

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

December 4, 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 10/16/2025 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:** 06/30/2026  
**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:** DLI

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 165 **Waking Staff:** 124

**Inspection Information**

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Incident **Exit Conference Date:** 10/16/2025

**Inspection Dates and Department Representative**

10/16/2025 **On Site:** [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
**License Capacity:** 119 **Residents Served:** 110

**Secured Dementia Care Unit**  
**In Home:** Yes **Area:** SDCU **Capacity:** 52 **Residents Served:** 52

**Hospice**  
**Current Residents:** 14

**Number of Residents Who:**  
**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 110  
**Diagnosed with Mental Illness:** 0 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 55 **Have Physical Disability:** 0

**Inspections / Reviews**

10/16/2025 - Partial  
**Lead Inspector:** [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 11/16/2025

Inspections / Reviews *(continued)*

12/03/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/03/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/05/2025

12/04/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/03/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] Resident [redacted] had an unwitnessed fall. On [redacted] at 4:25 a.m. the resident went to Pottstown Hospital due to complaints of pain and was diagnosed with [redacted] and [redacted]. The home did not report this incident to the department until [redacted] at 12:00 p.m.

Plan of Correction

Accept [redacted] - 12/03/2025)

Immediate Corrective Actions: The incident report was completed on 9/25/2025, by Executive Director, within 2.5 hours of being made aware that Resident A had a [redacted]

Additional Corrective Actions: As we are now aware that the expectation is to send in a report to DHS/BHSL for a resident being sent to the hospital for a potential injury who does not return within 24 hours, we have completed an education with the staff that are responsible for completing reportable incidents to review the status of those residents to ensure compliance. This training was completed on 11/14/2025 by the Executive Director. As of 11/14/2025, staff that are responsible for completing reportable incidents, will send an initial report to DHS/BHSL when a resident is sent out to the hospital for a potential injury when the resident does not return within 24 hours, and then follow up with an update or final report when we are made aware if there is an actual injury.

Ongoing Quality Assurance Actions: There will be an audit of incident reports completed twice a month by the Executive Director to ensure that an update and/or final report has been completed, beginning November 20, 2025. Incident reporting and the Incident Report audits each month will be reviewed at the quarterly QA meetings by the Interdisciplinary team starting with the QA meeting in January 2026 (to review Q4 2025 - October, November, and December).

Licensee's Proposed Overall Completion Date: 11/14/2025

Implemented [redacted] - 12/04/2025)