

Department of Human Services  
Bureau of Human Service Licensing

April 29, 2021

██████████ ADMINISTRATOR  
GAHC3 BOYERTOWN PA ALF TRS SUB LLC  
18191 VON KARMAN AVE, SUITE 300  
IRVINE, CA 92612

RE: CHESTNUT KNOLL  
120 WEST FIFTH STREET  
BOYERTOWN, PA, 19512  
LICENSE/COC#: 22613

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/30/2021, 03/31/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Anne Graziano

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: CHESTNUT KNOLL License #: 22613 License Expiration Date: 06/30/2021  
Address : 120 WEST FIFTH STREET, BOYERTOWN, PA 19512  
County: BERKS Region: NORTHEAST

Administrator

Name: [REDACTED] Phone: 6104738066 Email: [REDACTED]

Legal Entity

Name: GAHC3 BOYERTOWN PA ALF TRS SUB LLC  
Address: 18191 VON KARMAN AVE, SUITE 300, IRVINE, CA, 92612  
Phone: 6104738066 Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 08/21/2000 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 132 Waking Staff: 99

Inspection

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal Exit Conference Date: 03/31/2021

Inspection Dates and Department Representative

03/30/2021 - On-Site: [REDACTED]  
03/31/2021 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 119 Residents Served: 89

Secured Dementia Care Unit

In Home: Yes Area: n/a Capacity: 52 Resident Served: 38

Hospice

Current Residents: 9

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 89  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 43 Have Physical Disability: 0

Inspections / Reviews

03/30/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *04/16/2021*

4/13/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *04/23/2021*

4/29/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

The EMARS were unlocked and accessible at approximately 10:30 am on the medication cart located near the laundry area on the 1st floor. The EMARS contain confidential information of the residents.

Plan of Correction

Accept

The med techs have always been sure to minimize the EMAR screen when walking away from the medication cart for privacy purposes. However, the screen was not locked.

Upon being alerted to the deficient practice on 3/30/21 the Trinity pharmacy representative was immediately contacted and immediately installed a privacy icon that is clicked on prior to the med tech walking away from the cart. This icon locks the screen requiring each med tech to enter a unique password to access the screen thus ensuring all information remains confidential. This fix was implemented at the time of inspection.

All med techs and nursing office staff have been educated on this new procedure and the community has been in full compliance since 3/30/2021. To ensure ongoing compliance, inspecting that the EMAR is locked and password protected has been added to the weekly medication cart audit as a part of the community's routine QA process.

The Resident Care Director and Executive Director will continue to monitor to ensure full ongoing compliance.

Completion Date: 03/30/2021

Update - 04/13/2021

Upon Resubmission of the Plan of Correction, verification must be included. A copy screenshot of the password protected screen is sufficient. Signature sheets from the staff training should be included also.

AG, 4-13-21

Document Submission

Implemented

see attachment

Update - 04/29/2021

reviewed.

AG, 4-29-21

85a - Sanitary Conditions

1. Requirements

2600.

- 85.a. Sanitary conditions shall be maintained.

Description of Violation

The blood glucose monitor for Resident #1 had approximately 1/4 sq. in. area of what appeared to be dried blood on the front of the machine.

85a - Sanitary Conditions (continued)

**Plan of Correction**

**Accept**

*The glucose machine was immediately sanitized at the time of inspection.*

*To prevent this from occurring again, all med techs and nursing office staff have been inserviced on the importance of sanitizing and visually inspecting the machines upon each use.*

*To ensure ongoing compliance the inspection of the glucose machines has been added to the weekly cart audit inspection sheets that are a part of the community's routine QA process.*

*The Executive Director and Resident Care Director will continue to monitor to ensure full compliance.*

**Completion Date:** 04/12/2021

**Update - 04/13/2021**

*Upon Resubmission of the Plan of Correction, the Home will send in a copy of a recent Weekly Audit Sheet that is actually IN USE to demonstrate compliance. In addition, any signature sheets from the recent staff in service should also be included in the submission.*

*Submissions of verifications will be via the Portal.*

*AG, 4-13-21*

**Document Submission**

**Implemented**

*see attachment*

**Update - 04/29/2021**

*Reviewed*

*AG, 4-29-21*

105g - Lint Removal and Duct Cleaning

**1. Requirements**

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

**Description of Violation**

*There was an accumulation of lint approximately the size of a golf ball in the lint trap of the dryer located in the resident laundry room on the Garden Level.*

105g - Lint Removal and Duct Cleaning (continued)

**Plan of Correction**

**Accept**

*The lint was immediately removed and discarded at the time of inspection.*

*The Environmental Services team has been inserviced on the importance of proper cleaning of the dryer lint traps.*

*To prevent this from happening again, reminder signs are posted on the dryers for not only the staff, but also for the residents and family members who use these residential dryers.*

*In addition to cleaning the lint traps after each completed load that the staff completes, the lint traps will be checked daily as a part of the environmental services daily assignment / tasks for the next 90 days to ensure the plan in place is working.*

*The Environmental Services Director and the Executive Director will monitor to ensure ongoing full compliance.*

**Completion Date** 04/09/2021

**Update** 04/13/2021

*Upon Resubmission of the Plan of Correction, the Home will submit a Digital Photo of an example of the recently posted reminder signs. Also to be included will be a recent Environmental Services Daily Assignment/Tasks sheet showing that dryer lint trap(s) were checked and any lint found was properly disposed of.*

*In addition, any monitoring performed by the ED or Environmental Services Director will also be submitted to demonstrate additional compliance with the Plan of Compliance that has been submitted.*

AG, 4-13-21

**Document Submission**

**Implemented**

*see attachment*

**Update - 04/29/2021**

*Reviewed*

AG, 4-29-21

183d - Prescription Current

**1. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation**

*The medication cart contained an Advair Diskus 250/50 prescribed for Resident #2 with an open date of 2/20/2021. Per the manufacturer's instructions, this medication expires 30 days after being removed from the foil pouch.*

183d - Prescription Current (continued)

**Plan of Correction**

**Accept**

*The expired medication was immediately discarded at the time of inspection. When the nursing team reached out to the physician, the MD gave an order to discontinue the medication due to the resident consistently refusing the medication.*

*To prevent this from occurring again, all med techs and nursing office staff have been inserviced on the importance of checking expiration dates.*

*To ensure ongoing compliance, checking for expired meds is measured on the weekly cart audit inspection sheets that are a part of the community's routine QA process.*

*The Executive Director and Resident Care Director will continue to monitor to ensure full compliance.*

**Completion Date:** 04/12/2021

**Update - 04/13/2021**

*Upon Resubmission of the Plan of Correction, the Home will submit a copy of the signature sheet from this training. A recent copy of a Weekly Med Cart Audit sheet that is actually IN USE will also be submitted for review.*

*Any documentation that the Administrator and/or the Resident Care Director have to demonstrate additional compliance shall be submitted as well.*

AG, 4-13-221

**Document Submission**

**Implemented**

*see attachment*

**Update - 04/29/2021**

*Reviewed*

AG, 4-29-21

184a - Labeling OTC/CAM

**1. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

184a - Labeling OTC/CAM (continued)

**Description of Violation**

*Resident #1 is prescribed Lantus, the instructions on the medication record state that the correct dose of the medication to be injected is 25 units. The prescription label on the medication states that the correct dose of the medication to be injected is 30 units. It was determined that the dose listed on the medication record was correct, and that the prescription label was incorrect.*

**Plan of Correction**

**Accept**

*A change of direction sticker was immediately placed on the label at the time of inspection.*

*The med techs and nursing office staff have been re-educated on the importance of using a change of direction sticker to avoid any confusion when there has been an order change with a medication.*

*To ensure ongoing compliance, checking that labels match the order or that a change of direction sticker is used is measured on the weekly cart audit inspection sheets that are a part of the community's routine QA process.*

*The Executive Director and Resident Care Director will continue to monitor to ensure full compliance.*

**Completion Date:** 04/12/2021

**Update - 04/13/2021**

*Upon Resubmission of the Plan of Correction, the Home will submit a copy of the signature sheet for the training on "Labeling and Change of Direction" for the Home's med tech's.*

*The Home will also submit a copy of a recent Weekly Med Cart Audit Inspection Sheet that is actually IN USE as evidence of compliance.*

*If possible, the Home will also submit any recent evidence of recent audit activity by the EC or the RCD.*

AG, 4-13-21

**Document Submission**

**Implemented**

*see attachment*

**Update - 04/29/2021**

*Reviewed*

AG, 4-29-21

## 185a - Implement Storage Procedures

### 1. 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

*The homes medication policy notes that the narcotic sheet will be signed by the incoming and off-going shift. On 3/4 & 3/5/21 the outgoing 1st shift staff member did not sign the sheet.*

#### Plan of Correction

**Accept**

*The outgoing med tech who did not sign off on the sheet has been coached and re- educated on the importance of ensuring the task is completed.*

*All med techs and nursing office staff have been re-educated on the narcotic policy and procedure, and the importance of the proper documentation for signing on and off for the narcotic count.*

*To ensure ongoing compliance, checking that narcotic sign in and out sheets are signed at change of shift is measured on the weekly cart audit inspection sheets that are a part of the community's routine QA process.*

*The Executive Director and Resident Care Director will continue to monitor to ensure full compliance.*

**Completion Date:** 04/12/2021

#### Update - 04/13/2021

*Upon Resubmission of the Plan of Correction, the Home will submit a copy of the employee re-education on the Narcotic Count Sheet Log Policy.*

*The Home will also submit a copy of the training sign in sheets for the Narcotic Log Sign In Sheet via the Portal.*

*The Home will also submit a copy of a recent Weekly Med Audit Sheet showing work done regarding the Narcotic Count Logs.*

*Any work the ED or RCD may have done regarding auditing of the Narcotic Count Log policy adherence will be submitted as well via the Portal.*

AG, 4-13-21

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**185a - Implement Storage Procedures (*continued*)**

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**Document Submission****Implemented***see attachment***Update 04/29/2021***Reviewed**AG, 4-29-21*