

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

March 9, 2026

[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 12/17/2025 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:** Dept of L&I

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 147 **Waking Staff:** 110

**Inspection Information**

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Complaint **Exit Conference Date:** 12/17/2025

**Inspection Dates and Department Representative**

12/17/2025 **On Site:** [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 119 **Residents Served:** 96

**Secured Dementia Care Unit**

**In Home:** Yes **Area:** Memory Care **Capacity:** 52 **Residents Served:** 48

**Hospice**

**Current Residents:** 12

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 95  
**Diagnosed with Mental Illness:** 0 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 51 **Have Physical Disability:** 0

**Inspections / Reviews**

12/17/2025 - Partial

**Lead Inspector:** [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 03/09/2026

Inspections / Reviews *(continued)*

03/09/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/09/2026

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

03/09/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/09/2026

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] at approximately 9:00 a.m., Resident [redacted] was transported to the hospital for wounds under their abdomen. The home did not report this incident to the department.

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] - 03/09/2026)

Immediate Corrective Action: A reportable incident was completed by the Executive Director on 03/02/2026 upon receipt of this LIS to report the transfer of Resident A to the hospital for the wound worsening.

Additional Corrective Actions: A re-education with the staff that are responsible for reporting all Reportable incidents and Conditions to the Department was completed on 12/30/2025 by the Director of Quality Services and reviewing the RCG, Appendix B "Requirements and Best Practices for Reportable Incidents". Since 12/30/2025, initial reports have been sent by the Executive Director, Resident Care Director or Memory Care Director on all residents that have been transported to the hospital for evaluation and did not return within 24 hours. Starting 12/30/2025 final reports are completed by the Executive Director, Resident Care Director or Memory Care Director after the resident returns to the community.

A review of OAPSA and state reportable incidents, as well as the need for reporting per 2600.15 and 16 will be reviewed at the next staff meeting.

Ongoing Quality Assurance Actions: All hospitalizations are reviewed daily starting 12/30/2025 by the Executive Director, Resident Care Director and/or Memory Care Director to determine if the resident will return within 24 hours and an initial report is sent as needed. All residents out at the hospital are followed up by the wellness team for updates starting 12/30/2025 and final reports are completed after the resident returns to the community by the Executive Director, Resident Care Director or Memory Care Director. Executive Director, Resident Care Director and Memory Care Director are auditing all hospitalizations and reports sent to the Department and ensuring that follow up is completed in a timely manner starting 12/30/2025. These audits will be reviewed by the Interdisciplinary team at the quarterly QA meetings starting 4/16/2026 for compliance.

Licensee's Proposed Overall Completion Date: 04/16/2026

Implemented [redacted] - 03/09/2026)

100b - Removal Snow/Obstructions

2. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

At 11:45 a.m., the memory care exit door by room [redacted] had approximately 1 inch of snow that prevented the door from fully opening.

100b - Removal Snow/Obstructions (continued)

**Plan of Correction**

Accept (█ - 03/09/2026)

*Immediate Corrective Action: The Maintenance Director cleared the doorway of the exit by room █ of snow and the door was able to open fully on 12/17/2025. This was corrected at the time of the inspection and reported back to the inspectors before they left.*

*Additional Corrective Actions: On 12/17/2025 the Maintenance Director contacted the landscaper that is responsible for plowing and shoveling the snow from the exits and educated █ on where all the exits are located and that they must be cleared of all snow and debris both during and immediately after a snowfall. Starting 12/18/2025, the Maintenance Director or Executive Director will monitor the exits during and after each storm to ensure that the exits are cleared of any snow and doors are able to open freely. Starting 12/18/2025, the Maintenance Director will check the emergency exit doors Monday through Friday daily to ensure that there is nothing blocking the door from opening freely.*

*Ongoing Quality Assurance Actions: The interdisciplinary team will review the Monday to Friday audits at the quarterly Quality Assurance Meeting to monitor for compliance starting 4/16/2026.*

**Licensee's Proposed Overall Completion Date: 04/16/2026**

**Implemented (█ 03/09/2026)**