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

August 29, 2024

[redacted], PRESIDENT
GAHC3 BOYERTOWN PA ALF TRS SUB LLC
[redacted]20
HERITAGE SENIOR LIVING
[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 07/30/2024, 07/31/2024 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: *CHESTNUT KNOLL* **License #**: *22613* **License Expiration**: *06/30/2025*

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**: *11/10/1999* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *161* **Waking Staff**: *121*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Incident* **Exit Conference Date**: *07/31/2024*

Inspection Dates and Department Representative

07/30/2024 - On-Site: [redacted]

07/31/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *119* **Residents Served**: *108*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Daybreak* **Capacity**: *52* **Residents Served**: *50*

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *108*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *53*

Have Physical Disability: *0*

Inspections / Reviews

07/30/2024 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/26/2024*

Inspections / Reviews *(continued)*

08/23/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *08/28/2024*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *08/28/2024*

08/26/2024 - Document Submission

Submitted By: [redacted] **Date Submitted:** *08/28/2024*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *08/29/2024*

08/29/2024 - Document Submission

Submitted By: [redacted] **Date Submitted:** *08/28/2024*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

101j7 - Lighting/Operable Lamp

1. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1 in bedroom [redacted] did not have access to a source of light that can be turned on/off at bedside.

Plan of Correction ***Accept ([redacted] - 08/23/2024)***

Immediate Corrective Actions: The lamp was replaced by the Maintenance Director on 7/31/2024 during the inspection.

Additional Corrective Actions: All rooms were checked by the management team on 8/2/2024 to verify that each resident had an operable light source that can be turned on at bedside. Staff education will be provided by the Executive Director and will be completed by 8/26/2024 on the need for an operable light source and to report to Executive Director any resident that was missing a light source or it was found to be inoperable, see attached.

Ongoing Quality Assurance Actions: Monthly room audits will be completed beginning in September 2024 by the management team to ensure that all residents have an operable light source that can be turned on at bedside. Audits will be reviewed as part of the Quality Assurance quarterly meetings, beginning in October 2024 with a review of the third quarter. Executive Director will monitor for compliance.

Licensee's Proposed Overall Completion Date: *08/26/2024*

Implemented ([redacted] - 08/26/2024)

183d - Prescription Current

2. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #2 had the medication Simvastatin in the med cart. This medication was discontinued for the resident on 6/27/24.

Resident #2 had 2 blister packs containing Warfarin 2.5mg. This prescription had been discontinued for the resident.

Resident #4's Levothyroxine 137mcg medication was discontinued but still in the med cart.

Plan of Correction ***Accept ([redacted] - 08/23/2024)***

Immediate Corrective Action: The medications that were discontinued were removed from the med cart and disposed of on 7/31/2024 by the med tech.

Additional Corrective Actions: All med carts were looked through by the Resident Care Director on 8/9/2024 to ensure that all discontinued meds have been removed and disposed of appropriately. Med tech education was provided by the Director of Quality Assurance regarding only having current prescriptions in the home on 8/8/2024.

Ongoing Quality Assurance Actions: Med Cart Audits will be completed by the Resident Care Director on a monthly

183d - Prescription Current (continued)

basis starting in September 2024. These audits will also be reviewed as part of the quarterly quality assurance meetings, beginning in October 2024 with a review of the third quarter. Executive Director will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: *08/26/2024*

Implemented ([redacted] - 08/26/2024)

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

Resident #3's Humolog 100u/ml Kwikpen was opened 6/29/24. and expired in 28 days on 7/26/24. Resident #3's Haloperidol Con 2mg/ml expired on 7/29/24. Both medications were in the cart at time of inspection.

Plan of Correction ***Accept ([redacted] - 08/23/2024)***

Immediate Corrective Action: The medications that were expired were removed from the med cart and disposed of on 7/31/2024 by the med tech. New medications to replace the expired meds were ordered on 7/31/2024 and received the same day.

Additional Corrective Actions: All med carts were looked through by the Resident Care Director on 8/9/2024 to ensure that all expired meds have been removed and disposed of appropriately. Med tech education was provided on 8/8/2024 by the Director of Quality Assurance regarding following manufacturer's instructions to include how long after a medication is opened before it expires and to ensure only unexpired medications are in the med cart and administered.

Ongoing Quality Assurance Actions: Med Cart Audits will be completed by the Resident Care Director on a monthly basis starting in September 2024. These audits will also be reviewed as part of the quarterly quality assurance meetings, beginning in October 2024 with a review of the third quarter. Executive Director will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: *08/26/2024*

Implemented ([redacted] - 08/26/2024)

184a - Resident's Meds Labeled

4. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #2 has a current order for Warfarin 3mg, with directions to administer 1 tab every evening. The resident's Warfarin 3mg blister pack was labeled with directions to "take ½ tablet at bedtime."

Resident #5's is prescribed GNP Glucose Chew Grape with orders to chew 1 tab daily. The medication label incorrectly states to chew 1 tab 30min prior to physical activity.

Plan of Correction ***Accept ([redacted] - 08/23/2024)***

Immediate Corrective Action: Change of direction stickers were applied to both medication instructions on 7/31/2024 by the Med Tech.

Additional Corrective Actions: All med carts were reviewed by the Resident Care Director on 8/9/2024 to ensure that all medication cards matched the orders in the MAR and change of direction stickers were applied as needed. Med tech education was provided on 8/8/2024 by the Director of Quality Services regarding ensuring that the pharmacy label matches the physician order and if necessary a change of direction sticker may be applied as appropriate or a new medication card must be received.

Ongoing Quality Assurance Actions: Med Cart Audits will be completed by the Resident Care Director on a monthly basis starting in September 2024. These audits will also be reviewed as part of the quarterly quality assurance meetings, beginning in October 2024 with a review of the third quarter. Executive Director will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: *08/26/2024*

Implemented ([redacted] - 08/29/2024)

185a - Implement Storage Procedures

5. 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 #3's Geritussin PRN was not in the cart at time of inspection.

Resident #4's acetaminophen 325mg PRN and GNP eye drop PRN were not in the cart at time of inspection.

185a - Implement Storage Procedures *(continued)*

Plan of Correction ***Accept ([redacted] - 08/23/2024)***

Immediate Corrective Action: The medications that were missing were ordered on 7/31/2024 and received the same day.

Additional Corrective Actions: All med carts were reviewed by the Resident Care Director on 8/9/2024 to ensure that all PRN orders had medications in the carts to be available for administration. Med tech education was provided on 8/8/2024 by the Director of Quality Assurance regarding the requirement to have a medication on hand if there is an order for it, to ensure that medications are available to residents as needed, per the PRN order.

Ongoing Quality Assurance Actions: Med Cart Audits will be completed by the wellness team on a monthly basis, starting in September 2024. These audits will also be reviewed as part of the quarterly quality assurance meetings, beginning in October 2024 with a review of the third quarter. Executive Director will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: *08/26/2024*

Implemented ([redacted] - 08/29/2024)