

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

December 18, 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 07/14/2022, 07/14/2022 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

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: *765 SKIPPACK PIKE, SUITE 300, C/O HERITAGE SENIOR LIVING, BLUE BELL, PA, 19422*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/12/1989* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *54* Total Daily Staff: *225* Waking Staff: *169*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *08/01/2022*

Inspection Dates and Department Representative

07/14/2022 - On-Site: [REDACTED]
07/14/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	<i>168</i>	Residents Served:	<i>117</i>
Secured Dementia Care Unit			
In Home:	<i>Yes</i>	Area:	<i>3rd Floor</i>
Capacity:	<i>68</i>	Residents Served:	<i>38</i>
Hospice			
Current Residents:	<i>10</i>		
Number of Residents Who:			
Receive Supplemental Security Income:	<i>0</i>	Are 60 Years of Age or Older:	<i>117</i>
Diagnosed with Mental Illness:	<i>0</i>	Diagnosed with Intellectual Disability:	<i>0</i>
Have Mobility Need:	<i>54</i>	Have Physical Disability:	<i>0</i>

Inspections / Reviews

07/14/2022 - Partial
Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/22/2022*

Inspections / Reviews (*continued*)

11/07/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 11/14/2022

11/14/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/21/2022

12/18/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

183f - Discontinued Medications**1. Requirements**

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

The home was destroying resident medications in the home's sharps containers. This is not an approved method of destroying medications according to the Department of Environmental Protection and Federal and State regulation.

Plan of Correction**Accept (AG - 11/14/2022)**

2600.183.f

Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

What: The home was destroying resident medications in the home's sharps containers. This is not an approved method of destroying medications according to the Department of Environmental Protection and Federal and State regulation

Who: Executive Director, Resident Care Director and Memory Care Director will ensure that Medication Technicians have necessary medication destruction tools on each med carts.

How: The Resident Care Director, Memory Care Director, and Executive Director will ensure that Medication Technicians have Rx Destroyer secured within each med cart for medication destruction. Training will be completed for all med techs regarding this method of proper med destruction as well as the removal of discontinued and or expired medications from the med cart(s).

When: This was completed prior to the completion of this survey.

Ongoing: During on ongoing med cart audits, each cart will be audited for Rx Destroyer for proper med destruction. The Resident Care Director and Memory Care director will complete weekly cart audits to include audit for RX Destroyer. The Executive Director will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/13/2022

Implemented (AG - 12/18/2022)**185a - Implement Storage Procedures****2. 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

Per the home's medication destruction policy, prescriptions and OTC medications shall be disposed using a RX Destroyer. The home's medication techs are destroying resident medications in the home's sharp containers.

Plan of Correction**Accept (AG - 11/14/2022)**

2600.185.a

The home shall develop and implement procedures for the safe storage, access, security, distribution and use of

185a - Implement Storage Procedures (continued)

medications and medical equipment by trained staff persons.

What: Per the home's medication destruction policy, prescriptions and OTC medications shall be disposed using a RX Destroyer. The home's medication techs are destroying resident medications in the home's sharp containers

Who: Executive Director, Resident Care Director and Memory Care Director will ensure that Medication Technicians have necessary medication destruction tools on each med carts.

How: The Resident Care Director, Memory Care Director, and Executive Director will ensure that Medication Technicians have Rx Destroyer secured within each med cart for medication destruction. Training will be completed for all med techs regarding this method of proper med destruction as well as the removal of discontinued and or expired medications from the med cart(s).

When: This was completed prior to the completion of this survey.

Ongoing: During on ongoing med cart audits, each cart will be audited for Drug Rx for proper med destruction. The Resident Care Director and Memory Care Director will complete weekly cart audits. The Executive Director will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/13/2022

Implemented (AG - 12/18/2022)

187b - Date/Time of Medication Admin.

3. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On 7/2/22, 7/3/22 and 7/9/22 at approximately 7am resident #1 was administered Carbidopa/Levodopa 25-100mg. Staff person A and B did not initial the MAR until , 11:21am, 11:48am and 11:45am.

Plan of Correction

Accept (AG - 11/14/2022)

2600.187.b

The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

What: On 7/2/22, 7/3/22 and 7/9/22 at approximately 7am resident #1 was administered Carbidopa/Levodopa 25-100mg. Staff person A and B did not initial the MAR until, 11:21am, 11:48am and 11:45am.

Who: The Resident Care Director and Memory Care Director will conduct med tech training on proper documentation.

How: The Resident Care Director and Memory Care Director complete training on the five rights of medication administration for all Med Techs.

Resident #1 has already had her medication changed from flex/block times to scheduled times to match physicians orders.

When: Training will be completed by September 9th, 2022.

Ongoing: The Resident Care Director and Memory Care Director will review a sample of resident MARs monthly to identify trends and discussed at the quarterly QA review.

The Executive Director will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/13/2022

Implemented (AG - 12/18/2022)

187d - Follow Prescriber's Orders

4. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed Midodrine 3x times a day if the resident's blood pressure is greater than 100. However, resident #1 was did not have their blood pressure taken on 7/3/22 at 3pm, 7/5/22 at 9am, 7/6/22 at 9am and 3pm, 7/7/22 at 9am and 3pm, 7/8/22 at 3pm and 7/9/22 at 9am. Resident #1 did not receive their medication on those following days and times.

Plan of Correction**Accept (AG - 11/14/2022)**

2600.187.d

The home shall follow the directions of the prescriber.

What:

Resident #1 is prescribed Midodrine 3x times a day if the resident's blood pressure is greater than 100. However, resident #1 was did not have their blood pressure taken on 7/3/22 at 3pm, 7/5/22 at 9am, 7/6/22 at 9am and 3pm, 7/7/22 at 9am and 3pm, 7/8/22 at 3pm and 7/9/22 at 9am. Resident #1 did not receive their medication on those following days and times.

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 September 9th, 2022.

Ongoing: The Resident Care Director and or Memory 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 Executive Director will monitor for ongoing compliance

Licensee's Proposed Overall Completion Date: 11/13/2022

Implemented (AG - 12/18/2022)

227d - Support Plan Medical/Dental

5. Requirements

2600.

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

The assessment and support plan for resident #1, dated [REDACTED], does not list all the medical diagnosis from the resident DME dated [REDACTED]. The following diagnosis were not listed major depression disorder, anxiety and Gerd.

Resident #2's resident assessment and support plan dated [REDACTED] does not indicate any of the resident's diagnosis from their DME dated [REDACTED]. The assessment behavioral or cognitive needs were left blank on the resident's RASP.

227d - Support Plan Medical/Dental (*continued*)**Plan of Correction****Directed (AG - 11/14/2022)**

2600.227.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.

What:

The assessment and support plan for resident #1, dated [REDACTED], does not list all the medical diagnosis from the resident DME dated [REDACTED]. The following diagnosis were not listed major depression disorder, anxiety and Gerd. Resident #2's resident assessment and support plan dated [REDACTED] does not indicate any of the resident's diagnosis from their DME dated [REDACTED]. The assessment behavioral or cognitive needs were left blank on the resident's RASP.

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.

Resident #2 passed away prior to this inspection and therefore no changes will be made to his electronic health record.

Resident #2 records will be updated to reflect medical diagnosis from DME dates [REDACTED].

How: Resident Care Director will also review DME while creating the RASP/Care Plan as well as 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 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 Executive Director will monitor ongoing compliance

Directed Plan of Correction:

For Step 2 of the Plan, please send in a COMPLETED spreadsheet for the RASP reviews done to date, not a blank spreadsheet. This should include findings and actions taken, if any.

AG, 11-14-22

Directed Completion Date: 11/13/2022

Implemented (AG - 12/18/2022)

227g -Support Plan Signatures

6. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #2's Resident Assessment and Support Plan dated [REDACTED] not signed by the resident.

Plan of Correction**Accept (AG - 11/14/2022)**

2600.227.g

227g -Support Plan Signatures (continued)

Individuals who participate in the development of the support plan shall sign and date the support plan.

What:

Resident #2's Resident Assessment and Support Plan dated [REDACTED] was not signed by the resident.

Who: The Resident Care Director and Memory Care Director will track admission dates for residents, (Found in Electronic Health Record) to ensure support plans are developed, implemented, and signed according to regulatory requirement.

How: The Executive Director will review a sample of new resident electronic health records monthly for the quarterly QA review. Any incomplete Support Plans will be referred to the appropriate department manager (Resident Care Director / Memory Care Director) for completion and signing by resident and or family.

When: The use of the Forms Due II Report will be implemented immediately.

Ongoing: The Resident Care Director and Memory Care Director will audit a sample of resident records each month, and report findings and patterns as part of the Quarterly QA Review Meeting in January, April, July, and October. All paperwork and all documents due following admission will be reviewed at daily clinical meeting in addition to what you have, to show it is tracked from prior to move in until completion.

The Executive Director will monitor for ongoing compliance

Licensee's Proposed Overall Completion Date: 11/13/2022

Implemented (AG - 12/18/2022)