

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

June 26, 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 04/14/2023, 04/21/2023, 04/26/2023, 04/28/2023 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]

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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 151 Waking Staff: 113

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Incident Exit Conference Date: 04/28/2023

Inspection Dates and Department Representative

04/14/2023 - Off-Site: [Redacted]
04/21/2023 - Off-Site: [Redacted]
04/26/2023 - Off-Site: [Redacted]
04/28/2023 - Off-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

Table with 4 columns: Category, Value 1, Value 2, Value 3. Rows include General Information (License Capacity: 168, Resident Served: 97), Secured Dementia Care Unit (In Home: Yes, Area: n/a, Capacity: 56, Resident Served: 49), Hospice (Current Resident: 9), and Number of Residents Who (Receive Supplemental Security Income: 0, Are 60 Years of Age or Older: 96, Diagnosed with Mental Illness: 0, Diagnosed with Intellectual Disability: 1, Have Mobility Need: 54, Have Physical Disability: 0).

Inspections / Reviews

04/14/2023 Partial
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 05/28/2023

Inspections / Reviews *(continued)*

06/12/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/21/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/21/2023

06/26/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/21/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED]/22 Resident #1 hit another resident. The local Area Agency on Aging was not notified of the alleged abuse.

Plan of Correction

Accept [REDACTED] - 06/12/2023)

What: The Administrator with responsibility for reporting alleged abuse at the time of the incident is no longer employed by this community. The current Administrator is aware of the regulatory requirements for reporting suspected abuse and assumes responsibility for oversight of all reporting being completed. The Administrator will discuss incidents and concerns as part of morning stand-up and clinical meetings, to ensure all managers are communicating about any items to address and report.

Who: The Administrator of the home submitted an Act 13 report upon learning of the alleged abuse, on [REDACTED]/23. In addition, a Reportable Incident was completed and submitted to BHSL on [REDACTED]/23.

When: On a daily basis, the Administrator or Resident Care Director will run and review a report of incidents from TabulaPro, so that any necessary reports to Aging or BHSL are completed timely. This will begin by 5/31/23.

How: Additional oversight will include incidents being reviewed on a weekly basis by the Administrator and Regional Director of Operations, to ensure reports are pulled and reports are completed as needed. This will begin by 5/29/23, and will continue for three months, to allow time for all management positions to be filled. At that time, the Administrator and Resident Care Director will maintain the routine review of the reports.

Ongoing: All incidents and reports to Aging and BHSL will be reviewed on a quarterly basis by the management team, under the direction of the Administrator, as part of the Quarterly QA Review. The next Quarterly Review is scheduled in July 2023, to review April, May, and June of 2023. The Administrator or Resident Care Director will sign off on all incidents to confirm review and completed reports. Patterns and trends will be addressed when identified. This will continue indefinitely.

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented [REDACTED] - 06/26/2023)

16c - Written Incident Report

2. 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 [REDACTED] 22 Resident #1 hit another resident. The home did not submit an incident report to the Department regarding the alleged abuse.

16c - Written Incident Report (continued)

Repeat violation: 2/8/23, 9/5/22 & 4/12/22

Plan of Correction

Accept ([redacted]) 06/12/2023)

What: The Administrator with responsibility for reporting alleged abuse at the time of the incident is no longer employed by this community. The current Administrator is aware of the regulatory requirements for reporting suspected abuse and assumes responsibility for oversight of all reporting being completed. The Administrator will discuss incidents and concerns as part of morning stand-up and clinical meetings, to ensure all managers are communicating about any items to address and report.

Who: The Administrator of the home submitted an Act 13 report upon learning of the alleged abuse, on 5/26/23. In addition, a Reportable Incident was completed and submitted to BHSL on 5/26/23.

When: On a daily basis, the Administrator or Resident Care Director will run and review a report of incidents from TabulaPro, so that any necessary reports to Aging or BHSL are completed timely. This will begin by 5/31/23.

How: Additional oversight will include incidents being reviewed on a weekly basis by the Administrator and Regional Director of Operations, to ensure reports are pulled and reports are completed as needed. This will begin by 5/29/23, and will continue for three months, to allow time for all management positions to be filled. At that time, the Administrator and Resident Care Director will maintain the routine review of the reports.

Ongoing: All incidents and reports to Aging and BHSL will be reviewed on a quarterly basis by the management team, under the direction of the Administrator, as part of the Quarterly QA Review. The next Quarterly Review is scheduled in July 2023, to review April, May, and June of 2023. The Administrator or Resident Care Director will sign off on all incidents to confirm review and completed reports. Patterns and trends will be addressed when identified. This will continue indefinitely.

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented ([redacted]) - 06/26/2023)

234d - Support Plan Revision

3. 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's RASP dated [redacted] 22 notes the resident has poor judgement, and no aggressive behaviors. Nursing notes from [redacted] - [redacted] /22 indicate the resident has been aggressive to residents and staff, [redacted]. The residents RASP was not updated to reflect the residents current care needs and how the home will manage these behaviors.

Repeat violation: 11/14/22, 5/5/22 & 4/12/22

Plan of Correction

Accept ([redacted]) 06/12/2023)

What: Resident's RASP was not updated to reflect the resident's behaviors, their current care needs and how the community will manage resident's behaviors. The wellness team will meet each morning with the Executive Director to discuss incidents, hospitalizations, and will follow up with needed rasp updates identified at that meeting.

234d - Support Plan Revision (continued)

Who: The Executive Director or Resident Care Director will be responsible to ensure RASP updates have been made for those incidents or hospitalizations identified during the morning meeting.

When: On a daily basis, the Administrator or Resident Care Director will run and review a report of incidents from TabulaPro, so that any necessary RASP updates are completed.

How: This will begin by 5/31/23, and will continue for three months, to allow time for all management positions to be filled. At that time, the Administrator and Resident Care Director will maintain the routine review of the reports.

Ongoing: All behavior related incidents will be reviewed at weekly one to one meeting between the Executive Director and Resident Care Director along with a review of the identified RASPS to ensure they reflect the current care needs and how the community will manage the behaviors. The Administrator or Resident Care Director will sign off on all behavior related RASPS to confirm review. This will continue indefinitely.

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented [REDACTED] 06/26/2023)