

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

August 19, 2026

[REDACTED]
HSL DOUGLASSVILLE SUBTENANT LLC

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

RE: KEYSTONE VILLA AT
DOUGLASSVILLE PERSONAL CARE
1152 BEN FRANKLIN HIGHWAY
EAST
DOUGLASSVILLE, PA, 19518
LICENSE/COC#: 22768

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/27/2026 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]
Human Services Licensing Supervisor

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: C-2 LP **Date:** 04/12/1989 **Issued By:** dept L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 194 **Waking Staff:** 146

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 05/27/2026

Inspection Dates and Department Representative

05/27/2026 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 168 **Residents Served:** 138

Secured Dementia Care Unit

In Home: Yes **Area:** Daybreak **Capacity:** 68 **Residents Served:** 54

Hospice

Current Residents: 17

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: 56 **Have Physical Disability:** 0

Inspections / Reviews

05/27/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/26/2026

07/09/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 07/12/2026
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 07/13/2026

Inspections / Reviews (*continued*)

08/19/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/12/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

187b - Date/Time of Medication Admin.

1. 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

On [REDACTED] at 12:00 p.m., Resident [REDACTED] was not administered [REDACTED]. Staff person A initialed the medication administration record without administering the [REDACTED] to Resident [REDACTED].

Plan of Correction

Accept [REDACTED] - 07/09/2026)

Immediate Corrective Action: The Resident Care Director contacted the physician on 5/11/26 and obtained a one time order to give Resident [REDACTED] 2 units of [REDACTED]. The medication was administered per the order.

Additional Corrective Action: On 5/11/26, the med tech was re-educated on the five rights of medication as well as proper documentation on the MAR by the Resident Care Director.

Ongoing Corrective Action: The Resident Care Director will conduct weekly medication pass observations and MAR audits for four weeks on 10% of the resident population beginning 6/29/26. Results will be reviewed during the community Quality Assurance meetings scheduled on 7/2/26 and 10/1/26. Any staff found not following medication administration or documentation procedures will receive immediate re-education and corrective action as appropriate.

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

Implemented [REDACTED] - 08/19/2026)

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED]. On [REDACTED] at 12:00 p.m., the resident was not administered [REDACTED] as prescribed 3 times daily with meals.

Plan of Correction

Accept [REDACTED] - 07/09/2026)

Immediate Corrective Action: The Resident Care Director contacted the physician on 5/11/26, who provided a one-time order to administer Resident [REDACTED]'s missed dose of [REDACTED]. The medication was administered as ordered.

Additional Corrective Action: On 5/11/26, the med tech was re-educated by the Resident Care Director on following physician orders as written, the five rights of medication administration, and the importance of ensuring all prescribed medications are administered according to the prescriber's directions.

Ongoing Corrective Action: The Resident Care Director will conduct weekly medication administration observations and MAR audits on 10% of the resident population for four weeks beginning 6/29/26 to ensure medications are administered in accordance with physician orders. Any discrepancies identified will be addressed immediately through re-education and corrective action as appropriate. Results of the audits will be reviewed as part of the community's Quality Assurance meetings scheduled on 7/2/26 and 10/1/26.

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

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

Implemented [REDACTED] 08/19/2026)