

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

June 20, 2024

[REDACTED], COO  
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 05/23/2024 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.

[REDACTED]  
Human Services Licensing Supervisor

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]

**Certificate(s) of Occupancy**

Type: *1 1* Date: *05/18/2011* Issued By: *Maidencreek Twp*

**Staffing Hours**

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

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *05/23/2024*

**Inspection Dates and Department Representative**

05/23/2024 On Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *65* Residents Served: *54*  
 Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: *0*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *54*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *9* Have Physical Disability: *1*

**Inspections / Reviews**

05/23/2024 - Partial  
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *06/09/2024*

Inspections / Reviews *(continued)*

06/07/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/17/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/17/2024

06/20/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/17/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 23a - Activities of Daily Living Assistance

## 1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

## Description of Violation

Through information received from a complaint, and through a review of the home's call bell system response reports, it was determined that on [REDACTED] resident #1 used their pendant to request help through the call bell system at [REDACTED]. The response report for the call bell system indicated the call bell was answered at [REDACTED], 33 minutes later.

## Plan of Correction

Accept [REDACTED] - 06/07/2024)

Immediate Corrective Actions: There was a scheduled caregiver staff meeting on 5/23/24, the day of inspection. The Resident Care Director trained the Direct Care Staff the importance of answering resident call bells in a timely fashion. Attachment 1 shows the staff signatures documenting the training.

Additional Corrective Actions: The Resident Care Director will review call bell response times daily beginning 6/6/24. If there were any call bells ringing 20 minutes or longer, the Resident Care Director will investigate and address the reason.

Ongoing Quality Assurance Actions: . The call bell response time will be reviewed as part of the quarterly QA meeting starting on 7/2/24.

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented [REDACTED] - 06/20/2024)

## 227d - Support Plan Medical/Dental

## 2. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

## Description of Violation

Resident #1 was admitted to the home on [REDACTED] and has had seven falls documented since their admission. Resident #1 frequently falls in their room while trying to ambulate to and from their bathroom. Resident #1's support plan dated [REDACTED] does not include an adequate plan to address and prevent falls and the need for more frequent checks to ensure the resident receives assistance with toileting.

## Plan of Correction

Accept [REDACTED] - 06/07/2024)

Immediate Plan of Correction: On the day of inspection, 5/23/24, the RASP was updated to include a timeline of offering toileting assistance to help decrease falls.

Additional Corrective Actions: On 5/26/24, a falls discussion intervention record was reviewed with Ralph's daughter and POA.

Ongoing Quality Assurance Actions: The fall management forms and RASP will be reviewed following each fall to

**227d Support Plan Medical/Dental (continued)**

*ensure the information is updated. These documents will also be reviewed at the time of care conferences. An audit of moderate to high fall risks will be completed by the Executive Director or Resident Care Director each month to ensure resident specific interventions are on the support plan. If updates are needed to the support plan, the update will be added at the time of the audit. The audit will be reviewed at the quarterly Quality Assurance Meeting.*

**Licensee's Proposed Overall Completion Date: 07/01/2024**

**Implemented (█ - 06/20/2024)**