

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

May 17, 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 04/20/2023 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

Type: C-2 LP **Date:** 04/12/1989 **Issued By:** PALI

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 152 **Waking Staff:** 114

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident, Interim **Exit Conference Date:** 04/20/2023

Inspection Dates and Department Representative

04/20/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
Licen e Capacity: 168 **Re ident Served:** 98

Secured Dementia Care Unit
In Home: Yes **Area:** 3rd Floor **Capacity:** 68 **Re ident Served:** 48

Hospice
Current Re ident : 8

Number of Residents Who:
Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 97
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 54 **Have Physical Disability:** 0

Inspections / Reviews

04/20/2023 Partial
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/06/2023

Inspections / Reviews *(continued)*

05/09/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/16/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/16/2023

05/17/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/16/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident 1 is prescribed [REDACTED] as needed and [REDACTED] as needed. Neither medication was available on the medication cart for the resident at the time of inspection on 2/20/2023.

Plan of Correction

Accept ([REDACTED] - 05/09/2023)

2600.185.a.

The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident 1 is prescribed [REDACTED] as needed and [REDACTED] as needed. Neither medication was available on the medication cart for the resident at the time of inspection on 2/20/2023.

What: Prescribed medications will be available as needed, by both completing regular reviews of orders to ensure prescribed medications are on site, and by completing regular reviews of medication orders to discuss with the prescriber possible discontinuation of medications that are not regularly administered. All PRN orders and medication availability were reviewed by the Community Nurse as of May 1, 2023 to ensure no other medications were missing. Prescribers were contacted by May 1, 2023 to review any medications not being regularly administered. These contacts and reviews were documented in resident record notes.

Who: Under the ongoing oversight of the Resident Care Director, Medication Technicians will complete monthly reviews of all orders and medications as part of the routine Medication Cart Audit to ensure prescribed medications are available for use as needed. The Executive Director or Resident Care Director will educate Medication Technicians as to the form to be used to complete the audits. The Resident Care Director will work with community Nurses as well to quarterly review medication orders for PRN use and discuss with the prescriber any medications not regularly used, to be considered for discontinuation. These reviews will be documented as well, as educated by Administration. Routine weekly medication cart audits completed by the Medication Technicians should also ensure refills are requested with ample time to obtain them. This will be reviewed using the Medication Cart Audit form.

How: Weekly audits will ensure medications are refilled. Monthly audits will ensure all prescribed medications are available. Quarterly reviews will ensure medications not being used routinely are reviewed for possible discontinuation.

When: The Executive Director, Resident Care Director, Community Nurses, and Medication Technicians will all review and discuss this process by May 15, 2023, with all three levels of audit and review being implemented on an ongoing basis no later than May 22, 2023.

Ongoing: Oversight will be provided as noted above by the Resident Care Director and Executive Director. These processes will be reviewed as part of discussions in Clinical Care Meetings, Manager Weekly 1:1 Meetings, and the regular reviews of resident records as part of the QA Process. Findings, patterns, and concerns will be addressed in the Quarterly QA Meetings.

Licensee's Proposed Overall Completion Date: 05/17/2023

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

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

Resident 2 has a prescriber's order for [REDACTED] daily at night. The medication was given in error in the AM and not at night on 12 occasions from [REDACTED] to [REDACTED]/2023.

Repeat violation from 2/8/23.

Plan of Correction

Accept ([REDACTED] - 05/09/2023)

2600.187.d.

The home shall follow the directions of the prescriber.

Description of Violation

Resident 2 has a prescriber's order for [REDACTED] at night. The medication was given in error in the AM and not at night on 12 occasions from [REDACTED] to [REDACTED]/2023.

Repeat violation from 2/8/23.

Plan of Correction:

What: With oversight from the Resident Care Director, the Community Nurses will complete monthly reviews of all medication orders to ensure prescribers' orders, medication labels, and MARs all match correctly and consistently, and are easy to understand related to the five rights of medication administration. In addition, the Executive Director and Resident Care Director will review with the Medication Technicians and Community Nurses the process for approving medication and comparing labels, orders, and MARs at the time of medication delivery.

Who: Medication Technicians and Community Nurses will be responsible for the review of medications upon delivery of them. The Resident Care Director will provide oversight for the Nurses to complete monthly reviews of all orders and MARs to ensure there are no inaccuracies related to the five rights of medication administration.

How: Review of orders, labels, and MARs will be completed by Medication Technicians and Community Nurses when medications are delivered. Nurses will do monthly reviews of the orders and MARs as well, as an additional layer of verification. All information will be ensured to match and adhere to the five rights of medication administration.

When: The Executive Director, Resident Care Director, Community Nurses, and Medication Technicians will all review and discuss this process by May 15, 2023, with both means of audit and review being implemented on an ongoing basis no later than May 22, 2023.

Ongoing: Oversight will be provided as noted above by the Resident Care Director and Executive Director. These processes will be reviewed as part of discussions in Clinical Care Meetings, Manager Weekly 1:1 Meetings, and the regular reviews of resident records as part of the QA Process. Findings, patterns, and concerns will be addressed in the Quarterly QA Meetings.

Licensee's Proposed Overall Completion Date: 05/22/2023

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