

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

December 2, 2024

[REDACTED]  
HSL DOUGLASSVILLE SUBTENANT LLC  
[REDACTED]

C/O HERITAGE SENIOR LIVING  
[REDACTED]

RE: KEYSTONE VILLA AT  
DOUGLASSVILLE PERSONAL CARE  
1152 BEN FRANKLIN HIGHWAY  
EAST  
DOUGLASSVILLE, PA, 19518  
LICENSE/COC#: 22768

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/13/2024 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 DOUGLASSVILLE PERSONAL CARE License #: 22768 License Expiration: 06/13/2025
Address: 1152 BEN FRANKLIN HIGHWAY EAST, DOUGLASSVILLE, PA 19518
County: BERKS Region: NORTHEAST

Administrator

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

Legal Entity

Name: HSL DOUGLASSVILLE SUBTENANT LLC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: C-2 LP Date: 04/12/1989 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 191 Waking Staff: 143

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 11/13/2024

Inspection Dates and Department Representative

11/13/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

Table with 2 columns: Category and Value. Rows include General Information (License Capacity: 168, Residents Served: 132), Secured Dementia Care Unit (In Home: Yes, Area: na, Capacity: 56, Residents Served: 53), Hospice (Current Residents: 21), and Number of Residents Who (Receive Supplemental Security Income: 0, Are 60 Years of Age or Older: 131, Diagnosed with Mental Illness: 0, Diagnosed with Intellectual Disability: 0, Have Mobility Need: 59, Have Physical Disability: 0).

Inspections / Reviews

Table with 3 columns: Date/Type, Lead Inspector, Follow-Up Type, and Follow-Up Date. Rows include 11/13/2024 Partial (Lead Inspector: [Redacted], Follow-Up Type: POC Submission, Follow-Up Date: 12/02/2024) and 12/02/2024 - POC Submission (Submitted By: [Redacted], Date Submitted: 12/02/2024, Reviewer: [Redacted], Follow-Up Type: Bypass Document Submission).

Inspections / Reviews *(continued)*

12/02/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/02/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 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**

*The support plan for resident [REDACTED] dated [REDACTED] was not updated to reflect that the resident received hospice services from [REDACTED] through [REDACTED]. The support plan also was not updated to indicate the resident required additional care from a private duty aide due to mobility and transfer needs.*

**Plan of Correction****Accept [REDACTED] - 12/02/2024)**

*Immediate Corrective Action - The resident's RASP was updated on [REDACTED] to reflect the hospice services received from [REDACTED] through [REDACTED] by the Executive Director. The date of [REDACTED] noted above may be at typo. The support plan was updated on [REDACTED] by the Executive Director to show the additional home care from a private duty agency to assist with mobility and transfers.*

*Additional Corrective Action - The Executive Director re-trained the staff who complete the RASP's on 12/2/24. The training reviewed that the support plan must be updated with changes regarding the resident's care needs.*

*Ongoing Corrective Action - The Executive Director will audit 5% of resident's RASP's monthly for compliance and will report the findings at the next quality assurance meeting to be held in January 2025, in review of the fourth quarter of 2024.*

**Licensee's Proposed Overall Completion Date: 12/31/2024**

**Implemented [REDACTED] 12/02/2024)**