

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

June 9, 2026

[REDACTED], COO
HSL DOUGLASSVILLE SUBTENANT LLC
[REDACTED]
[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 04/14/2026, 04/15/2026 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 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: [Redacted] Email: [Redacted]

Legal Entity

Name: HSL DOUGLASSVILLE SUBTENANT LLC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: Other Date: 12/05/2008 Issued By: Amity Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 197 Waking Staff: 148

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Incident Exit Conference Date: 04/15/2026

Inspection Dates and Department Representative

04/14/2026 - On-Site: [Redacted]
04/15/2026 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

Table with 4 columns: Category, Value 1, Value 2, Value 3. Rows include General Information (License Capacity: 168, Residents Served: 138), Secured Dementia Care Unit (In Home: Yes, Area: Daybreak, Capacity: 68, Residents Served: 52), Hospice (Current Residents: 17), and Number of Residents Who (Receive Supplemental Security Income: 0, Are 60 Years of Age or Older: 138, Diagnosed with Mental Illness: 0, Diagnosed with Intellectual Disability: 0, Have Mobility Need: 59, Have Physical Disability: 0).

Inspections / Reviews

Table with 3 columns: Date/Type, Lead Inspector, Follow-Up Type, Follow-Up Date. Rows include 04/14/2026 Full (Lead Inspector: [Redacted], Follow-Up Type: POC Submission, Follow-Up Date: 05/15/2026) and 05/29/2026 - POC Submission (Submitted By: [Redacted], Date Submitted: 06/02/2026, Reviewer: [Redacted], Follow-Up Type: Document Submission, Follow-Up Date: 06/02/2026).

Inspections / Reviews *(continued)*

06/09/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 4/3/26, from 10:30 p.m. through 07:30 a.m., 138 residents were present in the home. During the overnight shift the home didn't have a total of 3 staff persons in the home certified in both first aid and Cardiopulmonary Resuscitation.

Plan of Correction**Accept (█ - 05/29/2026)**

Immediate Corrective Action – On the day of inspection 4/15/26, the Resident Care Director reviewed the current staffing schedules to ensure that a minimum of three staff members trained in CPR and First Aid were scheduled on each shift. Any identified scheduling gaps were corrected immediately.

Additional Corrective Action – On 5/8/26, the Resident Care Director re-educated the staff responsible for scheduling on the requirement to ensure that there is one trained and certified staff member for every 50 residents.

Ongoing Corrective Action – The Resident Care Director will audit staffing schedules monthly for compliance with CPR and First Aid staffing requirements beginning 5/18/26. Audit results will be maintained for Quality Assurance purposes and reviewed at the next two quarterly Quality Assurance meetings scheduled for 7/2/26 and 10/1/26.

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented (█ - 06/09/2026)

103g - Storing Food

2. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 4/14/26 at 9:45 a.m. a box of leftover cheesecake slices was opened and unsealed in the memory care kitchen refrigerator.

On 4/14/26 at 3:00 p.m. a bag of frozen French fries was opened and unsealed in the main kitchen freezer.

Plan of Correction**Accept (█ - 05/29/2026)**

Immediate Corrective Action – On the day of inspection 4/14/26, the opened food items identified during the inspection were immediately removed by the Dining Director.

Additional Corrective Action – On 5/8/26, the Dining Director re-educated dietary staff on the requirement that all opened food items must be stored in closed or sealed containers. In addition, the Dining Director implemented a dietary staff end-of-shift checkout process, beginning 5/18/26 to include review of refrigerators and freezers to ensure opened food items are properly sealed and labeled prior to staff leaving for the day.

103g - Storing Food (continued)

Ongoing Corrective Action – The Dining Director will conduct weekly audits of refrigerators and freezers to ensure compliance with food storage requirements for the next three months, beginning 5/18/26. Audit results will be maintained for Quality Assurance purposes and reviewed at the next two quarterly Quality Assurance meetings scheduled for 7/2/26 and 10/1/26.

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented (█) - 06/09/2026

125a - Combustible Storage

3. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On 4/14/26 at 10:00 a.m. there were two clumps of lint found behind the dryer located in the memory care east wing resident laundry room.

Plan of Correction

Accept (█) - 05/29/2026

Immediate Corrective Action – On the day of inspection, 4/14/26, the lint identified behind the dryer in the memory care east wing resident laundry room was immediately removed by the Maintenance Director.

Additional Corrective Action – On 5/13/26, the Maintenance Director re-educated the housekeeping staff on the requirement to ensure combustible materials, including lint, are not permitted to accumulate near dryers or other heat sources. At the next staff meeting on 5/14/26, the Resident Care Director will re-educate direct care staff on the requirement to ensure combustible materials, including lint, are not permitted to accumulate near dryers or other heat sources.

Ongoing Corrective Action – The Maintenance Director will conduct weekly inspections of resident laundry rooms for one month to ensure lint and other combustible materials are not accumulating near dryers or heat sources, beginning 5/18/26. Inspection results will be maintained for Quality Assurance purposes and reviewed at the next quarterly Quality Assurance meeting scheduled for 7/2/26.

Licensee's Proposed Overall Completion Date: 07/02/2026

Implemented (█) - 06/09/2026

181c - Self-administration Assessment

4. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #4 self-administers medications to include Nystatin Cream; however, resident has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer.

181c - Self-administration Assessment (continued)

Resident #5 self-administers medications to include over the counter vitamin E and stool softer; however, resident has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer.

Plan of Correction

Accept (█) - 05/29/2026

Immediate Corrective Action – On the day of inspection, 4/15/26, the Resident Care Director reviewed the self-administration status of Residents #4 and #5. For Resident #4, the physician was contacted to obtain an order permitting the resident to keep Nystatin cream at bedside for self-administration. For Resident #5, the over-the-counter Vitamin E and stool softener identified during the inspection were removed from the resident's room after the resident stated the medications were not being used.

Additional Corrective Action – At the next staff meeting on 5/14/26, the Resident Care Director will re-educate medication technicians on the requirement to ensure residents who self-administer medications have an order to self-administer medications.

Ongoing Corrective Action – The Resident Care Director will conduct monthly random resident apartment audits of 10% of apartments for three months to identify medications being kept at bedside or self-administered by residents to ensure appropriate orders are on hand. Findings will be maintained for Quality Assurance purposes and reviewed at the next two quarterly Quality Assurance meetings scheduled for 7/2/26 and 10/1/26.

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented (█) - 06/09/2026

185a - Implement Storage Procedures**6. 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 #2 is prescribed APAP 325mg, 2 tablets every six hours as needed. The medication was not available in the home to administer if needed.

Plan of Correction

Accept (█) - 05/29/2026

Immediate Corrective Action – On the day of inspection, 4/15/26, the Resident Care Director investigated the missing medication. Later that same day, the APAP medication was located in a return-to-pharmacy tote and was removed from the tote to ensure availability for administration as ordered.

Additional Corrective Action – The Resident Care Director will re-educate medication technicians at the next staff meeting on 5/14/26 on the procedures for medication storage, availability, and verification prior to placing medications in return-to-pharmacy bins to ensure ordered medications remain available for administration.

185a Implement Storage Procedures (continued)

Ongoing Corrective Action The Resident Care Director will conduct monthly medication cart audits for three months beginning 5/18/26 to ensure medications ordered for residents are available for administration and stored appropriately. Audit results will be maintained for Quality Assurance purposes and reviewed at the next two quarterly Quality Assurance meetings scheduled for 7/2/26 and 10/1/26.

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented () - 06/09/2026

187a - Medication Record

7. 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 #3 is prescribed Brimonidine Timolol eye drops, Brinzolamide 1% eye drops, and Vyzulta .024% eyedrops. The Medication Administration Record (MAR) indicates the drops are to be instilled into both eyes. The correct order for all three eye drops is for the drops to be instilled into the left eye only.

Repeated violation: 9/11/25, et al.

Plan of Correction

Accept () - 05/29/2026

Immediate Corrective Action On the day of inspection, the Resident Care Director reviewed the physician orders and Medication Administration Record for Resident #3. Medication Technicians were immediately notified that the eye drops were to be administered to the left eye only in accordance with the physician orders. The Medication Administration Record was subsequently corrected to reflect the physician's orders accurately.

Additional Corrective Action The Resident Care Director will re educate medication technicians at the next staff meeting on 5/14/26 on the requirement to ensure Medication Administration Records accurately reflect current physician orders and that discrepancies between physician orders and the MAR are identified and corrected promptly. The Resident Care Director will notify the pharmacy of any discrepancies.

Ongoing Corrective Action The Resident Care Director will conduct monthly audits for three months, beginning 5/18/26, comparing physician orders to Medication Administration Records to ensure medications are accurately transcribed and administered in accordance with prescriber orders. Audit results will be maintained for Quality Assurance purposes and reviewed at the next two quarterly Quality Assurance meetings scheduled for 7/2/26 and 10/1/26.

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented () - 06/09/2026

187b - Date/Time of Medication Admin.

8. Requirements

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

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 Levothyroxine 50mcg, one tablet daily. On 4/15/26 at 6:00 a.m. the medication was initialed as administered by staff person A. The medication could not be found in the medication cart on 4/15/26 at 11:00 a.m. Staff person A stated that they did not administer the medication on this date and time.

Repeat Violation 9/11/25, et al.

Plan of Correction

Accept (█) - 05/29/2026

Immediate Corrective Action – On the day of inspection, 4/15/26, the Resident Care Director investigated the missing medication. Later that same day, the medication was located in a return-to-pharmacy tote and was removed from the tote to ensure availability for administration as ordered.

Additional Corrective Action – The Resident care Director reviewed the Five Rights of Medication Administration with Staff Person A on 4/15/26. The Resident Care Director will re-educate medication technicians at the next staff meeting on 5/14/26 on the procedures for medication storage, availability, and verification prior to placing medications in return-to-pharmacy bins to ensure ordered medications remain available for administration.

Ongoing Corrective Action – The Resident Care Director will conduct monthly medication cart audits for three months beginning 5/18/26 to ensure medications ordered for residents are available for administration and stored appropriately. Audit results will be maintained for Quality Assurance purposes and reviewed at the next two quarterly Quality Assurance meetings scheduled for 7/2/26 and 10/1/26.

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented (█) - 06/09/2026

187d - Follow Prescriber's Orders**9. Requirements**

2600.

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

Description of Violation

Resident #2 is prescribed Levothyroxine 50mcg, one tablet daily. This medication was not administered to resident #2 on 4/15/26 at 6:00 a.m. because the medication was not available in the home.

Repeated violation: 9/11/25, et al.

Plan of Correction

Accept (█) - 05/29/2026

Immediate Corrective Action – On the day of inspection, 4/15/26, the Resident Care Director investigated the unavailable Levothyroxine medication. Later that same day, the medication was located in a return-to-pharmacy tote and was immediately returned to the medication cart to ensure availability for administration as ordered. The

187d - Follow Prescriber's Orders (continued)

medication administration record was also reviewed with the staff member regarding accurate medication documentation practices.

Additional Corrective Action – At the next staff meeting on 5/14/26, the Resident Care Director will re-educate medication administration staff on the requirement to follow prescriber orders, ensure medication availability prior to administration, and accurately document medication administration on the MAR. Staff were additionally re-educated on verifying medications prior to placing them in return-to-pharmacy bins to ensure ordered medications remain available for administration.

Ongoing Corrective Action – The Resident Care Director will conduct monthly medication cart and MAR audits for three months, beginning 5/18/26, to verify ordered medications are available for administration and accurately documented on the MAR. Audit results will be maintained for Quality Assurance purposes and reviewed at the next two quarterly Quality Assurance meetings scheduled for 7/2/26 and 10/1/26.

Licensee's Proposed Overall Completion Date: 10/01/2026

Implemented (█ - 06/09/2026)