

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

October 15, 2024

[REDACTED]  
DOUGLASSVILLE AID II OPCO LLC  
[REDACTED]

RE: AMITY PLACE  
139 OLD SWEDE ROAD  
DOUGLASSVILLE, PA, 19518  
LICENSE/COC#: 22656

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/28/2024 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: AMITY PLACE License #: 22656 License Expiration: 10/18/2024
Address: 139 OLD SWEDE ROAD, DOUGLASSVILLE, PA 19518
County: BERKS Region: NORTHEAST

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: DOUGLASSVILLE AID II OPCO LLC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: I 1 Date: 02/12/2009 Issued By: Amity Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 81 Waking Staff: 61

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 08/28/2024

Inspection Dates and Department Representative

08/28/2024 On Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 Residents Served: 52

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 9

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 52
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 29 Have Physical Disability: 0

Inspections / Reviews

08/28/2024 - Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 09/16/2024

09/18/2024 - POC Submission

Submitted By: [Redacted] Date Submitted: 10/07/2024
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 09/23/2024

Inspections / Reviews *(continued)*

09/25/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/07/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/07/2024

10/15/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/07/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 187d - Follow Prescriber's Orders

## 1. Requirements

2600.

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

## Description of Violation

On [REDACTED] at 6:51pm, Staff Person "A" accidentally administered Resident [REDACTED] medications [REDACTED], and [REDACTED] to Resident [REDACTED]. Staff Person "B" was notified immediately and monitored Resident [REDACTED], who had no adverse side effects from the error.

## Plan of Correction

Accept [REDACTED] - 09/25/2024)

1. [REDACTED] has assigned [REDACTED] to be monitored by morning and even Resident Care Coordinators while administering medication to ensure directions are followed as prescribed and the residents are receiving the correct medication for a period of 3 weeks. 9/16/2024-10/07/2024
2. [REDACTED] will receive additional education and training to ensure [REDACTED] understanding of administering medications and ensuring it does not reoccur. To be completed by 10-07-2024
3. [REDACTED] will be responsible for following up with morning and evening RCC's who will be monitoring [REDACTED] a weekly basis. 9/16/2024-10/07/2024
4. If incident occurs again after the 3 week observation is complete, [REDACTED] will be removed from the med cart for reevaluation.

Licensee's Proposed Overall Completion Date: 10/07/2024

Implemented [REDACTED] - 10/15/2024)