

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

October 6, 2023

[REDACTED]
GAHC3 BOYERTOWN PA ALF TRS SUB LLC
[REDACTED]
[REDACTED]

RE: CHESTNUT KNOLL
120 WEST FIFTH STREET
BOYERTOWN, PA, 19512
LICENSE/COC#: 22613

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/16/2023, 08/17/2023 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: CHESTNUT KNOLL License #: 22613 License Expiration: 06/30/2024
 Address: 120 WEST FIFTH STREET, BOYERTOWN, PA 19512
 County: BERKS Region: NORTHEAST

Administrator

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

Legal Entity

Name: GAHC3 BOYERTOWN PA ALF TRS SUB LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 08/21/2000 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 155 Waking Staff: 116

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Incident Exit Conference Date: 08/17/2023

Inspection Dates and Department Representative

08/16/2023 - On-Site: [REDACTED]
 08/17/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 119 Residents Served: 104

Secured Dementia Care Unit
 In Home: Yes Area: N/A Capacity: 52 Residents Served: 48

Hospice
 Current Residents: 11

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 104
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 51 Have Physical Disability: 0

Inspections / Reviews

08/16/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/15/2023

Inspections / Reviews *(continued)*

09/18/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/29/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/01/2023

10/06/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/29/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted]/23 Resident #1 was observed [redacted] Resident #2's [redacted] while Resident #2 was holding Resident #1's hand.

Repeat Violation: 4/12/23

Plan of Correction

Accept ([redacted] - 09/18/2023)

Resident #1 was issued a 30 day notice on [redacted] 2023 by the Executive Director, with the intent to discharge no later than [redacted] 2023, Resident #1 also had 1 to 1 supervision provided by home care in place at the time of the incident. Residents were immediately separated by the home care staff, and Resident #2 did not show any signs of distress from the incident and did not have any recollection of the incident within minutes after the occurrence.

Resident #1 was transferred to [redacted] on [redacted] 2023 for a [redacted] stay due to behaviors and did not return to the community after that date. Resident #1 will not return to the community in the future.

Staff training will be completed by September 20, 2023 on Sexuality and Persons with Dementia . Staff will continue to monitor for sexual behaviors with residents and will redirect as appropriate. Executive Director will investigate and report all incidents of potential abuse.

Licensee's Proposed Overall Completion Date: 09/22/2023

Implemented ([redacted] - 10/06/2023)

89b - Hot Water Temperature

2. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

Room 418 had a water temperature of 122.3. The common restroom outside of room 418 had a water temperature of 123.3. Room 318 had a water temperature of 122.4.

Plan of Correction

Accept ([redacted] - 09/18/2023)

The temperature on the water heater at the time that this was brought to our attention did read 119 degrees. The temperature on the water heater was immediately turned down to 116. Temperatures were rechecked by our Maintenance Department in resident apartments and common restrooms at the sink spigot during survey and all were below 120 degrees that same afternoon. Temperatures were checked again on August 18, 2023 and every Friday since inspection and there have been no further temperatures above 120. Temperatures will continue to be checked weekly ongoing, indefinitely. Executive Director will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented ([redacted] - 10/06/2023)

184a - Resident's Meds Labeled

3. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #3's Ester-C: Medication Administration Record (MAR) states 500mg. The label to the medication does not have a dosage on it. Resident #3's Probiotic: MAR states 250mg twice a day, the label to the medication does not have a dosage on it.

Plan of Correction

Accept [redacted] - 09/18/2023)

These are both supplemental medications that are being supplied from an outside pharmacy. The pharmacy was contacted on the day of inspection and they were able to supply corrected labels for the medications that reflects the correct dosage. Staff will be educated by Resident Care Director by September 30, 2023 to ensure that all medications have the dose on the pharmacy label that matches the physician order.

Audits will be completed monthly by the Resident Care Director starting in October 2023, please see attached audit sheet. Executive Director will oversee for compliance.

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented [redacted] - 10/06/2023)

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

Resident #5's glucometer was not calibrated to the correct time.

Plan of Correction

Accept [redacted] 09/18/2023)

The time on the glucometer was corrected immediately during inspection. All other glucometers were checked on August 17 by BHSL staff for accurate date and time and no other issues were identified..

Monthly audits will occur by the 30th of each month, first one completed by September 30, 2023 by Resident Care Director to ensure that all glucometers are calibrated to the correct date and time. Executive Director will monitor for compliance.

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented [redacted] 10/06/2023)

187a - Medication Record

5. Requirements

2600.

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

187a - Medication Record (continued)

6. Dose.

Description of Violation

Resident #3's Medication Administration Record (MAR) does not indicate a dosage for the Daily-Vite.

Plan of Correction

Accept (█) - 09/18/2023)

This is a supplemental medication that is being supplied from an outside pharmacy. The physician was contacted on August 17, 2023 by Clinical Care Coordinator and the MAR was corrected to reflect the correct dosage. Staff will be educated by September 30, 2023 by Resident Care Director to ensure that all medications have the dose on the pharmacy label that matches the physician order.

Audits will be completed monthly by the Resident Care Director starting in October 2023, please see attached audit sheet. Executive Director will oversee for compliance.

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented (█) - 10/06/2023)

187d - Follow Prescriber's Orders

6. Requirements

2600.

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

Description of Violation

Resident #3 has an order for Lisinopril 2.5 mg a day- HOLD for systolic blood pressure (SBP) less than 120. On 8/15/23 at 908am, SBP was 112/67 and the medication was administered.

Resident #4 has an order for metoprol succ 25mg daily, hold for heart rate (HR) less than 70. On 8/12/23 the HR was 58, the medication was administered and should have been held.

Repeat violation: 5/24/22

Plan of Correction

Accept (█) - 09/18/2023)

The medications errors were reported to the resident's families and physicians on the day of the inspection. The errors were also reported to BHSL on the day of inspection. Neither resident suffered any ill effects from the errors. Staff education will be completed no later than September 30, 2023 by the Resident Care Director regarding the proper procedures to follow when there are parameters regarding medication administration. Please see attached. Audits will begin in October 2023 by the Resident Care Director, see attached audit form. Executive Director will oversee for compliance.

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented (█) 10/06/2023)

234d - Support Plan Revision

7. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

234d - Support Plan Revision (continued)**Description of Violation**

Resident #2's Resident Assessment and Support Plan (RASP) does not indicate the dietary needs, it only refers to MD orders.

Plan of Correction**Accept** (██████) **09/18/2023)**

The support plan was corrected during the inspection by the Resident Care Director to reflect the resident's current diet. All support plans will be reviewed by September 30 to ensure that the specific physician ordered diet is appropriately listed along with any allergies or preferences.

Audits will be completed monthly starting October 2023 by the wellness team and overseen by the Executive Director to ensure that dietary preferences are correct and updated with any changes. Please see attached audit tool.

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented (██████) **10/06/2023)**