

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

September 22, 2023

[REDACTED]
HSL BLANDON SUBTENANT LLC

[REDACTED]
C/O HERITAGE SENIOR LIVING
[REDACTED]

RE: KEYSTONE VILLA AT FLEETWOOD
501 HOCH ROAD
BLANDON, PA, 19510
LICENSE/COC#: 22770

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/08/2023, 08/09/2023 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 FLEETWOOD* License #: *22770* License Expiration: *06/04/2024*
 Address: *501 HOCH ROAD, BLANDON, PA 19510*
 County: *BERKS* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *HSL BLANDON SUBTENANT LLC*
 Address: [REDACTED] *C/O HERITAGE SENIOR LIVING,* [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *05/18/2011* Issued By: *Maidencreek Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *63* Waking Staff: *47*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *08/09/2023*

Inspection Dates and Department Representative

08/08/2023 - On-Site: [REDACTED]
 08/09/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *65* Residents Served: *56*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *10*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *55*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *7* Have Physical Disability: *0*

Inspections / Reviews

08/08/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/04/2023*

Inspections / Reviews (*continued*)

09/11/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/18/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/19/2023

09/22/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/18/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

183a - Original Containers and Injections

1. Requirements

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

A small uncovered and unlabeled medication cup containing cream was noted in the drawer of the small medication cart. Staff person A confirmed it was Calmoseptine Cream that is prescribed for Resident #4.

Plan of Correction

Accept [REDACTED] 09/11/2023)

What: Unlabeled cream was found in a medication cup on the med cart.

Who: The resident care director re-trained the staff on 8/24/23 that all creams must be kept in their original labeled containers.

When: The resident care director, clinical coordinators, or executive director will audit the cart monthly for a period of six months to ensure that there are no unlabeled creams on the cart.

How: The findings will be reviewed at the quarterly quality assurance meeting.

Licensee's Proposed Overall Completion Date: 03/01/2024

Implemented [REDACTED] 09/22/2023)

187a - Medication Record

2. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

The blood glucose readings in Resident #1's glucometer were reviewed. The meter indicates that on [REDACTED]/23 at [REDACTED] am, the resident's glucose level was 82. The number was not documented on the MAR.

Plan of Correction

Accept [REDACTED] - 09/11/2023)

What: A resident's blood glucose was taken and not recorded on the MAR.

Who: The resident care director re-educated the staff on 8/24/23 that all blood sugar checks must be documented in the MAR.

When: The resident care director, clinical coordinators, or executive director will audit a sampling of resident glucometers comparing them to the MAR ensuring documentation is complete each month for a period of six months.

How: The findings will be reviewed at the quarterly quality assurance meeting.

Licensee's Proposed Overall Completion Date: 03/01/2024

Implemented [REDACTED] - 09/22/2023)

187d - Follow Prescriber's Orders

3. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed Hydralazine 1 tablet 10mg. every 6 hrs. for hypertension; hold for Systolic Blood Pressure (SBP) less than 160. The Medication Administration Record (MAR) for resident #2 indicates that on [REDACTED]/23 at [REDACTED] am, their SPB was 156 but the medication was administered. On [REDACTED] 23 at [REDACTED] pm, Resident #2's SBP was 140 but the medication was administered.

Resident #3 is prescribed Midodrine 5mg. 1.5-tab 3x daily; hold for SBP over 110. The resident's MAR indicates that on [REDACTED]/23 at [REDACTED] pm, their SBP was 115 but the medication was administered. On [REDACTED]/23 at [REDACTED] pm their SBP was 117 and the medication was administered.

Plan of Correction

Accept [REDACTED] - 09/11/2023)

What: Medication was administered to a resident when it should have been held based on the prescriber's blood pressure parameter order.

Who: The resident care director retrained the staff on 8/24/23 that prescriber's parameter orders must be followed.

When: The resident care director, clinical coordinators, or executive director will audit a sampling of the MAR each month of residents whose prescriber has blood pressure parameters in place to ensure the prescriber's order has been followed for a period of six months.

How: The findings will be reviewed at the quarterly quality assurance meeting.

Licensee's Proposed Overall Completion Date: 03/01/2024

Implemented [REDACTED] - 09/22/2023)