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

August 14, 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 06/24/2026 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**: *06/13/2027*

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: **Total Daily Staff**: *200* **Waking Staff**: *150*

Inspection Information

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

Reason: *Incident* **Exit Conference Date**: *06/24/2026*

Inspection Dates and Department Representative

06/24/2026 - 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**: *SDCU* **Capacity**: *68* **Residents Served**: *55*

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: *62*

Have Physical Disability: *0*

Inspections / Reviews

06/24/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/26/2026*

08/03/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/13/2026*

Reviewer: *Corey Pica* **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *08/15/2026*

Inspections / Reviews *(continued)*

08/14/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/13/2026*

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

42b - Abuse

1. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident [redacted] had a history of biting multiple staff during care and becoming physical when agitated. On [redacted] resident [redacted] and resident [redacted] were sitting next to each other on a couch in the memory care common area. Resident [redacted] bit resident [redacted] on the left hand between the thumb and index finger breaking skin and requiring first aid. Staff stated that the wound bled through a towel and there was blood on the floor. EMS was contacted and the resident was transported to the hospital for treatment. The resident was prescribed antibiotic Augmentin and received Tetanus and Diphtheria shots. On [redacted] Wellness was notified that resident [redacted]s hand appeared swollen, an additional antibiotic Doxycycline was prescribed and scheduled to start on [redacted] However, on [redacted] before the antibiotic could be administered resident [redacted] was transported to the hospital due to complaints of pain and increased swelling. Resident [redacted] was admitted to inpatient care for injury and infection due to human bite and returned to the PCH on [redacted]

Plan of Correction ***Accept [redacted] 08/03/2026)***

Immediate Corrective Actions:
Resident [redacted] had behaviors of being resistive to care and attempting to bite staff during care. Resident [redacted] did not demonstrate these behaviors towards residents prior to this event. Resident [redacted] was sitting on the arm of the sofa and fell off the arm of the sofa landing on Resident [redacted] who was sitting on the sofa. Resident [redacted] was startled and hit at Resident [redacted]. Not understanding what happened, Resident [redacted] bit Resident [redacted]

The residents were redirected to separate areas for assessment. First Aid was administered to Resident [redacted]. 911 was called. Resident [redacted] and Resident [redacted] were both sent to the hospital for further evaluation. The Area Agency on Aging, BHSL, family and doctor were all notified.

Additional Corrective Action: The Memory Care Director kept in communication with the hospital and family. Resident [redacted] returned to the community that evening, 6/1/26, with orders to take Augmentin twice daily for seven days. On 6/3/26, Resident #2's hand was noted to be swollen and her PCP prescribed an additional antibiotic of Doxycycline for seven days. Resident #2 received one dose of Doxycycline on 6/4/26, but was sent out to the hospital for increased hand swelling later that day. Resident #2 returned to the community on 6/12/26 following a rehab stay. The bite mark was healed upon her return.

The Memory Care Director kept in contact with the family and hospital for Resident [redacted] Ultimately, it was decided that Resident [redacted]'s needs would be best met in a higher level of care. Resident [redacted] was transferred to a skilled nursing community after her hospitalization.

A training review will be held with direct care staff in our memory care neighborhood to encourage residents to sit properly on furniture, to be observant for signs of challenging behaviors, a review of residents with challenging behaviors and the appropriate interventions designated in the RASP, and to continue to implement a robust schedule of activities to keep residents engaged throughout the day. This training will be completed by the Executive Director and Memory Care Director by August 15, 2026.

42b Abuse (continued)

Ongoing Quality Assurance Actions: Ongoing implementation of RASPs, structured days, and compliance will be reviewed at Quarterly QA Review Meetings, beginning with the Q3 (July, August, September) Review to be held in October 2026.

Licensee's Proposed Overall Completion Date: *10/31/2026*

Implemented ([redacted] 08/14/2026)