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

November 13, 2025

[redacted] , COO
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

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/11/2025, 09/18/2025 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 DOUGLASSVILLE PERSONAL CARE* **License #**: *22768* **License Expiration**: *06/13/2026*

**Address**: *1152 BEN FRANKLIN HIGHWAY EAST, DOUGLASSVILLE, PA 19518*

**County**: *BERKS* **Region**: *NORTHEAST*

## Administrator

**Name**: [redacted] **Phone**: *610-385-2100* **Email**: *kdobson@keystonevillaatdouglassville.com*

## Legal Entity

**Name**: *HSL DOUGLASSVILLE SUBTENANT LLC*

**Address**: [redacted] *C/O HERITAGE SENIOR LIVING,* [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**: *204* **Waking Staff**: *153*

## Inspection Information

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

**Reason**: *Renewal, Complaint* **Exit Conference Date**: *09/18/2025*

## Inspection Dates and Department Representative

*09/11/2025 - On-Site:* [redacted]

*09/18/2025 - On-Site:* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *168* **Residents Served**: *138*

### Secured Dementia Care Unit

**In Home**: *Yes* **Area**: *N/A* **Capacity**: *68* **Residents Served**: *55*

### Hospice

**Current Residents**: *20*

### Number of Residents Who:

**Receive Supplemental Security Income**: *0* **Are 60 Years of Age or Older**: *137*

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

**Have Mobility Need**: *66* **Have Physical Disability**: *0*

# Inspections / Reviews

### 09/11/2025 - Full

**Lead Inspector**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/24/2025*

### 11/10/2025 - POC Submission

**Submitted By**: [redacted] **Date Submitted**: *11/12/2025*

**Reviewer**: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *11/12/2025*

## Inspections / Reviews *(continued)*

**11/13/2025 - Document Submission**

**Submitted By**: [redacted] **Date Submitted**: *11/12/2025*

**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 9/11/15, at approximately 4:30 p.m., a medication bottle containing resident information was observed on top of a medication cart near the first floor dining room which was unlocked, unattended, and accessible.*

**Plan of Correction** ***Accept ([redacted] - 11/06/2025)***

*Immediate Correction: The box which held eyedrops was removed immediately by the Resident Care Director. The cart was locked by the med tech on 9/11/25. The Resident Care Director re-educated the med tech on 9/11/25 that boxes with prescription labels cannot be left unattended on the med cart and the cart must be locked when unattended.*

*Additional Correction: All med techs were in-serviced on 10/9/25 by the Resident Care Director regarding not leaving medications unattended and ensuring the medication cart is locked before walking away from it.*

*Ongoing QA: The Resident Care Director will perform random med cart checks two times a week starting 10/27/25 through 12/31/25 to ensure carts remain locked when unattended and that there are no medications on the top of the cart. The results will be reported at the next quality assurance meeting scheduled for January 2026.*

**Licensee's Proposed Overall Completion Date:** *01/15/2026*

***Implemented ([redacted] - 11/13/2025)***

## 81b - Resident Personal Equipment

**2. Requirements**

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

**Description of Violation**

*On 9/11/25 at approximately 2:00 p.m. resident #8's oxygen tank was stored on the floor and not in a secure storage container or cart to prevent tipping.*

**Plan of Correction** ***Accept ([redacted] - 11/06/2025)***

*Immediate Correction: The oxygen tanks were secured in a rack on 9/12/25 by the Resident Care Director.*

*Additional Correction: All oxygen tanks were inspected on 9/12/25 by the Resident Care Director to ensure they are stored in racks. The Resident Care Director in-serviced the direct care staff on 10/9/25 that all oxygen tanks must be stored in racks.*

*Ongoing QA: The Resident Care Director will check tank holders monthly beginning 10/27/25 through 12/31/25 and report compliance at the next scheduled quality assurance meeting in January 2026.*

## 81b - Resident Personal Equipment *(continued)*

**Licensee's Proposed Overall Completion Date:** *01/15/2026*

***Implemented ([redacted] - 11/13/2025)***

## 85a - Sanitary Conditions

**3. Requirements**

2600.
85.a. Sanitary conditions shall be maintained.

**Description of Violation**

*On 9/11/25 at 9:54 a.m., under the first-floor dining area kitchenette sink was a black and brown granular substance which looked like spilled coffee and coffee grounds.*

*On 9/11/25 at 1:52 p.m., in resident #1's bedroom, there was a full wastepaper basket with dirty Depends and a toilet seat with feces on the rim.*

**Plan of Correction** ***Accept ([redacted] - 11/10/2025)***

*Immediate Correction: Both areas were cleaned and disinfected on 9/11/25 by housekeeping.*

*Additional Correction: The trash is emptied daily by the direct care staff. The resident is alert and oriented and independently takes [redacted] to the bathroom. [redacted] was educated by the care staff on 9/11/25 to ring [redacted] call bell if more assistance is needed.*

*Ongoing QA: The Dining Director will spot check the cabinet under the coffee machine weekly starting 10/27/25 through 12/31/25 to ensure there are no coffee spills. Compliance will be reported at the next quality assurance meeting scheduled in January 2026.*

**Licensee's Proposed Overall Completion Date:** *01/15/2026*

***Implemented ([redacted] - 11/13/2025)***

## 85d - Trash Receptacles

**4. Requirements**

2600.
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

**Description of Violation**

*At 1:43 p.m. on 9/11/25 there was a full, uncovered, tall trash can in resident #2 and resident #3's shared bathroom.*

**Plan of Correction** ***Accept ([redacted] - 11/10/2025)***

*Immediate Correction: The uncovered trashcan was removed from the apartment on 9/11/25. There was already a community covered trashcan in the apartment.*

*Additional Correction: The resident, who recently moved into the community, was educated on 9/11/25 by the*

## 85d - Trash Receptacles (continued)

*Resident Care Director that trash cans must remained covered.*

*Ongoing QA: The housekeeping supervisor will check the resident's apartment weekly beginning 10/27/25 through 12/31/25 to ensure the trash can is covered. The findings will be reported at the next quality assurance meeting scheduled in January 2026.*

**Licensee's Proposed Overall Completion Date:** *01/15/2026*

***Implemented ([redacted] - 11/13/2025)***

## 85e - Trash Outside Home

**5. Requirements**

2600.
85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

**Description of Violation**

*At approximately 9:45 a.m. on 9/11/25 the home's dumpster lid was observed to be uncovered.*

**Plan of Correction** ***Accept ([redacted] - 11/10/2025)***

*Immediate Correction: The dumpster lid was closed at time of inspection on 9/11/25 by the Housekeeping Supervisor.*

*Additional Correction: The dining staff were re-educated by the Dining Director on 9/11/25 that the dumpster lids need to remain closed after use. The Resident Care Director re-educated the direct care staff on 10/9/25 that the dumpster lids need to remain closed after use.*

*Ongoing QA: The Maintenance Director will check dumpster area daily beginning 10/27/25 through 12/31/25 and report the findings at the next scheduled quality assurance meeting in January 2026.*

**Licensee's Proposed Overall Completion Date:** *01/15/2026*

***Implemented ([redacted] - 11/13/2025)***

## 102i - Soap Dispenser

**7. Requirements**

2600.
102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

**Description of Violation**

*On 9/11/25 at 1:43 p.m. there was an unlabeled used bar of soap in resident #2 and resident #3's shared shower.*

**Plan of Correction** ***Accept ([redacted] - 11/10/2025)***

*Immediate Correction: The bar of soap was removed by the Resident Care Director on 9/11/25 and replaced with pump soap dispenser.*

*Additional Correction: The resident, who recently moved into the community, was educated by the Resident Care*

## *102i - Soap Dispenser (continued)*

*Director on 9/11/25 that bars of soap are unable to be used in companion apartments, rather, pump soaps are needed.*

*Ongoing QA: The Housekeeping Supervisor will audit the apartment weekly beginning 10/27/25 through 12/31/25 to ensure that there are no bars of soap in the apartment. The findings will be reviewed at the next quality assurance meeting scheduled for January 2026.*

**Licensee's Proposed Overall Completion Date:** *01/15/2026*

***Implemented ([redacted] - 11/13/2025)***

## 103e - Left Overs

**8. Requirements**

2600.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**Description of Violation**

*On 9/11/25 at approximately 9:40 a.m. there were two undated takeout pizza boxes in the 2nd floor kitchenette refrigerator.*

*Repeat Violation 8/6/24 et al*

**Plan of Correction** ***Accept ([redacted] - 11/10/2025)***

*Immediate Correction: The pizza boxes, leftover from a staff celebration, were discarded 9/11/25 by the Housekeeping Supervisor.*

*Additional Correction: The management team was re-educated on 10/17/25 by the Executive Director that all leftover food must be labeled and dated.*

*Ongoing QA: The Dining Director will audit kitchenette refrigerators weekly starting 10/27/25 through 12/31/25 to ensure all food is dated and labeled. A report of the findings will be reviewed at the next scheduled quality assurance meeting in January 2026.*

**Licensee's Proposed Overall Completion Date:** *12/01/2025*

***Implemented ([redacted] - 11/13/2025)***

## 183d - Prescription Current

**9. 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**

*On 9/18/2025, Hydrocortisone 1% Cream prescribed for Resident #5, was in the home's medication cart; however, the medication was discontinued on 9/14/2025.*

## 183d - Prescription Current *(continued)*

**Plan of Correction** ***Accept ([redacted] - 11/10/2025)***

*Immediate Correction: The hydrocortisone was removed from the medication cart on 9/18/25 by the Resident Care Director.*

*Additional Correction: The Resident Care Director re-educated the staff on 10/9/25 that discontinued medications need to be removed from the medication cart when the order is received.*

*Ongoing QA: The Resident Care Director will audit 10% of discontinued orders weekly beginning 10/27/25 through 12/31/25 to ensure that the medication is removed from the medication cart. The findings will be reported at the next quality assurance meeting schedule for January 2026.*

**Licensee's Proposed Overall Completion Date:** *01/15/2026*

***Implemented ([redacted] - 11/13/2025)***

## 185a - Implement Storage Procedures

**10. 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 #5 is prescribed Nystatin 100,000 U/GM Powder to be applied twice daily as needed. On 9/18/2025, Nystatin 100,000 U/GM Powder medication was not available in the home.*

*Resident #7 is prescribed cherry cough lozenges to be used up to 4 times daily as needed. The medication was not available in the home.*

*Resident #9 has an order for blood glucose readings 4 times daily. On 9/5/25 at 8:00 p.m. the glucometer noted a reading of 276; however, the Medication Administration Record (MAR) noted a reading of 278.*

*The home completes narcotic counts at the change of each shift as per their written procedures. On the evening of 9/4/25 the narcotics book was not signed by the staff to indicate the narcotic count was completed.*

*Repeat violation 8/6/24 et al*

**Plan of Correction** ***Accept ([redacted] - 11/10/2025)***

*Immediate Correction: An order was obtained by the physician to discontinue the cough drops and nystatin powder due to non-use.*

*A progress note was written in the resident's chart on 9/18/25 by the Resident Care Director that the glucometer reading was transcribed as 278 on the MAR and was 276 on the glucometer.*

## *185a - Implement Storage Procedures (continued)*

*Additional Correction: The Resident Care Director is responsible for weekly cart audits to be completed. The Weekly Medication Cart Audit form includes making sure that PRN medications are available.*

*The med techs were re-educated on 10/9/25 that they are responsible for completing the Med Tech Shift Change Checklist which includes signing off that the narcotic sheet is signed.*

*The med techs were re-educated on 10/9/25 to be mindful of making sure they type the correct blood sugar reading in the MAR.*

*Ongoing QA: The Resident Care Director will review the completed Weekly Medication Cart Audit forms and Med Tech Shift Change forms beginning 10/27/25 through 12/31/25 and report the findings at the next scheduled quality assurance meeting in January 2026.*

**Licensee's Proposed Overall Completion Date:** *01/15/2026*

***Implemented ( - 11/13/2025)***

## 187a - Medication Record

**11. 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 #6's prescription for Budesonide/Formot 80/4.5 mcg was discontinued on 9/17/2025 by physician; however, the resident's medication administration record does not indicate that the medication was discontinued.*

*Repeat violation 8/9/24 et al*

**Plan of Correction** ***Accept ( - 11/10/2025)***

*Immediate Corrective Action - The Resident Care Director called the pharmacy on 9/18/25 to have the order discontinued from the MAR.*

*Ongoing Corrective Action - The Director of Pharmacy Services will in-service staff who have the ability to discontinue orders on 11/20/25. This training will include reeducation on how to discontinue a medication.*

*Ongoing QA - The Resident Care Director will audit 10 resident charts monthly beginning 10/27/25 through 12/31/25 to check for MAR accuracy. The findings will be reviewed at the next QA meeting scheduled for January 2026.*

**Licensee's Proposed Overall Completion Date:** *01/15/2026*

***Implemented ( - 11/13/2025)***

## 187b - Date/Time of Medication Admin.

**12. Requirements**

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

## 187b - Date/Time of Medication Admin. *(continued)*

**Description of Violation**

*Resident #7 is prescribed Menthol Zinc Oxide Ointment to be applied daily in the morning. Interviews with staff confirmed the ointment was applied. Resident 7's September medication administration record does not include the initials of the staff person who administered the ointment on 9/18/25 at 8:00 a.m.*

**Plan of Correction** ***Accept ([redacted] - 11/10/2025)***

*Immediate Correction: The Resident Care Director re-educated the med tech on 9/18/25 that the MAR should be signed off at the time of administration.*

*Additional Correction: The Resident Care Director re-educated all med techs on 10/9/25 that the MAR should be signed off at the time of administration.*

*Ongoing QA: The Resident Care Director will review five random MARs to check compliance weekly beginning 10/27/25 through 12/31/25 and report the findings at the next quality assurance meeting in January 2026.*

**Licensee's Proposed Overall Completion Date:** *01/15/2026*

***Implemented ([redacted] - 11/13/2025)***

## 187d - Follow Prescriber's Orders

**13. Requirements**

2600.
187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

*Resident #5 is prescribed Metoprolol TAR 25 mg Tablet to be administered every 12 hours; however, the medication is to be held if the resident's SBP is less than 110 or pulse is less than 60. Resident was administered Metoprolol TAR 25 mg Tablet on 9/8/2025 at 10:07 a.m. with a SBP of 109.*

**Plan of Correction** ***Accept ([redacted] - 11/10/2025)***

*Immediate Correction: The resident's physician was present in the community and notified of the med error. An incident report for the medication error was submitted to the Department on 9/18/25.*

*Additional Correction: The med techs were re-educated about hold parameters by the Resident Care Director on 10/9/25.*

*Ongoing QA: The Resident Care Director will review five random MARs weekly (if there are five available with parameters) beginning 10/27/25 through 12/31/25 to verify compliance with hold orders. The findings will be reported at the next quality assurance meeting in January 2026.*

**Licensee's Proposed Overall Completion Date:** *01/15/2026*

***Implemented ([redacted] - 11/13/2025)***