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

May 12, 2026

[redacted] COO
HSL EPHRATA SUBTENANT LLC
[redacted]

RE: KEYSTONE VILLA AT EPHRATA
100 NORTH STATE STREET
EPHRATA, PA, 17522
LICENSE/COC#: 33466

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/30/2026, 03/31/2026 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 EPHRATA* **License #**: *33466* **License Expiration**: *04/08/2027*

Address: *100 NORTH STATE STREET, EPHRATA, PA 17522*

County: *LANCASTER* **Region**: *CENTRAL*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *HSL EPHRATA SUBTENANT LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I 2* **Date**: *09/02/2014* **Issued By**: *Borough of Ephrata*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *117* **Waking Staff**: *88*

Inspection Information

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

Reason: *Renewal, Complaint* **Exit Conference Date**: *03/31/2026*

Inspection Dates and Department Representative

03/30/2026 On Site: [redacted]

03/31/2026 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served**: *85*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Daybreak* **Capacity**: *34* **Residents Served**: *26*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *85*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *32*

Have Physical Disability: *1*

Inspections / Reviews

03/30/2026 - Full

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *04/30/2026*

Inspections / Reviews *(continued)*

04/30/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *05/06/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *05/07/2026*

05/12/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *05/06/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

18 - Compliance With Laws

1. Requirements

2600.
18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarm Standards Act requires that there be carbon monoxide alarms in the vicinity of fossil fuel burning devices and that the batteries be changed at least annually and dated. There was a carbon monoxide alarm near the gas fireplace in the dining room, however, there was no date indicating when the battery was replaced. There are two gas dryers in the commercial laundry room, however, there was no carbon monoxide alarm present. There are six gas hot water heaters in the mechanical room, however, there was no carbon monoxide alarm present.

Plan of Correction ***Accept ([redacted] - 04/30/2026)***

Violation 18.:
Applicable Health and safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Evidence:
The Care Facility Carbon Monoxide Alarm Standards Act requires that there be carbon monoxide alarms in the vicinity of fossil fuel burning devices and that the batteries be changed at least annually and dated. There was a carbon monoxide alarm near the gas fireplace in the dining room, however, there was no date indicating when the battery was replaced. There are two gas dryers in the commercial laundry room, however, there was no carbon monoxide alarm present. There are six gas hot water heaters in the mechanical room, however, there was no carbon monoxide alarm present.

POC:
Immediate corrective actions: *Maintenance Director, changed the batteries on the carbon monoxide alarm near the gas fireplace in the dining room on 3/30/26 and labeled the battery with the date it was replaced which was 3/30/26.*

Maintenance Director placed a carbon monoxide alarm and dated the battery in the mechanical room on 3/31/26. The mechanical room is where the six hot waters heaters are located and is right across the hall from the commercial laundry room where the two gas dryers are located within 15 feet of the carbon monoxide alarm.

Additional corrective actions: *Executive Director, Maintenance Director and Safety Committee team will discuss monthly at Safety Committee Meetings that we are in compliance with carbon monoxide alarms and the batteries are labeled with the date they were replaced. Maintenance Director checked all three carbon monoxide alarms and confirmed that all batteries were labeled with the date they were replaced or installed and recorded it in the Safety Committee meeting notes. Safety Committee meeting was held on 4/16/26.*

Ongoing Quality Assurance actions: *Executive Director and Maintenance Director will review quarterly at QA meeting that all carbon monoxide alarms will be labeled with the date the batteries were replaced or installed. Findings, patterns, and trends will be reviewed at the Quarterly Quality Assurance Meeting, beginning July 2026.*

Licensee's Proposed Overall Completion Date: *04/27/2026*

18 Compliance With Laws *(continued)*

Implemented ([redacted] - 05/07/2026)

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

There is a bedside mobility device attached to Resident #1's bed. The device poses a risk of entrapment or injury because it was not rigidly attached and was more than 5" from the mattress before being repositioned by hand.

Plan of Correction ***Accept ([redacted] - 04/30/2026)***

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

Evidence:
There is a bedside mobility device attached to Resident's #1 bed. The device poses a risk of entrapment or injury because it was not rigidly attached and was more than 5" from the mattress before being repositioned by hand.

POC:
Immediate corrective actions: *Maintenance Director removed the bedside mobility device from Resident#1's bed on 4/1/26. Maintenance Director, installed a new bedside mobility device and attached it to the bed on the same day per manufacturer's instructions, regulatory guidelines and Heritage Senior Living policies.*

Additional corrective actions: *Maintenance Director will ensure that all bedside mobility devices are in place and secure by 4/22/26 and that we are following the manufacturer's instructions, regulatory guidelines and Heritage Senior Living policies. All of this information is documented on the residents assessment and support plan and in Tels.*

On-going Quality Assurance actions: *Quarterly, for each resident that is using a device a task has been added to Tels to ensure the Maintenance Director is assessing for safety and proper installation. Executive Director and Maintenance Director will review quarterly at QA meeting that all wheelchairs, walkers, prosthetic devices and other apparatuses used by residents must be clean, in good repair and free of hazards. Findings, patterns, and trends will be reviewed at the Quarterly Quality Assurance meeting, beginning July 2026.*

Licensee's Proposed Overall Completion Date: *04/27/2026*

Implemented ([redacted] - 05/07/2026)

183b Meds and Syringes Locked

3. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident’s room.

183b - Meds and Syringes Locked *(continued)*

Description of Violation

On 3/30/26 at 3:00 PM, a bottle of Clearlax powder, a tube of Equate-brand triple antibiotic ointment, an Astepro nasal inhaler, and a tube of Lucky-brand diaper rash and skin protectant ointment with vitamin A and D were unlocked and accessible in Resident #3's bedroom and [redacted] is not assessed to self-administer medications. In addition, Resident #3 [redacted] does not lock [redacted] bedroom door when [redacted] leaves the room.

Resident #4 and Resident #5 share a bedroom. Resident #4 is assessed to self-administer medications, however, Resident #5 is not. On 3/30/26, Mounjaro was unlocked, unattended, and accessible in an unlocked lockbox in the refrigerator shared by Resident #4 and Resident #5. Two boxes of Clobetasol Solutions were unlocked, unattended, and accessible in Resident #4's bedroom. Systane Eye Drops, Hibiclens Anticeptic Skin Cleaner, Lubricant Eye Drops, and Zinc Oxide Paste were unlocked, unattended, and accessible in Resident #4's bathroom.

On 3/30/26, Zinc Oxide Paste, Muscle Rub Cream, Hydrocortisone Cream, Medline Remedy Moisturizer Skin Cream, and Prevent Silicone Cream were unlocked, unattended, and accessible in Resident #6's bathroom. Resident #6 is not assessed to self-administer medications.

On 3/30/26, Desitin Maximum Strength Cream and Tippy Toes Baby Diaper Rash Cream was unlocked, unattended, and accessible in the medicine cabinet of Resident #2. Resident #2 is not assessed to self-administer medications.

Plan of Correction ***Accept ([redacted] - 04/30/2026)***

Violation 183.b

Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Evidence:

On 3/30/26 at 3:00PM, a bottle of Clealax powder, a tube of Equate-brand triple antibiotic ointment, an Astepro nasal inhaler, and a tube of Lucky-brand diaper rash and skin protectant ointment with vitamin A and D were unlocked and accessible in resident #3's bedroom and [redacted] is not assessed to self-administer medications. In addition, Resident #3 does not lock [redacted] bedroom door when [redacted] leaves the room.

Resident #4 and Resident #5 share a bedroom. Resident #4 is assessed to self-administer medications, however, Resident #5 is not. On 3/30/26, Mounjaro was unlocked, unattended, and accessible in an unlocked lockbox in the refrigerator shared by Resident #4 and Resident #5. Two boxes of Clobetasol Solutions were unlocked, unattended, and accessible in Resident #4's bedroom. Systane Eye Drops, Hibiclens Antiseptic Skin Cleaner, Lubricant Eye drops, and Zinc Oxide paste were unlocked, unattended, and accessible in Resident #4's bathroom.

On 3/30/26, Desitin Maximum Cream and Tippy Toes Baby Diaper Rash Cream was unlocked, unattended, and accessible in the medicine cabinet of resident #2. Resident #2 is not assessed to self-administer medications.

POC:

Immediate corrective actions: *On 3/30/26, Executive Director went into Resident #3's apartment and removed the Celealax powder, the tube of Equate-brand triple ointment, an Astepro nasal inhaler and a Lucky-brand diaper rash and skin protectant ointment with vitamin A and D.*

183b - Meds and Syringes Locked (continued)

On 3/31/26, Resident Care Director ensured that Resident #4 locked her Mounjaro in the lock box locked in the refrigerator and placed [redacted] two boxes of Clobetasol Solutions in [redacted] locked drawer in her apartment. Systane Eye drops, Hibiclens Antiseptic Skin Cleaner, lubricant eye drops, and Zinc Oxide paste were all placed in the locked drawer in the apartment on 3/31/26 by Resident Care Director.

On 4/14/26, Resident Care Director went in Resident #2's apartment and removed the Desitin Maximum Cream and Tippy Toes Baby Diaper Rash Cream from [redacted] medicine cabinet.

Additional corrective actions: *Executive Director, Resident Care Director and Memory Care Director will re-educate all direct care staff and housekeeping staff on 4/22/26 at monthly staff meeting that when they are in resident's apartments and they observe any prescription medications, OTC medications, CAM and syringes of any kind that they are to report any findings to the Resident Care Director, Wellness Nurse, Memory Care Director or the Executive Director immediately. Executive Director will send out a letter on 4/22/26 to all Personal Care residents and families educating them on not having any prescription medications and over the counter medications in resident rooms. Medications may only only be stored in rooms after care planning and confirmation by the physician that the resident is capable of safely self-administering them.*

Ongoing Quality Assurance actions: *Executive Director and Resident Care Director will perform random apartment inspections on 5 apartments each month and report any findings, patterns and trends will be reviewed at the Quarterly Quality Assurance Meeting, beginning July 2026.*

Licensee's Proposed Overall Completion Date: *04/27/2026*

Implemented ([redacted] - 05/07/2026)

183e - Storing Medications

4. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 3/30/26 at 11:30 AM, the following medications were found loose in the 2nd/3rd floor medication cart:

- large red gummy staff identified as melatonin
- two small white oval pills marked 16
- white oval pill marked with 11 on one side and A on the other
- yellow oval pill marked H126
- large white oval pill marked 1484
- very small round yellow pill marked AF
- very small round orange pill marked 262
- ½ white oval pill with no visible

183e - Storing Medications (continued)

In addition, the blister card for Resident #4's Oxycodone 5 mg tablets had been folded over so many times that cardboard was pulling away from the plastic blister exposing the medication to contaminants and potential loss from falling out of the card.

Plan of Correction ***Accept ([redacted] - 04/30/2026)***

Violation 183.e

Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Evidence:

On 3/30/26 at 11:30 AM, the following medications were found loose in the 2nd-3rd floor medication cart:
-large red gummy staff identified as melatonin
-two small white oval pills marked 16
-white oval pill marked with 11 on one side and A on the other
-yellow oval pill marked H126
-large white oval pill marked 1484
-very small round yellow pill marked AF
-very small round orange pill marked 262
-1/2 white oval pill with no visible

In addition, the blister card for Resident #4's Oxycodone 5 mg tablet had been folded over so many times that the cardboard was pulling away from the plastic blister exposing the medication to contaminants and potential loss from falling out of the card.

POC:

Immediate corrective actions: *Resident Care Director, destroyed all of the loose pills found on the 2-3 medication cart according to our medication destruction policy on 3/30/26.*

Resident Care Director, destroyed resident #4's Oxycodone 5 mg tablet according to our narcotic destruction policy on 3/30/26.

Additional corrective actions: *Resident Care Director, Memory Care Director and Executive Director will re-educate all med techs at staff meeting on 4/22/26 that at our shift-to-shift changeover they are to be checking and signing off that the cart is clean and in good repair and free of loose pills.*

Resident Care Director, Memory Care Director and Executive Director will also re-educate med techs on checking the condition of the blister cards and making sure that if any medications are in any way compromised due to packaging that they need to destroy that medication and follow our narcotic destruction policy.

On-going Quality Assurance actions: *Resident Care Director and Executive Director will review the daily shift to shift checklist and weekly med cart audits on 4/27/26. Executive Director and Resident Care Director will review quarterly and any findings, patterns and trends will be reviewed at the Quarterly Quality Assurance Meeting, beginning July 2026.*

183e - Storing Medications (continued)

Licensee's Proposed Overall Completion Date: *04/27/2026*

Implemented ([redacted] - 05/07/2026)

187b - Date/Time of Medication Admin.

5. Requirements

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

Description of Violation

Resident #2 is prescribed Famotidine 40 MG Tablet, take 1 tablet by mouth twice daily for GERD; and Furosemide 20 MG tablet take one tablet by mouth every evening for edema. These medications were marked as self-administered on 4/12/26 at 4:00 PM, however, Resident #2 is not assessed to self-administer.

Plan of Correction ***Accept ([redacted] - 04/30/2026)***

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

Evidence:
Resident #2 is prescribed Famotidine 40 MG tablet, take 1 tablet by mouth twice daily for GERD, and Furosemide 20 MG Tablet take one tablet by mouth every evening for edema. These medications were marked as self-administered on 4/12/26 at 4:00PM, however, Resident #2 is not assessed to self-administer.

POC:
Immediate corrective actions: *Resident #2's MAR was corrected on 4/14/26 by Resident Care Director. Med tech administered Resident#2's Famotidine 40 MG tablet, take 1 tablet by mouth twice daily for GERD, and Furosemide 20 MG tablet take one tablet by mouth every evening for edema on 3/12/26 at 4:00 PM. Med Tech inadvertently clicked the wrong result for how the medication was administered.*

Additional corrective actions: *Resident Care Director, Wellness Nurse, Clinical Care Coordinator and Memory Care Director will re-educate all med techs on the five rights of medication management including the proper documentation at next staff meeting on 4/22/26.*

On-going Quality Assurance actions: *Resident Care Director and or Executive Director will review MAR to Cart Audits monthly and any findings, patterns, and trends will be reviewed at the Quarterly Quality Assurance Meeting, beginning July 2026.*

Licensee's Proposed Overall Completion Date: *04/27/2026*

Implemented ([redacted] - 05/07/2026)

187d - Follow Prescriber's Orders

6. Requirements

2600.

187d Follow Prescriber's Orders *(continued)*

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

Description of Violation

Resident #8 is prescribed Novolog FlexPen Syr 100 units, inject 16 units subcutaneously 3 times daily with meals. On the following days and times, the insulin was either held or an incorrect dose was administered including:

on 3/26/26 at 12:00 PM, 8 units were administered
on 3/23/26 at 4:00 PM, 0 units were administered
on 3/21/26 at 4:00 PM, 0 units were administered
on 3/19/26 at 12:00 PM, 0 units were administered
on 3/16/26 at 12:00 PM, 0 units were administered
on 3/12/26 at 4:00 PM, 0 units were administered
on 3/12/26 at 12:00 PM, 0 units were administered
on 3/8/26 at 12:00 PM, 3 units were administered

Resident #8 is prescribed Novolog FlexPen Syr 100 Units to be administered three times daily according to a sliding scale if blood sugar is 200 299 4 units; if blood sugar is 300 399 8 units; if blood sugar is 400 499 12 units. On 3/2/26 at 4:00 PM, blood sugar was 216, however, no sliding scale insulin was administered.

Resident #6 is prescribed Midodrine HCL 10 MG Tablet, take 1 tablet by mouth three times daily for blood pressure (hold for SBP >160). On 4/9 at 4PM, this medication was incorrectly held as the resident's systolic blood pressure was 154.

Repeated Violation 10/30/24

Plan of Correction ***Accept ([redacted] - 04/30/2026)***

Violation 187.d.
The Home shall follow the directions of the prescriber.

Evidence:
Resident #8 is prescribed Novolog FlexPen Syr 100 units, inject 16 units subcutaneously 3 times daily with meals. On the following days and times, the insulin was either held, or an incorrect dose was administered including:

on 3/26/26 at 12:00 PM, 8 units were administered
on 3/23/26 at 4:00 PM. 0 units were administered
on 3/21/26 at 4:00 PM, 0 units were administered
on 3/19/26 at 12:00 PM, 0 units were administered
on 3/16/26 at 12:00 PM, 0 units were administered
on 3/12/26 at 4:00 PM, 0 units were administered
on 3/12/26 at 12:00 PM, o units were administered
on 3/8/26 at 12:00 PM, 3 units were administered

Resident #8 is prescribed Novolog Flexpen Syr 100 Units to be administered three times daily according to a sliding scale if blood sugar is 200 299 4 units; if blood sugar is 300 399 8 units; if blood sugar is 400 499 12 units. On 3/2/26 at 4:00 PM. blood sugar was 216, however, no sliding scale insulin was administered.

187d Follow Prescriber's Orders (continued)

Resident #6 is prescribed Midorine HCL 10 MG Tablet, take 1 tablet by mouth three times daily for blood pressure (hold for SBP>160). On 3/9 at 4:00 PM, this medication was incorrectly held as the resident's systolic blood pressure was 154.

POC:

Immediate corrective action: *Executive Director reached out to Dr. [redacted] DNP on 3/29/26 for clarification on the two separate orders. Dr.[redacted], DNP agreed that the order was confusing and wrote a new order on 3/30/26. On [redacted], Resident #8 came back from the hospital with new orders for Novolog FlexPen Syr 100 units to inject 7 units 3 times a day with meals and Lantus Solostar 100 units to inject 10 units subcutaneously at bedtime. No sliding scale insulins at this time.*

Resident #6 On 4/14/26, a note was placed in communication log in Tabula Pro by Executive Director and under Resident #6's notes reminding all med techs of the five rights of medication administration and that Resident #6's Midorine HCL 10 MG Tablet was incorrectly held as the resident's systolic blood pressure was 154. The order is to hold the medication for SBP>160.

Additional corrective actions: *Resident Care Director, Wellness Nurse and Clinical Care Coordinator will re educate all med techs on the five rights of medication administration on 4/22/26 at staff meeting.*

On-going Quality Assurance actions: *Resident Care Director and or Executive Director will review MAR to cart audits monthly and any findings, patterns, and trends will be reviewed at the Quarterly Quality Assurance meetings, beginning July 2026.*

Licensee's Proposed Overall Completion Date: *04/27/2026*

Implemented ([redacted] - 05/07/2026)