

Department of Human Services
Bureau of Human Service Licensing

July 18, 2022

[REDACTED], LEGAL ENTITY
[REDACTED]
[REDACTED]
[REDACTED]

RE: CHESTNUT KNOLL
120 WEST FIFTH STREET
BOYERTOWN, PA, 19512
LICENSE/COC#: 22613

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/24/2022, 05/25/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
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: CHESTNUT KNOLL License #: 22613 License Expiration: 06/30/2023
Address: 120 WEST FIFTH STREET, BOYERTOWN, PA 19512
County: BERKS Region: NORTHEAST

Administrator

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

Legal Entity

Name: GAHC3 BOYERTOWN PA ALF TRS SUB LLC
Address: 660 SENTRY PARKWAY, SUITE 220, HERITAGE SENIOR LIVING, BLUE BELL, PA, 19422
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 08/21/2000 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 164 Waking Staff: 123

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Incident Exit Conference Date: 06/08/2022

Inspection Dates and Department Representative

05/24/2022 - On-Site: [REDACTED]
05/25/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 119 Residents Served: 108

Secured Dementia Care Unit

In Home: Yes Area: n/a Capacity: 52 Residents Served: 18

Hospice

Current Residents: 18

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 108
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 56 Have Physical Disability: 0

Inspections / Reviews

05/24/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *06/20/2022*

06/23/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *06/29/2022*

07/18/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home's license inspection summary report dated 03/31/21 was not posted conspicuously in the home.

Plan of Correction

Accept

The licensing inspection summary report and a copy of the regulations Chapter 2600 were posted in the community library in a binder. Upon being noted by the inspector that this location was not conspicuous enough to satisfy the regulation, they were immediately moved by the Executive Director and posted in the vestibule / entry way of the community. They are labeled "Licensing Inspection Surveys". The location was presented to the inspector on day two of the inspection and deemed to be appropriate and within regulatory compliance. The Executive Director will ensure that the posting is maintained.

Completion Date: 05/25/2022

Update: 06/23/2022

Please send proof of compliance (picture).

Document Submission

Implemented

The licensing inspection summary report and a copy of the regulations Chapter 2600 were posted in the community library in a binder. Upon being noted by the inspector that this location was not conspicuous enough to satisfy the regulation, they were immediately moved by the Executive Director and posted in the vestibule / entry way of the community. They are labeled "Licensing Inspection Surveys". The location was presented to the inspector on day two of the inspection and deemed to be appropriate and within regulatory compliance. The Executive Director will ensure that the posting is maintained.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #1 has an order for [REDACTED] to be administered with meals if blood glucose level is not less than 100. On 5/18/22 the resident's blood glucose was 76 but the [REDACTED] units were not held.

Resident #2 has an order for [REDACTED] to be held if the systolic blood pressure (SBP) is less than 110. On 5/3/22 the resident's SBP was 102 but the medication was not held.

Resident #3 has an order for [REDACTED]. On the following dates the medication was held and the medication administration record indicates it was held due to parameter:

05/20/21, 05/23/21, 05/24/21.

The physician's order does not indicate a parameter for this medication.

Resident #4 has an order for [REDACTED] to be held for heart rate less than 60 and SBP less than 100. On the following dates the medication was not held as per the parameters:

05/02/22: heart rate = 58

187d - Follow Prescriber's Orders (continued)

05/08/22: heart rate = 49

05/17/22: heart rate = 59

05/22/22: SBP = 95

Plan of Correction**Accept**

In response to these findings / errors a reportable incident was completed and all residents, responsible parties, and their physicians were notified. No new orders other than parameters were added for the [REDACTED] medication for resident #3 by the physician that states to hold for loose bowels.

All med techs were immediately re -educated and reminded to pay close attention to parameters when assisting with medication administration.

Specific med techs who were involved in the errors found were coached individually on these specific instances that were found.

The importance of reading and following parameters was reviewed at the monthly med tech meeting held on 6/15/2022.

The Resident Care Director or designee will complete monthly MAR audits for meds with parameters to ensure ongoing compliance and will review findings with Executive Director.

Completion Date: 06/15/2022

Update: 06/23/2022

Please send proof of staff training.

Document Submission**Implemented**

In response to these findings / errors a reportable incident was completed and all residents, responsible parties, and their physicians were notified. No new orders other than parameters were added for the Senna medication for resident #3 by the physician that states to hold for loose bowels.

All med techs were immediately re -educated and reminded to pay close attention to parameters when assisting with medication administration.

Specific med techs who were involved in the errors found were coached individually on these specific instances that were found.

The importance of reading and following parameters was reviewed at the monthly med tech meeting held on 6/15/2022.

The Resident Care Director or designee will complete monthly MAR audits for meds with parameters to ensure ongoing compliance and will review findings with Executive Director.