

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

January 10, 2023

[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 11/14/2022, 11/18/2022, 11/21/2022 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: 04/12/1989

Issued By: Pa Dept. of L & I

## Staffing Hours

Resident Support Staff: 113

Total Daily Staff: 279

Waking Staff: 209

## Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Incident

Exit Conference Date: 11/21/2022

## Inspection Dates and Department Representative

11/14/2022 - Off-Site: [REDACTED]

11/18/2022 - Off-Site: [REDACTED]

11/21/2022 - Off-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 168

Residents Served: 113

## Secured Dementia Care Unit

In Home: Yes

Area: third floor

Capacity: 68

Residents Served: 41

## Hospice

Current Residents: 7

## Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 112

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 53

Have Physical Disability: 6

## Inspections / Reviews

11/14/2022 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 12/18/2022

Inspections / Reviews *(continued)*

## 12/30/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/16/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/04/2023

## 01/10/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/04/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 141a 1-10 Medical Evaluation Information

### 1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

### Description of Violation

Resident #1's [REDACTED]/2021 Documentation of Medical Evaluation (DME) is incomplete. Under section (1) General Physical Examination, resident #1's Weight, Pulse Rate, Blood Pressure and Temperature were left blank.

### Plan of Correction

Accepted [REDACTED] - 12/30/2022)

In an effort to assure all DMEs are accurate and complete, The Executive Director, Resident Care Director, and Memory Care Director review all new DME's upon reception for completeness.

The community completes a random 5% audit of DMEs each month which is completed by the Resident Care Director and Memory Care Director (attached).

In addition, the Executive Director audits the files of new residents at the end of the month in which they have moved in.

The community will complete a full audit of all current DMEs by 1/1/23.

**Licensee's Proposed Overall Completion Date: 01/01/2023**

### Evidence of Completion

Implemented [REDACTED] 01/05/2023)

Community completed a full audit of every current DME for completion and compliance. As a result of the full audit in December 2022, the community's 5% audit is included in the attached document.

## 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 #1 eloped from the facility [REDACTED] or [REDACTED] 2022. Resident #1 was returned to the facility [REDACTED] on [REDACTED]/2022 at approximately [REDACTED] PM. Resident #1 was placed on increased half hour safety checks for 24 hours. Resident #1's support plan was updated on [REDACTED]/2022 to indicate resident #1 was monitored for 24 hours. According to the home's Administrator, resident #1 safety checks were discontinued but resident #1's support plan was not updated to indicate when the increased safety checks were discontinued for

**234d - Support Plan Revision (continued)**

resident #1.

**Plan of Correction****Accept (JH - 12/30/2022)**

The community successfully updated the RASP with a time-specific change however failed to submit an update at the end of that time period. The updated RASP has been documented (attached).

The Executive Director, Resident Care Director, and Memory Care Director hold a daily AM clinical meeting. The daily agenda has been edited to include the review of resident changes and necessity to update the RASP which will activate the completion of timely RASP updates or, if needed, a new DME and RASP

Licensee's Proposed Overall Completion Date: 12/19/2022

**Evidence of Completion****Implemented (JH - 01/05/2023)**

The community completed a full audit of current RASPs for all residents (attached). The completed 5% monthly audits included in the attached.