

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

December 9, 2024

[REDACTED]
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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/29/2024, 11/12/2024 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 FLEETWOOD* License #: *22770* License Expiration: *06/04/2025*
 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]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *67* Waking Staff: *50*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *11/12/2024*

Inspection Dates and Department Representative

10/29/2024 - On-Site: [REDACTED]
 11/12/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *65* Residents Served: *58*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *12*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *58*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *9* Have Physical Disability: *0*

Inspections / Reviews

10/29/2024 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/02/2024*

12/02/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *12/07/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/07/2024*

Inspections / Reviews *(continued)*

12/09/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/07/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] is prescribed [redacted] every hour as needed for pain. Resident [redacted] is also prescribed [redacted] every 4 hours for anxiety. Both of these medications were administered on 10/19/24 between hours of 3:18pm and 10:28pm. However, it was not documented on the Medication Administration Record.

Resident [redacted] is prescribed [redacted] by mouth four times a day as needed for [redacted]. Through investigation, it was determined that it was administered by Staff Person A during 2nd shift on 10/28/24. Staff A did not document this administration on the resident's MAR or the narcotic count sheet.

Plan of Correction

Accept [redacted] - 12/02/2024)

Immediate Corrective Actions: When interviewed, staff member A confirmed the medication was given, but not signed. Staff member A signed the EMAR on 10/30/24.

Additional Corrective Actions: Staff member a was retrained by Resident Care Director on proper medication administration and documentation procedures, on 10/30/24.

Ongoing Quality Assurance Actions: The Resident Care Director will review the dashboard on SMART for missed signatures daily, and will investigate all missed signatures, beginning on 10/30/24. EMAR documentation will be discussed as part of the quarterly QA meetings, beginning 01/2025.

Licensee's Proposed Overall Completion Date: 11/28/2025

Implemented [redacted] - 12/09/2024)

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted] every hour as needed for pain. Resident [redacted] is also prescribed [redacted] every 4 hours for anxiety. However, on 10/19/24 during 3rd shift, resident was administered [redacted] every hour from 3:18pm to 10:28pm and [redacted] was administered only 1 time on 3rd shift, at 3:28pm.

Plan of Correction

Accept [redacted] - 12/02/2024)

Immediate Corrective Actions: At the time the medication error was discovered, the primary care physician, hospice team, and family were immediately notified. The resident was assessed and monitored for adverse effects. There were no adverse effects noted.

Additional Corrective Actions: Staff member a was retrained by Resident Care Director on proper medication administration and documentation procedures, on 10/30/24.

Ongoing Quality Assurance Actions: The train the trainer will complete all necessary observations and MAR reviews to ensure medications are being administered at the direction of the prescriber. Med tech observations and MAR

187d Follow Prescriber's Orders (continued)

reviews will be discussed as part of the quarterly QA meetings, beginning 01/2025.

Licensee's Proposed Overall Completion Date: 11/28/2025

Implemented [REDACTED] - 12/09/2024)