

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

July 17, 2023

[REDACTED], COO
HSL EPHRATA SUBTENANT LLC
[REDACTED]
C/O HERITAGE SENIOR LIVING
[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 06/27/2023, 06/28/2023 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 EPHRATA **Licen e #:** 33466 **Licen e 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: [REDACTED], C/O HERITAGE SENIOR LIVING, [REDACTED]
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:** 106 **Waking Staff:** 80

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:** 0
Reason: Renewal **Exit Conference Date:** 06/28/2023

Inspection Dates and Department Representative

06/27/2023 - On-Site: [REDACTED]
06/28/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

Licen e Capacity: 100 **Re ident Served:** 80

Secured Dementia Care Unit

In Home: Yes **Area:** Evergreen **Capacity:** 34 **Re ident Served:** 23

Hospice

Current Re ident : 6

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 80
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 26 **Have Physical Disability:** 2

Inspections / Reviews

06/27/2023 Full

Lead Inspector: Genevieve Rich-Turenne **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/09/2023

Inspections / Reviews *(continued)*

07/10/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/15/2023

07/17/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 07/03/23, from 10:45pm to 5:45 am, 74 residents were present in the home. During this time only 1 staff person was present in the home who was certified in first aid, obstructed airway techniques and CPR.

Plan of Correction

Accept [redacted] - 07/10/2023)

What:

On 07/03/23 from 10:45pm to 5:45am, 74 residents were in the home. During this time only 1 staff person was present in the home who was certified in first aid, obstructed airway techniques and CPR.

Who:

Executive Director, Resident Care Director and Clinical Care Coordinator(Scheduler) will ensure that 2 staff members will be scheduled on every shift are trained in first aid in obstructed airway techniques and CPR.

How:

Executive Director, Resident Care Director and Clinical Care Coordinator (Scheduler) will meet weekly beginning 7/3/23 to discuss the staffing schedule and ensure that we have 2 staff on all shifts that are trained in first aid and certified in obstructed airway techniques and CPR.

Ongoing:

Executive Director, Resident Care Director and Clinical Care Coordinator will meet weekly beginning 7/3/23 to discuss the staffing schedule and ensure that we will have 2 staff on all shifts that are trained in first aid and certified in obstructed airways techniques and CPR. In addition, we will schedule first aid and CPR training once per quarter beginning on Monday, July 31st, October 2023 and again in January 2024 and will schedule additional trainings if necessary.

Licensee's Proposed Overall Completion Date: 07/07/2023

Implemented [redacted] - 07/17/2023)

85d - Trash Receptacles

2. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 06/28/23, there were 2 uncovered, unattended trash cans in the home's main kitchen.

85d - Trash Receptacles (continued)

Plan of Correction

Accept (█) - 07/10/2023)

What:

On 6/28/23, there were 2 uncovered trash cans in the home's main kitchen.

Who:

Maintenance Director on 6/28/23 immediately retrieved the 2 trash can lids and covered the trash cans.

How:

Food Service Director and Assistant Food Service Director will assure that trash can lids are securely on trash cans when they are not being utilized. Food Service Director will also re-educate all dining staff of the importance of keeping the trash cans securely covered when not being utilized at staff meeting on 7/12/23.

Ongoing:

Food Service Director and Assistant Food Service Director will make sure on a daily basis that the 2 trash can lids are securely covered when not being utilized. In addition, Executive Director will review with Food Service Director at the next Quality Assurance meeting scheduled for 10/18/23 to ensure we are in compliance.

Licensee's Proposed Overall Completion Date: 07/07/2023

Implemented (█) - 07/17/2023)

105g - Lint Removal and Duct Cleaning

3. 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 06/27/23, there was an approximate 2-inch accumulation of lint in the lint trap of the home's dryer located on the second floor. There were no clothes in the dryer at the time.

Plan of Correction

Accept (█) - 07/10/2023)

What:

On 6/27/23 there was an approximate 2-inch accumulation of lint in the lint trap of the dryer located on the second floor.

Who:

The lint was immediately removed and witnessed by █, Resident Care Coordinator from the lint trap on 6/27/23 at time of inspection.

How:

Executive Director and Maintenance Director will re-educate all direct care staff and housekeepers at a training on 7/12/23 to remove lint from the dryer after every use.

Ongoing:

Executive Director, Maintenance Director and Resident Care Director will ensure ongoing compliance beginning on 7/1/23 by spot checking the dryers weekly on each floor for lint. In addition, Executive Director will review at the

105g - Lint Removal and Duct Cleaning (continued)

next Quality Assurance meeting on 10/18/23 to make sure we are in compliance.

Licensee's Proposed Overall Completion Date: 07/07/2023

Implemented () - 07/17/2023)

185a - Implement Storage Procedures

4. 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

On 06/28/23, the following discrepancies were observed with Resident 1 and Resident 2 glucometers and electronic medication administration record (Emar) blood sugar (BS) readings:

Resident 1

am BS read of found in glucometer was entered in the Emar as
am BS read of found in glucometer was entered in the Emar as

Resident 2

BS read of found in glucometer was entered in Emar as
BS read of found in glucometer was entered in Emar as

On 06/28/23, multiple boxes and bags of insulin Kwik pens (auto injectors) were observed in Resident 3's bedroom; however, Resident 3 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

Plan of Correction

Accept () - 07/10/2023)

What:

On 6/28/23, the following discrepancies with Resident #1 and Resident #2 glucometers and electronic administration record (EMAR) blood sugar readings:

Resident #1

am BS reading of found in the glucometer was entered in the EMAR as
am BS reading of found in the glucometer was entered in the EMAR as

Resident #2

11am BS read of found in the glucometer was entered in the EMAR as
7am BS read of found in glucometer was entered in EMAR as

On 6/28/23, multiple boxes of insulin Kwik pens (auto injectors) were observed in Resident #3's refrigerator; however, Resident #3 has not been assessed by a physician, physician's assistant or certified registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

185a - Implement Storage Procedures (continued)

Who:

Resident Care Director, Resident Care Coordinator and all med techs will be instructed to accurately document the blood sugars on the electronic medication administration record (EMAR) according to the reading on the glucometer.

Dr. [REDACTED] MD issued an order for Resident #3 to be able to safely store diabetic supplies in [REDACTED] apartment in a locked box and is able to administer [REDACTED] own glucometer and insulin needs based on physician orders (See Attachment #1). Resident Care Director and Resident Care Coordinator updated Resident#3's RASP on 7/6/23 to reflect the new order.

How:

Resident Care Director and Resident Care Coordinator will re-educate all med techs at a training on 7/12/23 to properly document the accurate reading from the glucometer to the electronic medication administration record (EMAR).

Resident Care Director and Resident Care Coordinator will advise all direct care staff and med techs at a training on 7/12/23 that Resident #3 is allowed to safely store diabetic supplies in her apartment in a locked box. A locked box was provided to Resident #3 on 7/6/23.

Ongoing:

Resident Care Director and Resident Care Coordinator will review all diabetic resident's that use insulin on the electronic medication administration records (EMAR) weekly beginning 7/3/23 to ensure blood sugars are being documented and recorded properly. In addition, Executive Director will review at the next Quality Assurance meeting for compliance which is scheduled for 10/18.23.

Resident Care Director and Resident Care Coordinator will have Resident #3 evaluated annually or anytime there is a significant change to ensure Resident #3 is still able to safely store diabetic supplies in [REDACTED] apartment in a locked box and is able to administer [REDACTED] own glucometer and insulin needs based on physician orders. In addition, Resident Care Director and Resident Care Coordinator will check monthly beginning on 8/1/23 to ensure that Resident #3's diabetic supplies are stored securely in a locked box.

Licensee's Proposed Overall Completion Date: 07/07/2023

Implemented ([REDACTED] - 07/17/2023)

187d Follow Prescriber's Orders

5. Requirements

2600.

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

Description of Violation

Resident 2 is prescribed [REDACTED] and to hold if blood sugar reading is below [REDACTED].

However, Resident 2's

187d - Follow Prescriber's Orders (continued)

blood sugar reading of [REDACTED] was found in the glucometer and not entered in the E-MAR nor was the medication administered.

Repeated violation from 07/19/22 et al.

Plan of Correction

Accept [REDACTED] - 07/10/2023)

What:

Resident #2 is prescribed [REDACTED] and to hold if blood sugar reading is below 100. However, Resident's #2's blood sugar reading of [REDACTED] was found in the glucometer and not entered in the E-MAR nor was the medication administered.

Who:

All med techs will be instructed to accurately document blood sugar readings on the electronic medication administration record (EMAR) at the time medication is being administered according to physician's orders.

How:

Resident Care Director and Resident Care Coordinator will re-educate all med techs at a training scheduled on 7/12/23 on the importance of accurately documenting the blood sugar readings at the time the medication is being administered according to physician's orders.

Ongoing:

Resident Care Director and Resident Care Coordinator will review all diabetic residents on the electronic medication administration records (EMAR) weekly, beginning 7/3/23 to ensure blood sugars are being documented and recorded properly. In addition, Executive Director will review at the next Quarterly Assurance meeting to ensure compliance which is scheduled for 10/18/23.

Licensee's Proposed Overall Completion Date: 07/07/2023

Implemented [REDACTED] - 07/17/2023)