

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

April 7, 2023

[REDACTED]
HSL EPHRATA SUBTENANT LLC
[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 licensing inspections on 03/23/2023 of the above facility, no regulatory citations have been identified as a result of this inspection.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *KEYSTONE VILLA AT EPHRATA* License #: *33466* License Expiration: *04/08/2024*
 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: *660 SENTRY PARKWAY, SUITE 220, C/O HERITAGE SENIOR LIVING, BLUE BELL, PA, 19422*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *09/02/2014* Issued By: *Borough of Ephrata*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *110* Waking Staff: *83*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *03/23/2023*

Inspection Dates and Department Representative

03/23/2023 - 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: *Evergreen* 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: *29* Have Physical Disability: *2*

Inspections / Reviews

03/23/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND