

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

June 30, 2025

[REDACTED], COO  
HSL BLANDON SUBTENANT LLC  
[REDACTED]  
[REDACTED]

RE: KEYSTONE VILLA AT FLEETWOOD  
501 HOCH ROAD  
BLANDON, PA, 19510  
LICENSE/COC#: 22770

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/29/2025 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: *KEYSTONE VILLA AT FLEETWOOD* License #: *22770* License Expiration: *06/04/2026*  
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**

Type: *I-1* Date: *05/18/2011* Issued By: *Maidencreek Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *73* Waking Staff: *55*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *05/29/2025*

**Inspection Dates and Department Representative**

05/29/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
License Capacity:	65	Residents Served:	60
Secured Dementia Care Unit			
In Home:	No	Area:	Capacity:
Residents Served:			
Hospice			
Current Residents: 15			
Number of Residents Who:			
Receive Supplemental Security Income:	0	Are 60 Years of Age or Older:	60
Diagnosed with Mental Illness:	0	Diagnosed with Intellectual Disability:	0
Have Mobility Need:	13	Have Physical Disability:	0

**Inspections / Reviews**

05/29/2025 - Full  
Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/22/2025*

06/25/2025 - POC Submission  
Submitted By: [REDACTED] Date Submitted: *06/26/2025*  
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/30/2025*

Inspections / Reviews *(continued)*

06/30/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/26/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 5/29/25, at approximately 9:21 a.m., the laptop on the medication cart labeled as second floor was unlocked, unattended, and accessible to residents' records on the first-floor hallway.

On 5/29/25, at approximately 9:36 a.m., the laptop on the medication cart labeled as first floor was unlocked, unattended, and accessible to residents' records on the second-floor hallway.

On 5/29/25, at approximately 9:38 a.m., the laptop on the medication cart labeled as second floor was unlocked, unattended, and accessible to residents' records on the second-floor hallway nearby room 242.

On 5/29/25, at approximately 9:45a.m., the laptop on the medication cart was unlocked, unattended, and accessible to residents' records on the third-floor hallway nearby room 328.

Repeat Violation 8/21/24

Plan of Correction

Accept (█ - 06/25/2025)

Immediate Corrective Action: At the time of the incident on 5/29/25, the laptops were immediately locked by the Resident Care Director.

Additional Corrective Action: All med tech's were trained on 6/11/25 by the Resident Care Director on record confidentiality.

Ongoing Quality Assurance Actions: The Resident Care Director or Clinical Care Coordinator will perform random checks, at least weekly, to ensure the med tech laptops are being locked when unattended. This will be reviewed as part of the quarterly QA meetings, beginning July 2025. The Executive Director will ensure compliance by providing routine weekly oversight.

Licensee's Proposed Overall Completion Date: 05/29/2026

Implemented (█ - 06/30/2025)

103i - Outdated Food

2. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

At 9:40 A.M. there was an unlabeled, undated bowl of salad and cooked bowl of chicken pieces in the third floor recreation room refrigerator.

Plan of Correction

Accept (█ - 06/25/2025)

Immediate Corrective Action: The food was found to be a staff member's lunch for that day as this refrigerator is typically used for employee meals. The staff member removed their food immediately from the refrigerator the time of the incident on 5/29/25.

**103i - Outdated Food (continued)**

*Additional Corrective Action: A lock was placed on the refrigerator with notice that it is used for staff only by the Executive Director. A sign was placed inside the refrigerator notifying staff that all food must be labeled and dated. An all staff training will be completed on 6/19/25 by the Executive Director.*

*Ongoing Quality Assurance Actions: The housekeeping team will check this refrigerator weekly, beginning 06/17/25, to ensure all food inside the refrigerator is dated and labeled. The Executive Director will ensure compliance by providing routine weekly oversight.*

**Licensee's Proposed Overall Completion Date: 05/29/2026**

**Implemented (█) - 06/30/2025)**

**185a - Implement Storage Procedures****3. 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 #1 is prescribed APAP 325 mg as needed. At 2:15 P.M. the medication was not available in the home.*

*Resident #2 is prescribed Furosemide 80 mg, Nitroglycerin 0.4 mg tab, Senna 8.6 mg tab, and Triamcin Acet 0.1 cream. At 2:20 P.M. the medication was not available in the home.*

**Plan of Correction**

**Accept (█) - 06/25/2025)**

*Immediate Corrective Action: On 05/29/25, at the time of inspection, our Resident Care Director ordered the medications from pharmacy and they were delivered that evening.*

*Additional Corrective Action: All med tech's were trained on 6/11/25 by the Resident Care Director on proper storage procedures and medication availability.*

*Ongoing Quality Assurance Actions: A member of the wellness team will perform weekly med cart audits, beginning the week of 06/16/25 to ensure all medications that are ordered are on hand. This will be reviewed as part of the quarterly QA meetings, beginning July 2025. The Executive Director will ensure compliance by providing routine weekly oversight.*

**Licensee's Proposed Overall Completion Date: 05/29/2026**

**Implemented (█) - 06/30/2025)**

**187a - Medication Record****4. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

**Description of Violation**

*Resident #2 is prescribed Spironolactone 25mg tab for each morning for Hypertension. The medication was administered. However, resident's medication administration record does not indicate the resident's blood pressure for*

**187a - Medication Record (continued)**

the morning on 5/13/25.

**Plan of Correction****Accept ( [REDACTED] - 06/25/2025)**

*Immediate Corrective Action: At the time of the inspection on 5/29/25, the state inspector was provided paper documentation with the resident's BP reading from 05/13/25.*

*Additional Corrective Action: All med tech's were trained on 6/11/25 by the Resident Care Director on medication administration documentation.*

*Ongoing Quality Assurance Actions: The Resident Care Director or Clinical Care Coordinator will perform random MAR checks, at least monthly and on 10% of resident charts, to ensure the med tech laptops are properly documenting blood pressure readings. This will be reviewed as part of the quarterly QA meetings, beginning July 2025. The Executive Director will ensure compliance by providing routine weekly oversight.*

**Licensee's Proposed Overall Completion Date: 05/29/2026**

**Implemented ( [REDACTED] - 06/30/2025)**