

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

July 2, 2024

[REDACTED]
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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/28/2024 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.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *KEYSTONE VILLA AT EPHRATA* License #: *33466* License Expiration: *04/08/2025*
 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]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *10/03/2014* Issued By: *Borough of Ephrata*
 Type: *I-1* Date: *09/02/2014* Issued By: *Borough of Ephrata*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *104* Waking Staff: *78*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Interim* Exit Conference Date: *06/03/2024*

Inspection Dates and Department Representative

05/28/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *100* Residents Served: *80*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Evergreen* Capacity: *36* Residents Served: *22*

Hospice
 Current Residents: *11*

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: *24* Have Physical Disability: *2*

Inspections / Reviews

05/28/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/13/2024*

Inspections / Reviews *(continued)*

06/13/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/28/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/20/2024

06/24/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/28/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/01/2024

07/02/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/28/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] most recent medical evaluation was completed on 5/8/23.

Plan of Correction

Accept [redacted] - 06/13/2024)

Violation 141.b.1

A resident shall have a medical evaluation at least annually.

Evidence:

Resident [redacted] most recent medical evaluation was completed on [redacted]

POC:

Immediate corrective actions: Sent a request via fax to Resident [redacted] Primary Care Physician on [redacted] Sent a second request on [redacted] Received the completed medical evaluation on [redacted].

Additional Corrective actions: All DME's have been audited for compliance on 6/7/24 and any necessary corrections have been made. Additionally, beginning 6/1/24 the Executive Director, Resident Care Director, and or Memory Care Director will review the Tabula Pro Dashboard daily for dates of DME's that are due for completion and accuracy.

On-going Quality Assurance Actions: Executive Director, Resident Care Director and Memory Care Director will review annual medical evaluations and any findings, patterns and trends will be reviewed at the Quarterly Quality Assurance Meeting, beginning July 2024.

Licensee's Proposed Overall Completion Date: 06/12/2024

Implemented ([redacted] 07/02/2024)

183b - Meds and Syringes Locked

2. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

Resident [redacted] is not assessed to self-administer medications. The following medications were observed unlocked and accessible in Resident [redacted] room:

- [redacted] caplets
- [redacted]
- [redacted]
- [redacted]

183b - Meds and Syringes Locked (continued)

Plan of Correction

Accept [REDACTED] 06/24/2024)

Violation 183.b

Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Evidence:

Resident [REDACTED] is not assessed to self-administer medications. The following medications were observed unlocked and accessible in resident [REDACTED] room:

[REDACTED] caplets
[REDACTED]
[REDACTED]

POC:

Immediate Corrective Actions:

On [REDACTED], Executive Director took [REDACTED] caplets, [REDACTED], [REDACTED] and [REDACTED] and removed them from Resident [REDACTED] room.

Additional corrective action:

On [REDACTED] the Executive Director placed the [REDACTED], [REDACTED] and [REDACTED] back in the medication cart. On, [REDACTED] we will have direct care staff and housekeeping staff trained by the Executive Director to look for medications that are unlocked and not stored properly in residents apartments and report any findings to Resident Care Director, Wellness Nurse or Executive Director.

Ongoing Quality Assurance Actions:

Resident Care Director, Wellness Nurse and or Executive Director will review Weekly Med cart audits beginning 6/3/24. Resident Care Director and Wellness Nurse will complete MAR to cart audits monthly for each med cart beginning in June. Findings, patterns, and trends will be reviewed at the Quarterly Assurance Meeting, beginning July 2024.

Licensee's Proposed Overall Completion Date: 06/19/2024

Implemented [REDACTED] 07/02/2024)

183e - Storing Medications

3. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [REDACTED], Resident [REDACTED] was initialed as being opened on [REDACTED]. The pharmacy label for the pen indicates to discard after 42 days.

Plan of Correction

Accept [REDACTED] - 06/13/2024)

Violation 183.e

183e - Storing Medications (continued)

Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with manufacturer's instructions.

Evidence:

On [redacted], Resident [redacted] was initialed as being opened on [redacted]. The pharmacy label for the pen indicated to discard after 42 days.

POC:

Immediate Corrective Action:

On [redacted] Med Tech immediately removed Resident [redacted] from the cart.

Additional corrective action:

Resident Care Director, Wellness Nurse, Executive Director and all Med Techs will receive training by our Medication Train the Trainer on proper medication storage for insulin pens. Training will take place and be completed by 6/19/24. Any Med Tech who has not received this training by 6/19/24, will no longer pass medications until such training is completed.

Ongoing Quality Assurance Actions:

Resident Care Director and or Executive Director will review weekly med cart audits. Findings, patterns, and trends will be reviewed at the Quarterly Quality Assurance Meeting, beginning July 2024.

Licensee's Proposed Overall Completion Date: 06/12/2024

Implemented [redacted] 07/02/2024)

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 [redacted] reading on [redacted] at [redacted] was [redacted]. This [redacted] reading was not documented on the Medication Administration Record.

Repeated Violation, 6/27/23, et al.

Plan of Correction

Accept [redacted] - 06/13/2024)

Violation 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.

Evidence:

Resident [redacted] reading on [redacted] at [redacted] was [redacted]. This [redacted] reading was not documented on the Medication Administration Record.

185a - Implement Storage Procedures (continued)

POC:

Immediate corrective action:

Memory Care Director went in to Resident [REDACTED] electronic medical record and recorded the PRN reading of [REDACTED] that took place on [REDACTED] at [REDACTED]

Additional corrective action:

Resident Care Director, Wellness Nurse, Executive Director and all Med Techs will receive training by our Medication Train the Trainer on proper glucometer documentation including blood sugar readings on the Medication Administration Record . Training will take place and be completed by 6/19/24. Any Med Tech who has not received this training by 6/19/24, will no longer pass medications until such training is completed.

Ongoing Quality Assurance Actions:

Resident Care Director and or Executive Director will review weekly med cart audits. Findings, patterns, and trends will be reviewed at the Quarterly Quality Assurance Meeting, beginning July 2024.

Licensee's Proposed Overall Completion Date: 06/12/2024

Implemented [REDACTED] - 07/02/2024)