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

May 17, 2023

[redacted]
HSL DOUGLASSVILLE SUBTENANT LLC
[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 02/08/2023, 02/09/2023, 02/10/2023 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *KEYSTONE VILLA AT DOUGLASSVILLE PERSONAL CARE* **Licen e #**: *22768* **Licen e 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

Staffing Hours

Resident Support Staff: *158* **Total Daily Staff**: *316* **Waking Staff**: *237*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident* **Exit Conference Date**: *02/24/2023*

Inspection Dates and Department Representative

02/08/2023 On Site [redacted]
02/09/2023 On Site [redacted]
02/10/2023 Off Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *168* **Residents Served**: *105*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *3rd Floor* **Capacity**: *68* **Residents Served**: *46*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *104*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *53* **Have Physical Disability**: *0*

Inspections / Reviews

02/08/2023 - Partial

Lead Inspector [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/17/2023*

03/28/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *04/06/2023*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *04/03/2023*

Inspections / Reviews *(continued)*

05/17/2023 - **Document Submission**

Submitted By: [redacted] **Date Submitted**: *04/06/2023*

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

Resident #2 did not receive the following prescribed medications on [redacted]/22: [redacted], [redacted], [redacted], [redacted], [redacted] [redacted] [redacted], [redacted] [redacted] and [redacted]. The medication error was not reported to the Department.

Resident #2 did not receive the prescribed [redacted] daily, [redacted] daily and [redacted] in the morning on [redacted] 22. The medication error was not reported to the Department.

Resident #3 has an order for [redacted] three times daily as needed. The medication was administered three times daily as a straight order from [redacted]/22 at [redacted] am. The home became aware of the medication error on [redacted]/22 and did not report the error to the Department until [redacted]/22.

Repeat violation: 9/15/22 & 4/12/22

Plan of Correction ***Accept ([redacted] - 03/28/2023)***

WHAT: 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). Resident #2 did not receive the following prescribed medications on 11/24/22: [redacted]. Resident #2 did not receive the prescribed [redacted] in the morning on [redacted]/22. Neither medication error was reported to the Department. Resident #3 has an order for [redacted] three times daily as needed. The medication was administered three times daily as a straight order from [redacted]/22 at 8am. The home became aware of the medication error on [redacted]/22 and did not report the error to the Department until [redacted]/22.
WHO: Medication Technicians will report to RCD, MCD, and or ED at the time of a medication error. Additionally, ED, RCD, and MCD will conduct a daily review of EMAR to identify any missed meds when in the community. Executive Director or Resident Care Director will create the state reportable in the event of a medication error and submit it within 24 hours.
HOW: The Resident Care Director and Memory Care Director will train all Medication Technicians and Nurses on missed medication reporting guidelines.
WHEN: With a new management team and staff turnover, training will be completed by 03/31/2023
ONGOING: The Resident Care Director and Memory Care Director began daily reviews of the dashboard in the EMAR during clinical meetings on 3/10/23 to ensure any missed medications are being reported appropriately. A summary of findings will be reviewed at the Quarterly QA Review Meeting in January, April, July, and October. Executive Director will also review all incident reports and track state reportable incidents.

Licensee's Proposed Overall Completion Date: *03/31/2023*

Implemented ([redacted] - 05/17/2023)

23a - Activities of Daily Living Assistance

2. Requirements

2600.
23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

On [redacted]23, Resident#1 used the call bell for assistance with toileting several times throughout the day. Review of the call bell logs indicates that at [redacted]pm, staff did not respond until 290 minutes later. At [redacted]pm staff responded 285 minutes later. At [redacted]pm, staff took 104 minutes to respond. Staff failed to provide the resident with assistance toileting within a reasonable time frame as indicated in the Residents RASP.

Repeated violation: 9/15/22, 5/5/22 & 4/12/22

Plan of Correction ***Accept ([redacted] - 03/28/2023)***

WHAT: A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.
On [redacted]/23, Resident#1 used the call bell for assistance with toileting several times throughout the day. Review of the call bell logs indicates that at [redacted]pm, staff did not respond until 290 minutes later. At [redacted]pm staff responded 285 minutes later. At [redacted]pm, staff took 104 minutes to respond. Staff failed to provide the resident with assistance toileting within a reasonable time frame as indicated in the Residents RASP.
Who: The Executive Director and Maintenance Director reviewed the escalation protocol for how and to whom call bell notifications are sent and in what time reference and implemented Iphones for staff to utilize a user-friendly app that provides information in a clear format versus a pager system.
How: Executive Director will review call bell reports daily beginning 3/21/23 during Clinical Meeting with Resident Care Director and or Memory Care Director to determine appropriate response and identify trends. Executive Director and Resident Care Director/Memory Care Director will review with staff any patterns or trends of concern.
WHEN: With a new management team and staff turnover daily reviews of call bell reports will begin the week of 3/20/23.
Ongoing: Daily reviews will be summarized as part of the Quarterly QA Review. Findings will be reviewed with the Management Team at Quarterly Meetings in January, April, July, and October. Concerns will be reported, documented, and become part of the Action Plan.

Licensee's Proposed Overall Completion Date: *03/21/2023*

Implemented ([redacted] - 05/17/2023)

42b - Abuse

3. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #3 has an order for [redacted] three times daily as needed. The medication was administered three times daily as a straight order from [redacted]/22 at 8am. On [redacted]/22 the residents daughter noted the residents speech was slurred and was taken to the hospital. The resident was admitted to the hospital from [redacted]/22 with a diagnosis of polypharmacy[redacted].

The Home neglected to care properly care for the resident by administering medication incorrectly.

42b - Abuse (continued)

On [redacted]22 at the beginning of third shift Resident #4 was noted to be agitated, wandering around the building and confused as to why the resident was at the home. Direct care staff member A reported the above noted information to the other two staff members working that night. Shortly before [redacted]am the other two staff members noted Resident #4 attempting to walk out the front doors of the building. The staff members redirected the resident to the elevator and continued on with their job duties. At approximately [redacted]am Direct care staff member A received a phone call that Resident #4 was across the street. The resident was found across the street [redacted] with a bloody lip and a bump on the residents head. The resident was admitted to the hospital [redacted]

The Home neglected tp provide proper care and supervision to this resident resulting in serious injury.

Plan of Correction ***Accept ([redacted] - 03/28/2023)***

WHAT: A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.
Resident #3 has an order for [redacted] three times daily as needed. The medication was administered three times daily as a straight order from [redacted]/22 at [redacted]am. On [redacted]22 the resident's daughter noted the resident's speech was slurred and was taken to the hospital. The resident was admitted to the hospital from [redacted]/22 with a diagnosis of polypharmacy [redacted]. The Home neglected to care properly care for the resident by administering medication incorrectly. On [redacted]/22 at the beginning of third shift Resident #4 was noted to be agitated, wandering around the building and confused as to why the resident was at the home. Direct care staff member A reported the above noted information to the other two staff members working that night. Shortly before [redacted]am the other two staff members noted Resident #4 attempting to walk out the front doors of the building. The staff members redirected the resident to the elevator and continued on with their job duties. At approximately [redacted]am Direct care staff member A received a phone call that Resident #4 was across the street. The resident was found across the street [redacted] with a bloody lip and a bump on the resident's head. The resident was admitted to the hospital [redacted] The Home neglected to provide proper care and supervision to this resident resulting in serious injury.
Who: The RCD, MCD and Executive Director will review the needs of all residents beginning 3/21/23 during the daily Clinical Meeting and identify changes in behavior and determine an appropriate response.
How: The RCD and MCD and/or Executive Director will train all staff on Abuse and the process by which staff reports changes in resident behavior as it relates to this regulation.
When: With a new management team and staff turnover, training will be completed by 03/31/2023.
Ongoing: Daily reviews will be summarized as part of the Quarterly QA Review. Findings will be reviewed with the Management Team at Quarterly Meetings in January, April, July, and October. Concerns will be reported, documented, and become part of the Action Plan.

Licensee's Proposed Overall Completion Date: *03/31/2023*

Implemented ([redacted] - 05/17/2023)

183b - Meds and Syringes Locked

4. Requirements

2600.

183b - Meds and Syringes Locked *(continued)*

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

While interviewing Resident #1 in the residents room, Dept. Rep. noted a prescription pill bottle with the resident's name, dated [redacted]19. It contained blue tablets that were cut in half. Resident #1's DME, dated [redacted]/22, indicates the resident is unable to self-medicate.

Plan of Correction ***Accept ([redacted] - 03/28/2023)***

WHAT: Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is ocked. This includes medications and syringes kept in the resident's room. While interviewing Resident #1 in the resident's room, Dept. Rep. noted a prescription pill bottle with the resident's name, dated [redacted]19. It contained blue tablets that were cut in half. Resident #1's DME, dated [redacted]/22, indicates the resident is unable to self-medicate.
WHO: The RCD and MCD to provide training to all nurses, Medication Technicians and caregivers regarding the requirements under this regulation to keep Prescription medications, OTC Medications, CAM and syringes in an area or container that is locked. An audit of resident rooms will be done to identify any medication that is not in an area or container that is locked.
HOW: RCD, ARCD and/or MCD will conduct the audit of resident rooms for medication that is not in an area or container that is locked and ensure medication is removed if it is unable to be secured.
WHEN: With a new management team and staff turnover, training will be completed by 03/31/2023. Resident room audits for medication that is not secured will be completed by 4/15/23.
ONGOING: The ED, RCD, and MCD will complete daily spot checks while in the community of resident rooms to ensure compliance to this regulation and plan of correction beginning 3/21/23. In addition, quarterly review of audits will be summarized as part of the quarterly QA review meetings in January, April, July and October.

Licensee's Proposed Overall Completion Date: *04/15/2023*

Implemented ([redacted] - 05/17/2023)

187a - Medication Record

5. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #2's medication administration records (MAR) for October 22- November 22 indicate that when agency staff members administer medications their individual initials are not documented on the MAR.

Plan of Correction ***Accept ([redacted] - 03/28/2023)***

WHAT: A medication record shall be kept to include the following for each resident for whom medications are administered:14. Name and initials of the staff person administering the medication.
Resident #2's medication administration records (MAR) for October 22- November 22 indicate that when agency staff members administer medications their individual initials are not documented on the MAR.
WHO: The Resident Care Director and Memory Care Director will ensure agency staff members document with their ndividual initials for administering medication.
HOW: Agency staff will be provided with a login that allows them to document medication administration with

187a - Medication Record (continued)

their individual initials.
WHEN: Logins that allow agency staff to document medication administration with their own individual initials will be established by 3/23/23.
ONGOING: The Resident Care Director and Memory Care Director will review the EMAR dashboard daily beginning 3/24/23 at clinical meetings to ensure agency staff members document medication administration with their own ndividual initials. Findings and patterns will be reviewed at the Quarterly QA Reviews in January, April, July, and October.

Licensee's Proposed Overall Completion Date: *03/24/2023*

Implemented (- 05/17/2023)

187d - Follow Prescriber's Orders

6. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 did not receive any of the prescribed medications from /22.

Resident #2 did not receive the following prescribed medications on 22: ,
Resident #2 did not receive the prescribed daily, daily and in the morning on /22.

Resident #2 has an order for 3mg/.5ml weekly on Sundays. The resident did not receive the medication on , and /22. The medication changed to 1.5mg/.5ml weekly and was not administered on /22.

Resident #2 has an order for daily. The resident did not receive the medication on &

Resident #2 has an order for daily, from /22 the medication was administered 3x daily.

Resident #3 has an order for .25mg three times daily as needed. The medication was administered three times daily as a straight order from /7/22 at 8am.

Repeat violation: 9/15/22, 7/14/22 & 4/12/22

Plan of Correction ***Accept (- 03/28/2023)***

WHAT: The home shall follow the directions of the prescriber.
Resident #2 did not receive any of the prescribed medications from /22. Resident #2 did not receive the following prescribed medications on 22: , , , , , , , , and . Resident #2 did not receive the prescribed daily, daily and in
the morning on /22. Resident #2 has an order for weekly on Sundays. The resident did not

187d - Follow Prescriber's Orders (continued)

receive the medication on [redacted], [redacted] and [redacted] 22. The medication changed to [redacted] weekly and was not administered on [redacted] 22. Resident #2 has an order for [redacted] daily. The resident did not receive the medication on [redacted] & [redacted] /22. Resident #2 has an order for [redacted] daily, from [redacted] /22 the medication was administered 3x daily. Resident #3 has an order for [redacted] three times daily as needed. The medication was administered three times daily as a straight order from [redacted] 22 at [redacted] am.
WHO: The Resident Care Director and Memory Care Director will provide an educational review with all Medication Technicians and Nurses regarding protocol for administering medication.
HOW: Staff will have training regarding the Five Rights of Medication Management. Staff will sign in to acknowledge training has been completed.
WHEN: With a new management team and staff turnover, training will be completed by 03/31/2023
ONGOING: The Resident Care Director and Memory Care Director will monitor the dashboard weekly for refills and will order resident's medications as needed when prescriptions are low to begin 3/24/23. EMAR dashboard will be reviewed daily at clinical meetings to begin 3/21/23. Findings and patterns will be reviewed at the Quarterly QA Reviews in January, April, July, and October.

Licensee's Proposed Overall Completion Date: *03/31/2023*

Implemented ([redacted] - 05/17/2023)

188b - Medication Error Reporting

7. Requirements

2600.
188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #2 did not receive the following prescribed medications on [redacted] /22: [redacted], [redacted] oil, [redacted] and [redacted] The medication error was not reported to the prescriber.

Resident #2 did not receive the prescribed [redacted] daily, [redacted] 400mg daily and [redacted] in the morning on [redacted] 22. The medication error was not reported to the prescriber.

Repeat violation: 9/15/22 & 4/12/22

Plan of Correction ***Accept ([redacted] - 03/28/2023)***

WHAT: A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber. Description of Violation: Resident #2 did not receive the following prescribed medications on [redacted] /22: [redacted] and [redacted] The medication error was not reported to the prescriber. Resident #2 did not receive the prescribed [redacted] daily, [redacted] daily and [redacted] in the morning on [redacted] /22. The medication error was not reported to the prescriber.
WHO: The Resident Care Director and Memory Care Director will provide education to all Medication Technicians and Nurses to ensure they report to the prescriber any medication refusals or errors.
HOW: Training will be provided via information sheet and discussion outlining regulatory requirements for reporting to prescribers to begin 3/21/23. Staff will sign in on an attendance sheet for training to confirm attendance.

188b - Medication Error Reporting (continued)

WHEN: With a new management team and staff turnover, training will be completed by 03/31/2023.
ONGOING: The Resident Care Director and Memory Care Director will conduct weekly reviews of EMARs and documentation of refusals beginning 3/24/23 to ensure they are being reported appropriately. A summary of findings will be reviewed at the Quarterly QA Review Meeting in January, April, July, and October. The Executive Director is responsible for the completion of this.

Licensee's Proposed Overall Completion Date: *03/31/2023*

Implemented ([redacted] - 05/17/2023)

227d - Support Plan Medical/Dental

8. 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

Nursing Notes indicate Resident #5 had unwitnessed falls on [redacted]/22/and [redacted]/22. The residents Resident Assessment and Support Plan (RASP) dated [redacted]/22 was not updated to indicate a history of falls.

Staff interviews and a review of the residents record indicate that prior to Resident #4's elopement on [redacted]/22 the resident was agitated, refusing care, crying all of the time, packing up clothing, wandering the hallways, confused as to where the resident was and agitated. The Residents RASP dated [redacted]/22 was not updated to reflect the residents current care needs.

Plan of Correction ***Accept ([redacted] - 03/28/2023)***

WHAT: 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. Notes indicate Resident #5 had unwitnessed falls on [redacted]/22/and [redacted]/22. The residents Resident Assessment and Support Plan (RASP) dated [redacted]/22 was not updated to indicate a history of falls. Staff nterviews and a review of the resident's record indicate that prior to Resident #4's elopement on [redacted]/22 the resident was agitated, refusing care, crying all of the time, packing up clothing, wandering the hallways, confused as to where the resident was and agitated. The Residents RASP dated [redacted]/22 was not updated to reflect the residents current care needs.
WHO: The Clinical Care Team began 3/15/23 to review updates of residents' conditions, care needs, and resources being utilized to meet them. The Clinical Care Coordinator will be trained to follow up after Clinical Care Team meetings to ensure RASPs have any necessary updates. Residents #5 and #4 have had their RASP updated.

227d - Support Plan Medical/Dental (continued)

HOW: In preparation for Care Plan Meetings, the RCD and MCD will also review any related notes in the resident record, the staff communication log, and seek input from the resident and their designee for updated and accurate nformation to be reflected in the RASP. This will include, but is not limited to, documentation of falls, change in mental status, behavioral concerns, and increased confusion/altered cognition. In addition, weekly rounds will be conducted beginning 3/24/23 to determine if any residents have any new assistive device that the community is unaware of.
WHEN: The Clinical Care Coordinator will be trained to follow up after Clinical Care Team meetings by 3/24/23.
ONGOING: A sample of resident records will be reviewed by the RCD and MCD each month beginning 3/31/23 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 is responsible for ensuring compliance.

Licensee's Proposed Overall Completion Date: *03/31/2023*

Implemented ([redacted] - 05/17/2023)