68* Residents Served: *47*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *118*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *6*
Have Mobility Need: *59* Have Physical Disability: *2*

Inspections / Reviews

03/10/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/20/2022*

Inspections / Reviews (*continued*)

06/11/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/17/2022*

06/22/2022 - Document Submission

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

24 - Personal Hygiene

1. Requirements

2600.

24. Personal Hygiene - A home shall provide the resident with assistance with personal hygiene as indicated in the resident's assessment and support plan. Personal hygiene includes one or more of the following:

Description of Violation

Staff Member A & B state that resident call bells are not able to be answered timely and that wait times can be up to 45 minutes. Resident 1 states that they have had to wait more than 30 minutes at times for their call bell to be answered. This has caused them to try and take care of their bathroom needs on their own. Resident 2 states that it is common to wait in excess of 30 minutes for assistance from staff after using their call bell. Call bell response times reviewed in the home for 24-hour period 7:00am on 3/9 to 7:00am on 3/10/2022. Report showed 14 response times in excess of 15 minutes. 3 of these times were in excess of 30 minutes with wait times of 37 minutes, 45 minutes, and 49 minutes.

Plan of Correction**Accept**

What: Staff Member A & B state that resident call bells are not able to be answered timely and that wait times can be up to 45 minutes. Resident 1 states that they have had to wait more than 30 minutes at times for their call bell to be answered. This has caused them to try and take care of their bathroom needs on their own. Resident 2 states that it is common to wait in excess of 30 minutes for assistance from staff after using their call bell. Call bell response times reviewed in the home for 24-hour period 7:00am on 3/9 to 7:00am on 3/10/2022. Report showed 14 response times in excess of 15 minutes. 3 of these times were in excess of 30 minutes with wait times of 37 minutes, 45 minutes, and 49 minutes.

Who: The Regional Director of Operations, Director of Quality Services, and Maintenance Director reviewed the escalation protocol for how and to whom call bell notifications are sent and in what time reference. This protocol was adjusted to eliminate notification steps to positions in the building that are not directly responsible for resident care, and to also prevent notifications going to phones that have voice mail systems. In addition, the time allotted before the notification process repeats was decreased by removing excess steps and decreasing the wait time until subsequent notifications occur.

How: The Regional Director of Operations will review a sample of response times from the call bell report each week, and review findings with the Executive Director and Resident Care Director. The Executive Director and Resident Care Director will review with staff any patterns or trends of concern.

When: Weekly reviews of call bell reports will begin the week of June 20, 2022.

Ongoing: Weekly reviews will be summarized as part of the Quarterly QA Review. Findings will be reviewed with the Management Team at Quarterly Meetings in January, April, July, and October. Concerns will be reported, documented, and become part of the Action Plan.

Completion Date: 06/10/2022

Document Submission**Implemented**

What: Staff Member A & B state that resident call bells are not able to be answered timely and that wait times can be up to 45 minutes. Resident 1 states that they have had to wait more than 30 minutes at times for their call bell to be answered. This has caused them to try and take care of their bathroom needs on their own. Resident 2 states that it is common to wait in excess of 30 minutes for assistance from staff after using their call bell. Call bell response times reviewed in the home for 24-hour period 7:00am on 3/9 to 7:00am on 3/10/2022. Report showed 14 response times in excess of 15 minutes. 3 of these times were in excess of 30 minutes with wait times of 37 minutes, 45 minutes, and 49 minutes.

Who: The Regional Director of Operations, Director of Quality Services, and Maintenance Director reviewed the escalation protocol for how and to whom call bell notifications are sent and in what time reference. This protocol

24 - Personal Hygiene (continued)

was adjusted to eliminate notification steps to positions in the building that are not directly responsible for resident care, and to also prevent notifications going to phones that have voice mail systems. In addition, the time allotted before the notification process repeats was decreased by removing excess steps and decreasing the wait time until subsequent notifications occur.

How: The Regional Director of Operations will review a sample of response times from the call bell report each week, and review findings with the Executive Director and Resident Care Director. The Executive Director and Resident Care Director will review with staff any patterns or trends of concern.

When: Weekly reviews of call bell reports will begin the week of June 20, 2022.

Ongoing: Weekly reviews will be summarized as part of the Quarterly QA Review. Findings will be reviewed with the Management Team at Quarterly Meetings in January, April, July, and October. Concerns will be reported, documented, and become part of the Action Plan. The next QA Meeting will be held on Friday July 1, 2022.

Following that meeting, the weekly reviews and minutes from the meeting will be submitted into SansWrite.

182c - Medication Administration**1. Requirements**

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

Description of Violation

Resident 3 is not accessed to self-administer medications. On 3/1/2022, a family member located 4 pill cups filled with a total of 20 pills hidden in Resident 3's room. The pills were identified as a 4 -day supply of medications that the resident takes in the morning.

Plan of Correction**Accept**

What: Resident 3 is not accessed to self-administer medications. On 3/1/2022, a family member located 4 pill cups filled with a total of 20 pills hidden in Resident 3's room. The pills were identified as a 4 -day supply of medications that the resident takes in the morning.

Who: The Resident Care Director/Medication Train The Trainer will provide education for all Medication Technicians and Nurses to remind them of appropriate medication administration protocols, to include observing the resident taking the medication to ensure it was taken.

How: Training will include a flyer and review (Attachment A – Medication Administration), and staff will sign in to acknowledge the training (Attachment B – Staff Sign In Sheet). Training will be completed by June 30, 2022.

Ongoing: Medication Administration Observations will be completed and will include reminders of best practices and required protocols. Training updates will be reviewed as part of the Quarterly QA Meetings in January, April, July, and October. Any patterns, trends, or concerns will be addressed as part of the QA Action Plan.

Completion Date: 06/10/2022

Document Submission**Implemented**

What: Resident 3 is not accessed to self-administer medications. On 3/1/2022, a family member located 4 pill cups filled with a total of 20 pills hidden in Resident 3's room. The pills were identified as a 4 -day supply of medications that the resident takes in the morning.

Who: The Resident Care Director/Medication Train The Trainer will provide education for all Medication Technicians and Nurses to remind them of appropriate medication administration protocols, to include observing the resident taking the medication to ensure it was taken.

How: Training will include a flyer and review (Attachment A – Medication Administration), and staff will sign in to

182c - Medication Administration (continued)

acknowledge the training (Attachment B – Staff Sign In Sheet). Training will be completed by June 30, 2022. Ongoing: Medication Administration Observations will be completed and will include reminders of best practices and required protocols. Training updates will be reviewed as part of the Quarterly QA Meetings in January, April, July, and October. Any patterns, trends, or concerns will be addressed as part of the QA Action Plan. The next QA Meeting will be held on Friday July 1, 2022. Following the meeting, training sign in sheets and meeting minutes will be submitted into SansWrite.

183b - Meds and Syringes Locked**1. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

A medication cart was observed unlocked near the 1st floor dining room with no staff in the immediate area.

Plan of Correction**Accept**

What: A medication cart was observed unlocked near the 1st floor dining room with no staff in the immediate area.

Who: The Resident Care Director will provide to all Medication Techs and Nurses an education review of the regulatory requirements to protect confidential information, as well as a review of how to secure the EMAR system (Attachment C).

How: Training will be provided via review of an information sheet (Attachment C - Confidentiality and Securing EMARs), with staff signing the attendance sheet to acknowledge their training (Attachment B – Staff Sign In Sheet). Training will be completed by June 30, 2022. Sign In Sheets will be submitted to SansWrite when completed.

Ongoing: The Executive Director and/or Resident Care Director will do daily rounds of the community, and in doing so, will observe the EMAR systems for security when not in use. Security of EMAR systems and annual training updates will be reviewed at Quarterly QA Meetings in January, April, July, and October. Patterns and trends will be monitored and addressed and noted in the Quarterly Review.

Completion Date: 06/10/2022

Document Submission**Implemented**

What: A medication cart was observed unlocked near the 1st floor dining room with no staff in the immediate area.

Who: The Resident Care Director will provide to all Medication Techs and Nurses an education review of the regulatory requirements to protect confidential information, as well as a review of how to secure the EMAR system (Attachment C).

How: Training will be provided via review of an information sheet (Attachment C - Confidentiality and Securing EMARs), with staff signing the attendance sheet to acknowledge their training (Attachment B – Staff Sign In Sheet). Training will be completed by June 30, 2022. Sign In Sheets will be submitted to SansWrite when completed.

Ongoing: The Executive Director and/or Resident Care Director will do daily rounds of the community, and in doing so, will observe the EMAR systems for security when not in use. Security of EMAR systems and annual training updates will be reviewed at Quarterly QA Meetings in January, April, July, and October. Patterns and trends will be monitored and addressed and noted in the Quarterly Review. The next QA Meeting will be held on Friday July 1, 2022. Following the meeting, the training sign in sheets and meeting minutes will be submitted into SansWrite.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident 3 is prescribed Vitamin D3 5000IU capsule daily, Certavite Tablet daily, 2mg anti diarrhea tablet every morning, loperamide 2mg tablet every morning, 15mg of Lisinopril daily, 10mg atorvastatin tablet daily, and 50mg sertraline tablet daily but did not receive these medications on 4 unknown days in 2022.

Plan of Correction**Accept**

What: Resident 3 is prescribed Vitamin D3 5000IU capsule daily, Certavite Tablet daily, 2mg anti diarrhea tablet every morning, loperamide 2mg tablet every morning, 15mg of Lisinopril daily, 10mg atorvastatin tablet daily, and 50mg sertraline tablet daily but did not receive these medications on 4 unknown days in 2022.

Who: The Resident Care Director or Medication Train The Trainer will provide educational review with all Medication Technicians and Nurses regarding protocols for administering medications according to prescribers' orders.

How: Training will be held in person to review and discuss the information sheet on Medication Administration (Attachment A – Medication Administration). Staff will sign in to acknowledge training (Attachment B). Training will be completed by June 30, 2022.

Ongoing: The Resident Care Director will monitor the dashboard of the EMAR for alerts related to missed medications, and will complete monthly spot checks on a sample of the EMARs to ensure medications are being administered as ordered. Findings and patterns will be reviewed at the Quarterly QA Reviews in January, April, July, and October.

Completion Date: 06/10/2022**Document Submission****Implemented**

What: Resident 3 is prescribed Vitamin D3 5000IU capsule daily, Certavite Tablet daily, 2mg anti diarrhea tablet every morning, loperamide 2mg tablet every morning, 15mg of Lisinopril daily, 10mg atorvastatin tablet daily, and 50mg sertraline tablet daily but did not receive these medications on 4 unknown days in 2022.

Who: The Resident Care Director or Medication Train The Trainer will provide educational review with all Medication Technicians and Nurses regarding protocols for administering medications according to prescribers' orders.

How: Training will be held in person to review and discuss the information sheet on Medication Administration (Attachment A – Medication Administration). Staff will sign in to acknowledge training (Attachment B). Training will be completed by June 30, 2022.

Ongoing: The Resident Care Director will monitor the dashboard of the EMAR for alerts related to missed medications, and will complete monthly spot checks on a sample of the EMARs to ensure medications are being administered as ordered. Findings and patterns will be reviewed at the Quarterly QA Reviews in January, April, July, and October. The next QA Meeting will be held on Friday July 1, 2022. Following that meeting, the training sign in sheets and meeting minutes will be submitted into SansWrite.

227d - Support Plan Medical/Dental

1. Requirements

2600.

227d - Support Plan Medical/Dental (*continued*)

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

RASP dated [REDACTED] for Resident 4 was not updated to reflect home health services being received from [REDACTED] for wound care.

Plan of Correction**Accept**

What: RASP dated [REDACTED] for Resident 4 was not updated to reflect home health services being received from [REDACTED] for wound care.

Who: The staff member responsible for updating RASPs at the time of this inspection is no longer a team member. The Clinical Care Team will have daily meetings to review updates of residents' conditions, care needs, and resources being utilized to meet them. The Clinical Care Coordinator, upon hire, will be trained to follow up after Clinical Care Team meetings to ensure RASPs have any necessary updates.

How: In preparation for Care Plan Meetings, the Resident Care Director will also review any related notes in the resident record, the staff communication log, and seek input from the resident and their designee for updated and accurate information to be reflected in the RASP.

Ongoing: A sample of resident records will be reviewed by the Resident Care Director each month (Attachment D - QA Task Reminder List) which will include a review of RASPs. A summary of findings, patterns, and trends will be reviewed at the QA Quarterly Meeting, with any concerns being part of the Action Plan. Meetings are held in January, April, July, and October.

Completion Date: 06/10/2022

Document Submission**Implemented**

What: RASP dated [REDACTED] for Resident 4 was not updated to reflect home health services being received from Southeastern for wound care.

Who: The staff member responsible for updating RASPs at the time of this inspection is no longer a team member. The Clinical Care Team will have daily meetings to review updates of residents' conditions, care needs, and resources being utilized to meet them. The Clinical Care Coordinator, upon hire, will be trained to follow up after Clinical Care Team meetings to ensure RASPs have any necessary updates.

How: In preparation for Care Plan Meetings, the Resident Care Director will also review any related notes in the resident record, the staff communication log, and seek input from the resident and their designee for updated and accurate information to be reflected in the RASP.

Ongoing: A sample of resident records will be reviewed by the Resident Care Director each month (Attachment D - QA Task Reminder List) which will include a review of RASPs. A summary of findings, patterns, and trends will be reviewed at the QA Quarterly Meeting, with any concerns being part of the Action Plan. Meetings are held in January, April, July, and October. The next QA Meeting will be held on Friday July 1, 2022. Following that meeting, the minutes will be submitted into SansWrite.