

Department of Human Services
Bureau of Human Service Licensing

November 14, 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 05/05/2022, 05/09/2022, 05/11/2022, 05/12/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

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: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *HSL DOUGLASSVILLE SUBTENANT LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *188* Waking Staff: *141*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
Reason: *Complaint, Incident* Exit Conference Date: *05/12/2022*

Inspection Dates and Department Representative

05/05/2022 On Site [REDACTED]
05/09/2022 Off Site [REDACTED]
05/11/2022 Off Site [REDACTED]
05/12/2022 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *168* Residents Served: *126*

Secured Dementia Care Unit

In Home: *Yes* Area: *n/a* Capacity: *68* Residents Served: *47*

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *124*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *62* Have Physical Disability: *0*

Inspections / Reviews

05/05/2022 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow Up Date: *06/17/2022*

07/07/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: *08/16/2022*

Reviewer: [REDACTED]

Follow Up Type: *Document Submission* Follow Up Date: *07/14/2022*

08/09/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: *08/16/2022*

Reviewer: [REDACTED]

Follow Up Type: *Document Submission* Follow Up Date: *08/16/2022*

11/14/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: *08/16/2022*

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's RASP dated [REDACTED]/21 notes the resident requires help transferring when needed. A review of Resident #1's call bell log from [REDACTED]/22 note the resident waited 15-45 minutes for assistance with ADLS.

Resident #2's RASP dated [REDACTED]/21 notes the resident requires one persona assist for all ADLS. A review of Resident #2's call bell log from [REDACTED] 22 note the resident waited 17-55 minutes for assistance with ADLS.

POC Submission**Accept**

What: Resident #1's RASP dated [REDACTED]/21 notes the resident requires help transferring when needed. A review of Resident #1's call bell log from [REDACTED]/22 note the resident waited 15-45 minutes for assistance with ADLS.

Resident #2's RASP dated [REDACTED]/21 notes the resident requires one persona assist for all ADLS. A review of Resident #2's call bell log from [REDACTED]/22 note the resident waited 17-55 minutes for assistance with ADLS.

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 will 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.

Licensee's Proposed Overall Completion Date: 06/10/2022

Document Submission**Implemented (AG - 11/14/2022)**

What: Resident #1's RASP dated [REDACTED] 21 notes the resident requires help transferring when needed. A review of Resident #1's call bell log from [REDACTED]/22 note the resident waited 15-45 minutes for assistance with ADLS.

Resident #2's RASP dated [REDACTED]/21 notes the resident requires one persona assist for all ADLS. A review of Resident #2's call bell log from [REDACTED]/22 note the resident waited 17-55 minutes for assistance with ADLS.

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 will 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.

23a - Activities of Daily Living Assistance (continued)

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. An initial QA meeting was held on July 1, 2022 with new managers, to review the POC with them. An additional QA meeting was held on July 6, 2022 with additional managers. Given the number of new managers on the community team, weekly QA meetings will be held until all violations are updated and/or corrected and all managers have a firm understanding of the QA process.

UPDATE: Upon review two samples of call bell reports weekly, it has been determined that call bell response times have been reduced from an average response time reduction from 11.5 minutes to 10 minutes. We have restructured a portion of the daily responsibilities of staff to allow greater availability to respond to call bells in a more expeditious manner.

Licensee's Proposed Overall Completion Date: 08/16/2022

234d - Support Plan Revision**2. Requirements**

2600.

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

Description of Violation

Resident #3 fell out of the wheelchair on [REDACTED] and [REDACTED]/22. The residents RASP dated [REDACTED]/21 has not been updated as to how the home is going to prevent the falls in the future.

POC Submission**Accept**

What: Resident #3 fell out of the wheelchair on [REDACTED] and [REDACTED]/22. The residents RASP dated [REDACTED]/21 has not been updated as to how the home is going to prevent the falls in the future.

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 A - 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.

Licensee's Proposed Overall Completion Date: 06/10/2022

Document Submission**Implemented (AG - 11/14/2022)**

What: Resident #3 fell out of the wheelchair on [REDACTED] and [REDACTED]/22. The residents RASP dated [REDACTED]/21 has not been updated as to how the home is going to prevent the falls in the future.

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

234d - Support Plan Revision (continued)

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 A - 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. An initial QA meeting was held on July 1, 2022 with new managers, to review the POC with them. An additional QA meeting was held on July 6, 2022 with additional managers. Given the number of new managers on the community team, weekly QA meetings will be held until all violations are updated and/or corrected and all managers have a firm understanding of the QA process.

UPDATE: The Task Reminder form is not a report to be submitted but rather a tool/reminder to help assist in keeping managers on task. This is not a report that gets completed and submitted.

Licensee's Proposed Overall Completion Date: 08/16/2022