

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

September 8, 2025

[REDACTED]  
GAHC3 BOYERTOWN PA ALF TRS SUB LLC

[REDACTED]  
HERITAGE SENIOR LIVING  
[REDACTED]

RE: CHESTNUT KNOLL  
120 WEST FIFTH STREET  
BOYERTOWN, PA, 19512  
LICENSE/COC#: 22613

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/20/2025, 06/04/2025 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:** PA dept L&I

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 110 **Waking Staff:** 83

**Inspection Information**

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

**Reason:** Incident **Exit Conference Date:** 06/04/2025

**Inspection Dates and Department Representative**

05/20/2025 On Site: [REDACTED]

06/04/2025 Off Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 119 **Residents Served:** 58

**Secured Dementia Care Unit**

**In Home:** Yes **Area:** Memory Care **Capacity:** 52 **Residents Served:** 51

**Hospice**

**Current Residents:** 13

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 58

**Diagnosed with Mental Illness:** 0 **Diagnosed with Intellectual Disability:** 0

**Have Mobility Need:** 52 **Have Physical Disability:** 0

**Inspections / Reviews**

05/20/2025 - Partial

**Lead Inspector:** [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 06/20/2025

Inspections / Reviews *(continued)*

07/01/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/03/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/03/2025

09/08/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/03/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

182c - Medication Administration

1. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

- 2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- 7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

From [REDACTED] at 7:00 a.m., the home did not follow the medication administration step of verifying the correct medication strength with the medication administration record for resident [REDACTED], who requires this assistance to take [REDACTED] every morning, but was given [REDACTED] instead.

Plan of Correction

Accept [REDACTED] - 07/01/2025)

Immediate Corrective Actions: Upon investigation, it was determined that the error was related to a discontinued medication that remained on the Med Cart. The incorrect dose was pulled from the med cart by the Executive Director immediately when it was found. Director of Pharmacy Services completed the medication cart audit on 5/15/2025 and found no other discontinued medications in the cart. Resident [REDACTED] physician was contacted by the Clinical Care Coordinator immediately and the physician gave orders to hold the [REDACTED] for 2 days and then resume the 125 mg dose on 5/18/2025 and also to have a [REDACTED] lab completed in two weeks, the physician gave clarification of the lab order that it could be completed on 5/27/2025. The Digoxin level completed on 5/27/2025 was within normal range.

Additional Corrective Actions: All Med techs were re educated on the 5 rights of medication administration and the three checks by the Director of Pharmacy Services on 6/10/2025 (See attachment 1) Resident Care Director and Executive Director are completing weekly audits of all new discontinued meds starting 5/21/2025 to ensure that all discontinued medications are disposed of timely..

Ongoing Corrective Actions: Medication Cart Audits will be completed on each cart by the Resident Care Director monthly starting June 2025 to ensure that compliance is maintained. Audits will be reviewed by the Interdisciplinary team at the Quarterly QA meetings starting in July 2025.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented [REDACTED] 08/15/2025)

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 [REDACTED] was discontinued on [REDACTED]. However, on [REDACTED] the discontinued medication was discovered in the home's medication cart.

183d Prescription Current (continued)

Plan of Correction

Accept [REDACTED] - 07/01/2025)

Immediate Corrective Actions: Upon investigation, it was determined the error was related to a discontinued medication that remained on the Med Cart. The incorrect dose was pulled from the med cart immediately by the Executive Director when it was found. Director of Pharmacy Services completed the medication cart audit on 5/15/2025 and found no other discontinued medications in the cart. Resident [REDACTED] physician was contacted by the Executive Director immediately and the physician gave orders to hold the [REDACTED] for 2 days and then resume the 125 mg dose on 5/18/2025 and also to have a [REDACTED] lab completed in two weeks, the physician gave clarification of the lab order that it could be completed on 5/27/2025. The [REDACTED] level completed on 5/27/2025 was within normal range.

Additional Corrective Actions: All Med techs were re educated on the 5 rights of medication administration and the three checks by the Director of Pharmacy Services on 6/10/2025 (See attachment 1). Executive Director and Resident Care Director are completing weekly audits of all discontinued meds starting 5/21/2025 to ensure that all discontinued medications are disposed of timely.

Ongoing Corrective Actions: Medication Cart Audits on each cart will be completed by the Resident Care Director monthly starting June 2025 to ensure that compliance is maintained. Audits will be reviewed by the Interdisciplinary team at the Quarterly QA meetings starting in July 2025.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented [REDACTED] - 08/15/2025)

187d - Follow Prescriber's Orders

3. Requirements

2600.

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

Description of Violation

On [REDACTED] the prescriber had placed an order to decrease the strength of resident [REDACTED] [REDACTED] from 250mg to 125mg and an additional 2 day hold. Resident [REDACTED] was administered [REDACTED] instead of the prescribed strength of 125mg from [REDACTED] until [REDACTED].

Resident [REDACTED] had a prescriber's order for [REDACTED] to be administered every other day. However, the home didn't follow the prescriber's order and administered [REDACTED] on [REDACTED] [REDACTED] and [REDACTED] to resident [REDACTED].

Resident [REDACTED] was prescribed [REDACTED] on [REDACTED] to be administered every other day per prescriber's order. However, resident [REDACTED] was administered [REDACTED] 3 times weekly on Sunday, Tuesday, and Thursday in April 2025 and up until [REDACTED].

Plan of Correction

Accept [REDACTED] - 07/01/2025)

Immediate Corrective Actions: Upon investigation, it was determined that the errors occurred due to the staff that approved the medication orders, inadvertently entered the frequency of the administration incorrectly as well as there was a discontinued medication that remained on the cart and then administered in error. The incorrect dose

187d Follow Prescriber's Orders (continued)

was pulled from the med cart immediately by the Executive Director when it was found. Director of Pharmacy Services completed the medication cart audit on 5/15/2025 and found no other discontinued medications in the cart and only the residents that were reported had incorrect administration dates. Resident [redacted] physician was contacted by the Executive Director immediately and the physician gave orders to hold the [redacted] for 2 days and then resume the 125 mg dose on 5/18/2025 and also to have a [redacted] level lab completed in two weeks, the physician gave clarification of the lab order that it could be completed on 5/27/2025. The physician also requested that the [redacted] be resumed for every other day. The [redacted] level completed on 5/27/2025 was within normal range. The EMAR was corrected to reflect that administration for the Metoprolol Succ ER 25mg be completed every other day as per physician orders. Resident [redacted] physician was contacted by the Clinical Care Coordinator and [redacted] had no new orders, just to resume administration of the [redacted] every other day. The EMAR was corrected to reflect that the administration for the [redacted] be completed every other day as per physician orders.

Additional Corrective Actions: All Med Techs were re educated on the 5 rights of medication administration and the 3 checks and order verification by the Director of Pharmacy Services on 6/10/2025 (see attachment 1). Executive Director and Resident Care Director are completing weekly audits of all discontinued meds starting 5/21/2025 to ensure that all discontinued medications are disposed of timely. Resident Care Director will complete weekly audits of 10% of new orders starting June 2025 to verify that the EMAR reflects the correct days of administration.

Ongoing Corrective Actions: Medication Cart Audits will be competed on each cart by the Resident Care Director monthly starting in June 2025 to ensure that compliance is maintained. Audits will be reviewed by the Interdisciplinary Team at the Quarterly QA meetings starting in July 2025.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented [redacted] - 09/08/2025)

227g -Support Plan Signatures

4. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] participated in the development of their support plan dated [redacted]. However, the resident did not sign the support plan.

Resident [redacted] participated in the development of their support plan dated [redacted]. However, the resident did not sign the support plan.

Plan of Correction

Accept [redacted] - 07/01/2025)

Immediate Corrective Action: Resident [redacted] s RASP was signed by the resident (see attachment 2). Resident [redacted] RASP was signed by the resident (see Attachment 3).

Additional Corrective Action: All staff that are responsible for completing RASPs were re educated on 5/21/2025 (see attachment 4) by the Executive Director to ensure that they are having the resident sign the RASP when completed. Or if the resident declines, refuses or is unable to sign to document that information on the RASP.

**227g -Support Plan Signatures (continued)**

*Ongoing Quality Assurance Actions: Resident Care Director, Memory Care Director and Executive Director will complete audits monthly on 5% of charts starting in June 2025 to ensure compliance is maintained. Audits will be reviewed by the Interdisciplinary Team at the Quarterly QA meetings starting in July 2025.*

**Licensee's Proposed Overall Completion Date: 06/30/2025**

**Implemented [REDACTED] - 09/08/2025)**