

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

February 27, 2023

[REDACTED]
HSL EPHRATA SUBTENANT LLC
[REDACTED]
[REDACTED]
[REDACTED]

RE: KEYSTONE VILLA AT EPHRATA
100 NORTH STATE STREET
EPHRATA, PA, 17522
LICENSE/COC#: 33466

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/24/2023 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: KEYSTONE VILLA AT EPHRATA License #: 33466 License Expiration: 04/08/2023
Address: 100 NORTH STATE STREET, EPHRATA, PA 17522
County: LANCASTER Region: CENTRAL

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: HSL EPHRATA SUBTENANT LLC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 109 Waking Staff: 82

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 01/24/2023

Inspection Dates and Department Representative

01/24/2023 On Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 Residents Served: 81

Secured Dementia Care Unit

In Home: Yes Area: Memory Care Capacity: 34 Residents Served: 25

Hospice

Current Residents: 10

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 81
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 28 Have Physical Disability: 2

Inspections / Reviews

01/24/2023 - Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 02/10/2023

02/13/2023 - POC Submission

Submitted By: [Redacted] Date Submitted: 02/24/2023
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 02/17/2023

Inspections / Reviews *(continued)*

02/17/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/24/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/27/2023

02/27/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/24/2023

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

On the morning of [REDACTED] 23, resident #1 had a fall in the home. The resident was sent to WellSpan Ephrata Community Hospital on [REDACTED] 23 as a result of the fall. Resident #1 was diagnosed with a [REDACTED]. The home did not report this incident to the Department.

Plan of Correction

Accept [REDACTED] - 02/17/2023)

What:

Resident #1 was diagnosed with a [REDACTED] after a fall at the building and it was not reported to the Department.

Who:

Executive Director, Resident Care Director, Resident Care Coordinator and Memory Care Director will make certain that any fall that results in a [REDACTED] are reported to the Department within 24 hours.

How:

Executive Director will re-educate Resident Care Director, Resident Care Coordinator and Memory Care Director at a clinical care meeting held on 2/6/23 that the home will report any incident or condition that results in an injury to the Department's personal care home regional office within 24 hours.

Ongoing:

Executive Director, Resident Care Director, Resident Care Coordinator and Memory Care Director will discuss/review all falls on a daily basis starting 2/1/23 at our morning stand-up meeting. Any fall that results in a [REDACTED] will be reported by the Executive Director, Resident Care Director, or the Resident Care Coordinator to the Department. The home's process for reporting incidents is the Executive Director, Resident Care Director or the Resident Care Coordinator should report the incident if there is a serious bodily injury to the Department within 24 hours. If an incident occurs over the weekend the Manager-On-Call and the Nurse-On-Call will be notified and the Manager-on-duty and /or the Nurse-On-Call will report the incident to the Department.

Licensee's Proposed Overall Completion Date: 02/17/2023

Implemented [REDACTED] 02/27/2023)

81b - Resident Personal Equipment

2. 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

Resident #2 has an uncovered enabler bar installed on the right side of his/her bed with an opening of approximately 10 inches high and 11 inches wide, causing a potential entrapment risk.

81b - Resident Personal Equipment (continued)

Plan of Correction

Accept [redacted] 02/17/2023)

What:

Resident #2 has an uncovered enabler bar installed on the right side of [redacted] bed with an opening of approximately 10 inches high and 11 inches wide, causing a potential entrapment risk.

Who:

Maintenance Director, on 1/25/23 placed a covering over Resident #2's enabler bar on the right side of the bed.

How:

All direct care staff beginning 2/15/23 will do daily checks to ensure wheelchairs, walkers, prosthetic devices and other apparatus used by residents are clean, covered and in good repair.

Ongoing:

Direct care staff will be instructed on 2/15/23 by Executive Director and Resident Care Director to check all apparatus used by residents at least one per shift to ensure that it is clean, in good repair, covered and free of hazards. All direct care staff will be instructed on 2/15/23 by Executive Director and Resident Care Director to report any apparatus that is need of cleaning, repair, covered or replacement to the Executive Director, Maintenance Director, or Resident Care Director immediately. The Executive Director, Maintenance Director, or Resident Care Director will ensure that the apparatus is cleaned, repaired, covered or replaced. In addition, Executive Director will review at Quarterly Assurance meeting. The next QA meeting is scheduled for April 20, 2023.

Licensee's Proposed Overall Completion Date: 02/17/2023

Implemented ([redacted] 02/27/2023)

85a - Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

Room [redacted] had a strong urine smell in the bathroom coming from the laundry hamper.

There was a strong urine smell in hallway on 2nd floor around rooms [redacted] and [redacted]

There was a urine smell in room [redacted]

Plan of Correction

Accept [redacted] 02/17/2023)

What:

Room [redacted] had a strong urine smell in the bathroom coming from the laundry hamper. A strong urine smell in the hallway on 2nd floor around rooms [redacted] and [redacted] and a urine smell in room [redacted]

85a - Sanitary Conditions (continued)

Who:

Direct care staff went in room [redacted] on 1/24/23 and immediately removed laundry basket and washed clothing that day. On 1/25/23 Maintenance Director extracted the carpet with our Franklin carpet extractor machine on the 2nd floor hallway and in room [redacted].

How:

Scheduled an in-service with all direct care staff on 2/15/23 to ensure that all staff are aware that if laundry hamper s full and there is an odor the laundry should be pulled and washed immediately. Staff should not wait until the scheduled laundry day. Also, on 2/15/23 all direct care staff have been re-educated to report any odors in hallway or resident rooms to Executive Director , Maintenance Director or Resident Care Director.

Ongoing:

Direct care staff will perform daily checks beginning 2/15/23 in resident rooms and ensure that any odors will be addressed immediately. If the odor is related to a full hamper to not wait until the scheduled laundry day but wash the laundry immediately. Also, beginning 2/15/23 direct care staff were instructed by Executive Director and Resident Care Coordinator to report to Executive Director, Maintenance Director or Resident Care Director any odors n hallway or resident rooms. Maintenance Director beginning 2/1/23 will schedule each hallway to be extracted and to use specialized urine contaminator monthly or as needed. In addition, Executive Director will review at Quarterly Assurance meeting. The next QA meeting is scheduled for April 20, 2023.

Licensee's Proposed Overall Completion Date: 02/17/2023

Implemented [redacted] - 02/27/2023)

101j7 Lighting/Operable Lamp

4. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1 does not have access to a source of light that can be turned on/off at their bedside.

Plan of Correction

Accept [redacted] 02/17/2023)

What:

Resident #1 does not have access to a source of light that can be turned on/off at bedside.

Who:

Maintenance Director installed a touch lamp on 1/24/23 in Resident #1's room located on the wall directly behind the head of the bed.

101j7 - Lighting/Operable Lamp (continued)

How:

Executive Director will re-educate Resident Care Director, Resident Care Coordinator and all direct care staff on 2/15/23 that a resident shall have an operable lamp or other source of lighting that can be turned on/off at bedside. Resident Care Director, Resident Care Coordinator and all direct care staff when performing daily checks will assure that there is an operable lamp or other source of lighting that can be turned on/off at bedside.

Ongoing:

Maintenance Director and Assistant Maintenance Director will check all rooms monthly beginning 2/1/23 to make sure all rooms in Personal Care have a source of light within reach that could be turned on/off at bedside. In addition, Executive Director will review at the next Quality Assurance meeting on April 20, 2023 to ensure that we are in compliance.

Licensee's Proposed Overall Completion Date: 02/17/2023

Implemented [REDACTED] - 02/27/2023)

101o Walls, Floors, Ceilings

5. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

The carpet was stained in apartments # [REDACTED], # [REDACTED] # [REDACTED] and room [REDACTED] had a portion of plaster coming off the bottom of the wall.

Plan of Correction

Accepted [REDACTED] - 02/17/2023)

What:

The carpet was stained in Memory Care apartments # [REDACTED], # [REDACTED] # [REDACTED] and room # [REDACTED] had a portion of plaster coming off the bottom of the wall.

Who:

Maintenance Director extracted carpets # [REDACTED] # [REDACTED] and # [REDACTED] again to work on the stains and repaired the plaster coming off at the bottom of the wall in # [REDACTED] on 1/25/23.

How:

Executive Director will re-educate Memory Care Director and all direct care staff on 2/15/23 to immediately report any stains on the carpet in resident rooms to Executive Director, Memory Care Director or Maintenance Director. Maintenance Director and housekeeping staff will schedule an in-service on 2/15/23 to show Memory Care Director and all direct care staff how to utilize the extractor that is specifically used in our memory care neighborhood so direct care staff can try and treat the stains as soon as possible.

Ongoing:

Maintenance Director and Assistant Maintenance Director will check all rooms monthly beginning in 2/1/23 to make sure all stains on carpets in Memory Care rooms have been addressed. In addition, Executive Director will review at the next Quality Assurance meeting on April 20, 2023 to ensure that we are in compliance.

101o - Walls, Floors, Ceilings (continued)

Licensee's Proposed Overall Completion Date: 02/17/2023

Implemented (█) - 02/27/2023)

105g - Lint Removal and Duct Cleaning

6. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 1/24/23, there was an approximate 1/2 inch accumulation of lint in the lint trap of the dryer across from room █. There were no clothes in the dryer at the time.

Plan of Correction

Accept (█) - 02/17/2023)

What:

On 1/24/23, there was an approximate 1/2 inch accumulation of lint in the lint trap of the dryer across from room #█ and there were no clothes in the dryer at the time.

Who:

Executive Director immediately removed the lint from the lint trap on 1/24/23 at time of inspection.

How:

Executive Director and Maintenance Director will re-educate all direct care staff and housekeepers at a training on 2/15/23 to remove lint from the dryer after every load of laundry.

Ongoing:

Executive Director, Maintenance Director and Resident Care Director will ensure ongoing compliance beginning in 2/1/23 by spot checking the dryers weekly on each floor for lint. In addition, Executive Director will review at the next Quality Assurance meeting on April 20, 2023 to ensure that we are in compliance.

Licensee's Proposed Overall Completion Date: 02/17/2023

Implemented (█) - 02/27/2023)

187a - Medication Record

7. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #3's █ and █ do not include diagnoses on the January 2023 Medication Administration Record (MAR).

187a - Medication Record (continued)

Resident #4's () and () do not include diagnoses on the January 2023 MAR.

Resident #5's () does not include diagnoses on the January 2023 MAR.

Plan of Correction

Accept () - 02/17/2023)

What:

Resident #3, Resident #4 and Resident #5's medication administration record in January 2023 does not indicate the diagnosis or purpose for their respective medications.

Who:

Resident Care Director on 1/25/23 updated Resident #3, Resident #4 and Resident #5's medical records to indicate the diagnosis or purpose for their respective medications listed on the medication administration records.

How:

Resident Care Director and Resident Care Coordinator beginning 2/1/23 will not approve any medications in our system without a diagnosis or purpose for their respective diagnosis.

Ongoing:

Executive Director and Resident Care Coordinator will audit 10% of our resident census medication administration records monthly utilizing the 30-Day Admission, Annual & Discharge Chart Audit (See Attachment #1) beginning 3/1/23. As well as, a quarterly medication administration record audit completed by Phoebe Pharmacy scheduled for 4/11/23.

Licensee's Proposed Overall Completion Date: 02/17/2023

Implemented () 02/27/2023)

254a - Records Discharge/Active

8. Requirements

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 1/24/23 at 10:21 AM, the medication cart on the 3rd floor was unattended. The computer screen was unlocked and had resident #6's medication information available on the screen.

Plan of Correction

Accept () - 02/17/2023)

What:

On 1/24/23 at 10:21 AM, the medication cart on the 3rd floor was unattended. The computer screen was unlocked

254a - Records Discharge/Active (continued)

and had resident #6's medication information available on the screen.

Who:

Executive Director, Resident Care Director and Resident Care Coordinator had an in-service on 1/24/23 with all med-techs on shift about keeping records of active and discharged residents in a confidential manner, which prevents unauthorized access.

How:

Executive Director, Resident Care Director, and Resident Care Coordinator will re-educate all direct care staff at a training on 2/15/23 about keeping records of active and discharged residents in a confidential manner, which prevents unauthorized access.

Ongoing:

Executive Director, Resident Care Director, and Resident Care Coordinator will ensure on-going compliance beginning 2/1/23 by performing spot checks on the medication carts weekly on all floors. In addition, Executive Director will review at the next Quality Assurance meeting on April 20, 2023 to ensure that we are in compliance.

Licensee's Proposed Overall Completion Date: 02/17/2023

Implemented [REDACTED] - 02/27/2023)