

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

February 9, 2026

[REDACTED]
HSL BLANDON SUBTENANT LLC

[REDACTED]
C/O HERITAGE SENIOR LIVING
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/12/2025 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: Total Daily Staff: *72* Waking Staff: *54*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *01/12/2026*

Inspection Dates and Department Representative

11/12/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *65* Residents Served: *62*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *11*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *62*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *10* Have Physical Disability: *0*

Inspections / Reviews

11/12/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/22/2026*

01/20/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/02/2026*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/23/2026*

Inspections / Reviews *(continued)*

01/21/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/02/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/02/2026

02/09/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/02/2026

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] was found by staff person A to be unresponsive and with bluish colored lips; resident # [REDACTED] requires continuous oxygen and on [REDACTED] staff person A found resident [REDACTED] without their oxygen concentrator on. Resident [REDACTED] was transported to the hospital and was diagnosed with [REDACTED]. The home did not report the incident to the department's regional office until [REDACTED].

Plan of Correction

Accept [REDACTED] - 01/20/2026)

Immediate Corrective Action: On 11/5/25, the home reported the hospital transfer and change in condition for Resident [REDACTED] to the Department's regional office. Resident #1 received appropriate medical care at the hospital.

Additional Corrective Action: On 11/18/26, the Executive Director conducted an in-service training with all managers and wellness team on the 2600.16 reporting requirements, including timelines for reporting changes in condition, hospital transfers, and incidents requiring notification to the Department.

Ongoing Quality Assurance Actions: Beginning 2/1/26, the Executive Director will review incident and hospital transfer logs to ensure all reportable events have been submitted to the department within the required 24-hour timeframe. This review will take place at our daily clinical huddles. Findings will be documented and variances will be corrected and re-educated as needed to ensure ongoing compliance. We will review the findings at our quarterly QA meeting, with the next meeting being held in April to review Q1 2026.

Licensee's Proposed Overall Completion Date: 01/15/2027

Implemented [REDACTED] - 02/09/2026)

23a - Activities of Daily Living Assistance

2. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

On [REDACTED] staff person B failed to provide required care to residents [REDACTED] and [REDACTED] during their shift hours of 11:00 p.m. to 3:00 a.m. Resident [REDACTED] requires continuous oxygen; at approximately 6:00 a.m. on [REDACTED] staff person A discovered that resident [REDACTED] was not connected to their oxygen concentrator and the concentrator was unplugged. At approximately 4:00 a.m. staff person A also discovered that resident [REDACTED] had not received incontinence care during staff person B's shift and resident # [REDACTED]'s sheets were soiled; resident [REDACTED] asked staff person A to please change them.

23a - Activities of Daily Living Assistance (continued)

Plan of Correction**Accept** [REDACTED] **01/21/2026)**

Immediate Corrective Action: On 10/31/25, staff person A immediately provided incontinence care to Resident #2 and ensured Resident [REDACTED] was reconnected to their oxygen concentrator. Both residents were assessed for changes in condition and appropriate medical protocols were followed, including sending Resident [REDACTED] to the hospital for further evaluation as a precautionary measure. Staff person B's performance was addressed in accordance with the home's personnel policies.

Additional Corrective Action: By 1/19/26, the Resident Care Director will conduct an in-service training for all nursing staff on adherence to resident RASPs, including oxygen management, incontinence care, and required ADL supports.

Ongoing Quality Assurance Actions: Beginning 2/1/26, the Resident Care Director will audit 10% of resident RASPs monthly for 6 months, conduct resident interviews and staff observations, and document findings. These will be reviewed at our daily clinical huddles. Identified variances will be corrected and staff will be re-educated as needed to ensure ongoing compliance with required ADL supports. We will review the findings at our quarterly QA meeting, with the next meeting being held in April to review Q1 2026.

Licensee's Proposed Overall Completion Date: 02/01/2026

Implemented [REDACTED] **02/09/2026)**