

Department of Human Services
Bureau of Human Service Licensing

October 2, 2022

[REDACTED], COO
[REDACTED]
[REDACTED]
[REDACTED]

RE: KEYSTONE VILLA AT FLEETWOOD
501 HOCH ROAD
BLANDON, PA, 19510
LICENSE/COC#: 22770

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/09/2022, 05/10/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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 FLEETWOOD* License #: *22770* License Expiration: *06/04/2023*
Address: *501 HOCH ROAD, BLANDON, PA 19510*
County: *BERKS* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: [REDACTED]
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *05/18/2011* Issued By: *Maidencreek Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *59* Waking Staff: *44*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *05/10/2022*

Inspection Dates and Department Representative

05/09/2022 - On-Site: [REDACTED]
05/10/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *65* Residents Served: *55*

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: *53*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

05/09/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/13/2022*

07/17/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/25/2022*

08/19/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/26/2022*

10/02/2022 - 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

Resident #1 did not receive the prescribed medications on [REDACTED] and the prescribed morning medications on [REDACTED]. The home did not submit an incident report to the Department regarding the medication error.

Plan of Correction**Do Not Accept**

What: An incident report was not submitted to the regional office reporting a medication error.

Who: The clinical coordinators, resident care director or executive director should submit an incident report for a medication error.

When: The Resident Care Director held a staff meeting on 5/11/22 and re-trained the staff that if medications are not on hand, the resident care director or executive director should be notified to assist in calling the pharmacy for a stat order and/or to submit an incident report.

How: The resident care director or executive director will review medication errors at the quarterly quality assurance meeting to ensure the incident report was completed.

Completion Date: 05/11/2022

Update: 07/17/2022

reviewing med errors at quarterly meetings will not result in timely reports on incident reporting within 24 hours to the Regional Office. Incident Reports are to be reported within 24 hours.

[REDACTED], 7-17-22

Plan of Correction**Accept**

What: An incident report was not submitted to the regional office reporting a medication error.

Who: The clinical coordinators, resident care director or executive director will submit an incident report for a medication error.

When: The Resident Care Director held a staff meeting on 5/11/22 and re-trained the staff that if medications are not on hand, the resident care director or executive director should be notified to assist in calling the pharmacy for a stat order and/or to submit an incident report.

How: The resident care director and the executive director will review each incident at the time it occurs so that it will be reported timely. The resident care director or executive director will review medication errors at the quarterly quality assurance meeting to look for patterns or trends.

Completion Date: 07/25/2022

Document Submission**Implemented**

What: An incident report was not submitted to the regional office reporting a medication error.

Who: The clinical coordinators, resident care director or executive director will submit an incident report for a medication error.

16c - Written Incident Report (continued)

When: The Resident Care Director held a staff meeting on 5/11/22 and re-trained the staff that if medications are not on hand, the resident care director or executive director should be notified to assist in calling the pharmacy for a stat order and/or to submit an incident report.

How: The resident care director and the executive director will review each incident at the time it occurs so that it will be reported timely. The resident care director or executive director will review medication errors at the quarterly quality assurance meeting to look for patterns or trends.

The executive director and resident care director will review each medication error at the time it occurs so that an incident report is sent in timely. Trends will be reviewed at each quality assurance meeting, The next quality assurance meeting is 10/04/2022.

18 - Compliance With Laws**1. Requirements**

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Certificate of Boiler or Pressure Vessel Operation from the Department of Labor and Industry for the homes 4 hot water heaters expired 2/24/22.

Plan of Correction**Accept**

What: The certificate of boiler or pressure vessel operation expired on 2/24/22.

Who: The maintenance director called the Department of Labor and Industry to have the hot water heaters inspected.

When: The hot water heaters were inspected on 5/12/22. The certificate is located in the survey binder.

How: The executive director and the maintenance director have an outlook reminder set up to have the hot water heaters inspected every two years prior to the current certificate expiring. The certificate in the survey binder is reviewed quarterly.

Completion Date: 05/15/2022

Document Submission**Implemented**

What: The certificate of boiler or pressure vessel operation expired on 2/24/22.

Who: The maintenance director called the Department of Labor and Industry to have the hot water heaters inspected.

When: The hot water heaters were inspected on 5/12/22. The certificate is located in the survey binder.

How: The executive director and the maintenance director have an outlook reminder set up to have the hot water heaters inspected every two years prior to the current certificate expiring. The certificate in the survey binder is reviewed quarterly.

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The beds in room [REDACTED] and [REDACTED] have grab assist bars on the beds. The grab assist bars are not securely attached to the beds, posing a possible limb or head entrapment.

Plan of Correction

Accept

What: The grab bar was not secured to the bedframe.

Who: The resident care director re-trained the nursing staff, occupational therapist and maintenance director that the grab bar needs to be secured to the bed.

When: The resident care director purchased cords to secure the grab bar under the mattress of the bed and the maintenance director installed them.

How: The resident care director or executive director will check all new grab as well as a sampling of current grab bars each month to ensure that they are secured to the bed. The resident care director or executive director will review the findings at the quarterly quality assurance meeting.

Completion Date: 06/01/2022

Document Submission

Implemented

What: The grab bar was not secured to the bedframe.

Who: The resident care director re-trained the nursing staff, occupational therapist and maintenance director that the grab bar needs to be secured to the bed.

When: The resident care director purchased cords to secure the grab bar under the mattress of the bed and the maintenance director installed them.

How: The resident care director or executive director will check all new grab as well as a sampling of current grab bars each month to ensure that they are secured to the bed. The resident care director or executive director will review the findings at the quarterly quality assurance meeting.

The audit will be reviewed at the QA meeting on 10/4/2022.

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The first floor basement exit door will not immediately open when pushed upon, preventing immediate egress in the event of an emergency.

121a - Unobstructed Egress (*continued*)**Plan of Correction****Accept**

What: The first floor basement exit door would not immediately open.

Who: The maintenance director adjusted the door frame on the day of inspection so that it immediately opens.

When: Daily rounds (checklist attached) will be completed by the maintenance director.

How: The maintenance director will review his findings at the quarterly quality assurance meeting.

Completion Date: 05/10/2022

Document Submission**Implemented**

What: The first floor basement exit door would not immediately open.

Who: The maintenance director adjusted the door frame on the day of inspection so that it immediately opens.

When: Daily rounds (checklist attached) will be completed by the maintenance director.

How: The maintenance director will review his findings at the quarterly quality assurance meeting.

The audits will be reviewed at the next QA meeting on 10/4/2022.

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #2's PRN [REDACTED] was not available.

Plan of Correction**Accept**

What: Resident #2's PRN [REDACTED] was not in the medication cart.

Who: While both the pharmacist and Keystone Villa staff requested a refill from the physician on multiple occasions, going forward, while waiting for the physician to refill the medication prescription, the medication will be discontinued in the EMAR since the order has expired.

When: The resident care director and the executive director spoke to the vice president and floor manager of the pharmacy who agreed that going forward the expired script will be discontinued in the EMAR while waiting for the physician to respond.

How: The medication cart will be audited monthly by the resident care director and quarterly by [REDACTED] Pharmacy. The audits will be reviewed at the quarterly quality assurance meeting.

Completion Date: 05/11/2022

Document Submission**Implemented**

What: Resident #2's PRN [REDACTED] was not in the medication cart.

185a - Implement Storage Procedures (continued)

Who: While both the pharmacist and Keystone Villa staff requested a refill from the physician on multiple occasions, going forward, while waiting for the physician to refill the medication prescription, the medication will be discontinued in the EMAR since the order has expired.

When: The resident care director and the executive director spoke to the vice president and floor manager of the pharmacy who agreed that going forward the expired script will be discontinued in the EMAR while waiting for the physician to respond.

How: The medication cart will be audited monthly by the resident care director and quarterly by [redacted] Pharmacy. The audits will be reviewed at the quarterly quality assurance meeting.

The audits will be reviewed at the next quality assurance meeting on 10/4/22.

187d - Follow Prescriber's Orders

1. Requirements

- 2600.
- 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 did not receive the prescribed medications on [redacted] and the prescribed morning medications on [redacted]

Resident #2 has an order for [redacted] once daily. The medication was not administered on [redacted] and [redacted]. On [redacted] the resident was administered a [redacted] tablet instead of [redacted]

Plan of Correction

Do Not Accept

What: Resident #1 did not receive prescribed medications on [redacted] and morning medications on [redacted] and Resident #2's [redacted] was not administered as prescribed.

Who: The resident care director reviewed at a staff meeting that we can request a stat order from the pharmacy if the medications are not on hand. It was reviewed that if the staff need support with this, the clinical coordinators, resident care director or executive director should be notified to assist.

The resident care director reviewed that while waiting for the physician to send a script for a controlled medication, the routine order will be discontinued. The staff used the [redacted] PRN dose of [redacted] in place of the routine [redacted] while waiting for the physician to provide a refill prescription.

When: The resident care director and executive director reviewed both instances with the vice president and floor manager of the pharmacy. They followed up with the pharmacist team in regards to making sure medications are delivered timely. The resident care director reviewed with all of the med techs and one on one with the med tech who did not call the pharmacy back to report the medications were not brought to us.

How: The medication cart will be audited monthly by Keystone Villa at Fleetwood and quarterly by [redacted] Pharmacy. The audits will be reviewed at the quarterly quality assurance meeting.

Completion Date: 05/11/2022

187d - Follow Prescriber's Orders (continued)

Update: 07/17/2022

Who is responsible for calling the resident's prescriber to order the needed Rx on behalf of the resident in the meantime?

█ 7-17-22

Plan of Correction

Accept

What: Resident #1 did not receive prescribed medications on █ and morning medications on █ and Resident #2's █ was not administered as prescribed.

Who: It is the responsibility of the med tech on duty to call the prescriber to order the Rx for the resident if a refill is needed. This will be completed on a weekly cycle fill basis or as a stat order if needed. The resident care director reviewed this at a med tech staff meeting. If the med techs are having trouble obtaining the Rx from the physician, they will notify the clinical coordinators, resident care director or executive director to assist them in obtaining the order.

The resident care director reviewed that while waiting for the physician to send a script for a controlled medication, the routine order will be discontinued. The staff used the █ PRN dose of tramadol in place of the routine tramadol while waiting for the physician to provide a refill prescription.

When: The resident care director and executive director reviewed both instances with the vice president and floor manager of the pharmacy. They followed up with the pharmacist team in regards to making sure medications are delivered timely. The resident care director reviewed with all of the med techs and one on one with the med tech who did not call the pharmacy back to report the medications were not brought to us.

How: The medication cart will be audited monthly by Keystone Villa at Fleetwood and quarterly by █ Pharmacy. The audits will be reviewed at the quarterly quality assurance meeting to identify any trends or patterns.

Completion Date: 07/25/2022

Update: 08/19/2022

The Adm will send in an example of a timeline where this process works in an actual situation as verification of compliance.

█, 8-19-22

Document Submission

Implemented

What: Resident #1 did not receive prescribed medications on █ and morning medications on █ and Resident #2's █ was not administered as prescribed.

Who: It is the responsibility of the med tech on duty to call the prescriber to order the Rx for the resident if a refill is needed. This will be completed on a weekly cycle fill basis or as a stat order if needed. The resident care director reviewed this at a med tech staff meeting. If the med techs are having trouble obtaining the Rx from the physician, they will notify the clinical coordinators, resident care director or executive director to assist them in obtaining the order.

The resident care director reviewed that while waiting for the physician to send a script for a controlled medication, the routine order will be discontinued. The staff used the █ PRN dose of █ in place of the routine tramadol while waiting for the physician to provide a refill prescription.

187d - Follow Prescriber's Orders (continued)

When: The resident care director and executive director reviewed both instances with the vice president and floor manager of the pharmacy. They followed up with the pharmacist team in regards to making sure medications are delivered timely. The resident care director reviewed with all of the med techs and one on one with the med tech who did not call the pharmacy back to report the medications were not brought to us.

How: The medication cart will be audited monthly by Keystone Villa at Fleetwood and quarterly by Phoebe Pharmacy. The audits will be reviewed at the quarterly quality assurance meeting to identify any trends or patterns.

The med cart audits will be reviewed at the quality assurance meeting on 10/4/22.

188b - Medication Error Reporting**1. Requirements**

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #1 did not receive the prescribed medications on [REDACTED] and the prescribed morning medications on [REDACTED]. The doctor was not notified regarding the medication error.

Plan of Correction**Accept**

What: The physician was not notified that Resident #1 did not received prescribed medications on [REDACTED] and the morning of [REDACTED].

Who: The resident care director re-trained the staff on 5/11/22 that the doctor must be notified when there is a medication error.

When: The clinical coordinators, resident care director or executive director will ensure that the physician is notified in the event of a medication error.

How: The resident care director or executive director will review this at the quarterly quality assurance meeting.

Completion Date: 05/11/2022

Document Submission**Implemented**

What: The physician was not notified that Resident #1 did not received prescribed medications on [REDACTED] and the morning of [REDACTED].

Who: The resident care director re-trained the staff on 5/11/22 that the doctor must be notified when there is a medication error.

When: The clinical coordinators, resident care director or executive director will ensure that the physician is notified in the event of a medication error.

How: The resident care director or executive director will review this at the quarterly quality assurance meeting.

This will be reviewed at the quality assurance meeting on 10/4/22.