

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

January 20, 2023

[REDACTED], DIRECTOR OF OPERATIONS
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 07/25/2022 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: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP **Date:** 04/02/1989 **Issued By:** Pa. Dept. of L & I

Staffing Hours

Resident Support Staff: 117 **Total Daily Staff:** 288 **Waking Staff:** 216

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 07/29/2022

Inspection Dates and Department Representative

07/25/2022 **Off Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 168	Residents Served: 117		
Secured Dementia Care Unit			
In Home: Yes	Area: first floor	Capacity: 68	Residents Served: 38
Hospice			
Current Residents: 9			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 116		
Diagnosed with Mental Illness: 1	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 54	Have Physical Disability: 1		

Inspections / Reviews

07/25/2022 - Partial
Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 08/18/2022

Inspections / Reviews (*continued*)

11/07/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/18/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/14/2022

11/14/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/13/2022

Reviewer: [REDACTED]

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

01/20/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/20/2022

Reviewer: [REDACTED]

Follow Up Type: Not Required

16d - Final Incident Report

1. Requirements

2600.

16.d. The home shall submit a final report, on a form prescribed by the Department, to the Department's personal care home regional office immediately following the conclusion of the investigation.

Description of Violation

A Final Incident Report involving resident #1 was not prepared and submitted to the Department's Regional Licensing Office. An Initial Incident Report was submitted to the Department Regional Office on [REDACTED] for an incident involving resident #1 and the need for services of law enforcement on [REDACTED]

POC Submission

Accept [REDACTED] - 11/07/2022)

2600.16.d

The home shall submit a final report, on a form prescribed by the Department, to the Department's personal care home regional office immediately following the conclusion of the investigation.

What: A Final Incident Report involving resident #1 was not prepared and submitted to the Department's Regional Licensing Office. An Initial Incident Report was submitted to the Department Regional Office on 5/20/22 for an incident involving resident #1 and the need for services of law enforcement on 5/19/22.

Who: The Regional Director of Operations, Executive Director, Resident Care Director and Memory Care Director reviewed the process for reviewing and submitted state reportable events.

How: The Executive Director will review incident reports daily and will coordinate the initial and final submission of state reportable incident reports. Final state reportable incident report submissions will include course of action taken by staff and or management, physician and clinical directors to provide support, and any agencies involved in the incident if applicable.

When: This final state reportable has since been submitted and this process is already underway.

Ongoing: all incidents will be reviewed at daily morning meetings. All reportables, initial and final, will be stored in the reportable binder. All reportables are reviewed monthly to audit for final reports. And, then your Quarterly Review.

Licensee's Proposed Overall Completion Date: 08/18/2022

Implemented ([REDACTED] - 11/14/2022)

141b2 - Medical Evaluation Changes

2. Requirements

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

Resident #1 had a Documented Medical Evaluation completed on [REDACTED] prior to resident #1's admission to the homes Memory Care Unit on [REDACTED]. An updated Documented Medical Evaluation was completed due to a status change in resident #1 in July [REDACTED]. The Documented Medical Evaluation prepared by a Certified Registered Nurse

141b2 Medical Evaluation Changes (continued)

Practitioner (CRNP) was not dated to indicate the date resident #1 was medically evaluated in [REDACTED].

POC Submission

Accept [REDACTED] - 11/07/2022)

2600.141.b.2

A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

What: Resident #1 had a Documented Medical Evaluation completed on [REDACTED] prior to resident #1's admission to the homes Memory Care Unit on [REDACTED]. An updated Documented Medical Evaluation was completed due to a status change in resident #1 in [REDACTED]. The Documented Medical Evaluation prepared by a Certified Registered Nurse Practitioner (CRNP) was not dated to indicate the date resident #1 was medically evaluated in [REDACTED].

Who: The Resident Care Director and or Memory Care Director will review all updated Medical Evaluations prepared by outside clinicians to ensure they are thoroughly completed before uploading in the resident electronic health record. Additionally, the Memory Care Director will send Resident #1 updated medical evaluation back to Nurse Practitioner to include dates on page two.

How: The Resident Care Director and Memory Care Director will review a sample of resident updated medical evaluations monthly for the quarterly QA review. Any incomplete medical evaluations will be referred to the appropriate physician for completion.

When: The updated medical evaluation listed above will be sent to the physician/CRNP for completion by August 19th, 2022

Ongoing: Prior to uploading a final electronic copy of an updated medical evaluation provided by an outside provider for submission to the resident record, the Resident Care Director or Memory Care Director will review it to ensure each section has been completed. The Resident Care Director or Memory Care Director will further review a sample of resident records on a monthly basis (Attachment A) to check for completion of the form. A summary of findings and patterns will be reviewed as part of the Quarterly QA Review Meeting in January, April, July, and October.

Licensee's Proposed Overall Completion Date: 08/18/2022

Implemented [REDACTED] - 11/21/2022)

234a - Admission Support Plan

3. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #1 was admitted to the facility Memory Care unit on [REDACTED]. Resident #1's Initial Resident Assessment and Support Plan (RASP) were not completed until [REDACTED] not within 72 hours of the admission on [REDACTED] and not within 72 hours prior to resident #1's admission.

POC Submission

Accept [REDACTED] - 11/07/2022)

2600.234.a

Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

What: Resident #1 was admitted to the facility Memory Care unit on [REDACTED]. Resident #1's Initial Resident Assessment and Support Plan (RASP) were not completed until [REDACTED] not within 72 hours of the admission on [REDACTED]

234a Admission Support Plan (continued)

5/18/22 and not within 72 hours prior to resident #1's admission.

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 documented according to regulatory requirement.

How: The Resident Care Director and Memory Care Director will review a sample of resident updated medical evaluations monthly for the quarterly QA review. Any incomplete medical evaluations will be referred to the appropriate physician for completion.

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 pre admission 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.

Licensee's Proposed Overall Completion Date: 08/18/2022

Implemented [REDACTED] - 11/21/2022)