

Department of Human Services  
Bureau of Human Service Licensing

June 30, 2021

[REDACTED] EXECUTIVE DIRECTOR  
HSL EPHRATA SUBTENANT LLC  
ONE SEAGATE, SUITE 1500  
C/O RENEW REIT ATTN LEGAL  
TOLEDO, OH 43604

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 03/26/2021, 03/29/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Gloria Emick

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *KEYSTONE VILLA AT EPHRATA* License #: *33466* License Expiration Date: *04/08/2021*  
Address: *100 NORTH STATE STREET, EPHRATA, PA 17522*  
County: *LANCASTER* Region: *CENTRAL*

**Administrator**

Name: [REDACTED] Phone: *7174666330* Email: [REDACTED]

**Legal Entity**

Name: *HSL EPHRATA SUBTENANT LLC*  
Address: *ONE SEAGATE, SUITE 1500, C/O RENEW REIT ATTN LEGAL, TOLEDO, OH, 43604*  
Phone: *7174666330* Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *95* Waking Staff: *71*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *03/29/2021*

**Inspection Dates and Department Representative**

03/26/2021 - On-Site: [REDACTED]  
03/29/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *100* Residents Served: *71*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Evergreen* Capacity: *34* Residents Served: *21*

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *71*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *24* Have Physical Disability: *2*

**Inspections / Reviews**

**03/26/2021 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/17/2021*

Inspections / Reviews *(continued)*

6/26/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *07/02/2021*

6/30/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

81b - Resident Personal Equipment

1. 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

On 3/26/2021, a bed rail with an opening of approximately 16-inches was attached to the bed of Resident 1. Resident 1 was observed to be sleeping on the bed with Resident 1's hand and wrist extending through the opening of the bedrail, creating a potential risk of serious injury.

Plan of Correction

Accept

What:

Resident #1 was observed to be sleeping on the bed and Resident#1's hand and wrist extended through the opening of the U-shaped grab assist bar.

Who:

Director of Health and Wellness and all direct care staff will ensure that all U-shaped grab assist bar's will have the proper covering on the device at all times.

How:

All direct care staff will do daily checks to ensure wheelchairs, walkers, prosthetic devices and other apparatus used by residents are clean, in good repair and free of hazards.

Ongoing:

Staff will be instructed to check all apparatus used by residents at least one per shift to ensure that it is clean, in good repair, and free of hazards. Staff will be instructed to report any apparatus that is in need of cleaning, repair, or replacement to the administrator or designee immediately. The administrator or designee will ensure that the apparatus is immediately cleaned, repaired or replaced. In addition, Administrator or Designee will review at Quarterly Assurance meetings under Property Management, Resident Rooms section, line item #15. (See attachment #1)

Completion Date: 04/14/2021

Document Submission

Implemented

All steps have been completed.

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department’s request.

**Description of Violation**

*The medical evaluation for Resident 2, dated 2/18/2021, does not document Resident 2 having a need for bed rails.*

*The medical evaluation for Resident 3, dated 11/20/2020, does not include Resident 3 having a need for bed rails.*

**Plan of Correction**

**Accept**

*What:*

*Resident #2 and Resident #3 does not have a need for bed rails listed on medical evaluation dated 2/18/21 and 11/20/20 respectively.*

*Who:*

*The Director of Health & Wellness or Designee will ensure that medical evaluations for residents will be filled out completely and list the appropriate needs of the resident.*

*How:*

*When Medical Evaluation is completed it will be reviewed by the Director of Health and Wellness and verified by the Administrator that it lists all the resident's needs.*

*Ongoing:*

*On 3/26/21 bed rails were immediately removed from Resident #2 and Resident #3’s bed, as observed by inspector on 3/29/21. For quality assurance, Administrator or Designee will review all medical evaluations upon completion for accuracy each month utilizing a 30-day Admission & Discharge Chart Audit Form (See Attachment #2)*

**Completion Date:** 04/14/2021

**Document Submission**

**Implemented**

*All steps have been completed.*

187a - Medication Record

**1. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

187a - Medication Record *(continued)***Description of Violation**

*Resident 1 is prescribed Acetaminophen 325 Tabs and Morphine Sulf g/soln. However, the resident's medication administration record does not indicate the diagnosis or purpose for these medications.*

*Resident 4 is prescribed Aspirin 81 mg, Bupropion HCL 75 mg, and Clopidogrel Tab 75 mg. However, Resident 4's medication administration record does not indicate the diagnosis or purpose for these medications.*

**Plan of Correction****Accept**

*What:*

*Resident #2 and Resident #4's medication administration record does not indicate the diagnosis or purpose for their respective medications.*

*Who:*

*The Director of Health & Wellness or Designee will ensure that all resident's medication administration records will indicate the diagnosis or purpose for medications.*

*How:*

*When medication administration audit is completed by Pharmacy it will be reviewed by Director of Health & Wellness and verified by Administrator.*

*Ongoing:*

*The Director of Health & Wellness or Designee will audit medication administration records monthly utilizing the 30-Day Admission, Annual & Discharge Chart Audit (See Attachment #2). As well as, quarterly medication administration record audits from Pharmacy. Attachment #3 and #4 are Resident #2 and Resident #4's revised medication administration records indicating the diagnosis or the purpose for those medications.*

**Completion Date:** 04/14/2021

**Document Submission****Implemented**

*All steps have been completed.*

## 227c - Support Plan Revision

**1. Requirements**

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

## 227c - Support Plan Revision (continued)

**Description of Violation**

- Resident 1's assessment was completed on 11/17/2020; however, the resident's support plan was not updated to include Resident 1's diagnosis of a Stage 2 pressure ulcer.
- Resident 2's assessment was completed on 2/19/2021; however, the assessment does not include Resident 2's need for bed rails.
- Resident 3's assessment was completed on 11/11/2020; however, the assessment does not include Resident 3's need for bed rails.

**Plan of Correction****Accept***What:*

Resident #1's assessment was completed on 11/17/20; however, the residents support plan was not updated to include Resident #1's diagnosis of a Stage 2 pressure ulcer.

Resident #2 and Resident #3's assessment was completed on 2/19/21 and 11/11/20 respectively; however, the assessment does not include Resident #2 and resident #3's need for bed rails.

*Who:*

The Director of Health & Wellness or Designee will ensure all resident's support plans are revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

*How:*

When support plan is completed it will be reviewed by the Director of Health & Wellness and verified by the Administrator before it is filed to assure compliance.

*Ongoing:*

For quality assurance, Administrator or Designee will review all support plans upon completion for accuracy each month utilizing a 30-Day Admission Annual & Discharge Audit Form (See Attachment #2).

Resident #1 revised Support Plan including ■ diagnosis of a Stage 2 pressure ulcer. (See Attachment #5)

Resident #2 and Resident #3 bed rails were removed on 3/26/21 as observed by inspector on 3/29/21.

**Completion Date:** 04/14/2021

**Document Submission****Implemented**

All steps have been completed.