

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

December 4, 2024

[REDACTED], COO
HSL EPHRATA SUBTENANT LLC
660 SENTRY PARKWAY, SUITE 220
[REDACTED]
[REDACTED]

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 10/30/2024, 10/31/2024 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 EPHRATA **License #:** 33466 **License Expiration:** 04/08/2025
Address: 100 NORTH STATE STREET, EPHRATA, PA 17522
County: LANCASTER **Region:** CENTRAL

Administrator

Name: [REDACTED]

Legal Entity

Name: HSL EPHRATA SUBTENANT LLC
Address: [REDACTED]

Certificate(s) of Occupancy

Type: 1 2 **Date:** 09/02/2014 **Issued By:** Bureau of Ephrata

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 113 **Waking Staff:** 85

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint **Exit Conference Date:** 10/31/2024

Inspection Dates and Department Representative

10/30/2024 On Site: [REDACTED]
10/31/2024 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

| General Information | | | |
|---------------------------------------|-----|---|-----------|
| License Capacity: | 100 | Residents Served: | 88 |
| Secured Dementia Care Unit | | | |
| In Home: | Yes | Area: | Evergreen |
| Capacity: | 36 | Residents Served: | 25 |
| Hospice | | | |
| Current Residents: | 8 | | |
| Number of Residents Who: | | | |
| Receive Supplemental Security Income: | 0 | Are 60 Years of Age or Older: | 88 |
| Diagnosed with Mental Illness: | 0 | Diagnosed with Intellectual Disability: | 0 |
| Have Mobility Need: | 25 | Have Physical Disability: | 1 |

Inspections / Reviews

10/30/2024 - Full

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 11/18/2024

Inspections / Reviews *(continued)*

11/19/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/02/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/02/2024

12/04/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/02/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED], a family member of Resident #1, stopped staff from administering [REDACTED] of prescribed [REDACTED]. The family member then administered [REDACTED], which they had in their possession, to Resident #1. This medication error was not reported to the Department.

Plan of Correction

Accept ([REDACTED] - 11/19/2024)

POC:**Immediate Corrective Action:**

Executive Director, Resident Care Director, Wellness Nurse and Memory Care Director completed a re-education of what is to be reported on an Incident Report as well as the required timing of reporting to the Department. The training was completed by Hope O'Pake, Heritage Senior Living Director of Quality Services on 11/4/24. Directors are to immediately report any incidents to Resident Care Director or Executive Director who will then complete an investigation and report findings to DHS within the required 24 hours. Resident Care Director or Executive Director will review reportable incidents within 24 hours of the report.

Additional Corrective Action:

All Med Tech's will be re-educated by 11/20/24 on the proper steps of medication administration, storage and disposal of medications. The training will be conducted by [REDACTED], Keystone Villa at Ephrata's Medication Train the Trainer.

Ongoing Quality Assurance Actions:

Resident Care Director and or Executive Director will review daily any incident reports beginning 11/11/23. Findings, patterns, or trends will be reviewed at the Quarterly Quality Assurance Meeting, beginning January 2025.

Proposed Overall Completion Date: 11/18/2024

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented ([REDACTED] - 12/02/2024)

132j - Elevators

2. Requirements

2600.

132.j. Elevators may not be used during a fire drill or a fire.

Description of Violation

According to home fire drill record, during the fire drill conducted on 1/10/24 at 1:10 am, residents were evacuated with the use of the third-floor elevator.

Plan of Correction

Accept ([REDACTED] - 11/19/2024)

POC:**Immediate Corrective Action:**

132j - Elevators (continued)

Executive Director adjusted Fire Drill log on 11/11/24 to include the correct evacuation route for the fire drill conducted on 1/1/24 at 1:10 am.

Additional Corrective Action:

Executive Director and Maintenance Director will be re-education on appropriate evacuation routes and proper documentation. Training took place with Hope O'Pake, Heritage Senior Living's Director of Quality Services on 11/4/24.

Ongoing Quality Assurance Actions:

Executive Director and Maintenance Director will review monthly fire drill records for accuracy and compliance beginning 11/11/24. Findings, patterns and trends will be discussed at the Quality Assurance Meetings, beginning January 2025.

Proposed Overall Completion Date: 11/18/2024

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented (█ - 12/02/2024)

142d - Secure Preventative Care

3. Requirements

2600.

142.d. The home shall assist the resident to secure preventative medical, dental, vision and behavioral health care as requested by a physician, physician's assistant or certified registered nurse practitioner.

Description of Violation

Resident # 1 was ordered to have physical therapy while the resident was away from the home on █ Resident #1 returned to the home on █. However, the order provided to the home for physical therapy was not implemented.

Plan of Correction

Accept (█ - 11/19/2024)

POC:

Immediate Corrective Action:

Resident #1 was sent out to the hospital on █ Resident #1 went to a skilled rehab facility from █ hospital stay for additional physical therapy and did not return to Keystone Villa at Ephrata until 10/16/24. Executive Director, Resident Care Director, Wellness Nurse and Memory Care Director completed a review of records on 11/11/24 for any other outstanding orders or referrals.

Additional Corrective Action:

On 11/13/24, Resident Care Director re-educated Wellness Nurse, Memory Care Director and Clinical Care Coordinator on the importance and urgency to follow-up with physician's orders.

Ongoing Quality Assurance Actions:

Resident Care Director, Wellness Nurse, Memory Care Director and Clinical Care Coordinator will discuss daily during the Clinic Care meeting any residents that are currently out at the hospital and any that are returning from hospital/rehab with new orders beginning 11/11/24. Findings, patterns, and trends will be reviewed at the Quarterly Quality Assurance Meeting, beginning January 2025.

Proposed Overall Completion Date: 11/18/2024

142d - Secure Preventative Care (continued)

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented () - 12/04/2024)

185a - Implement Storage Procedures

4. 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

On 10/31/24, the following discrepancies between the blood sugar readings on Resident #2's glucometer and the documented blood sugar readings on the resident's medication administration record (MAR) were observed:

- On [redacted], the resident's glucometer had a blood sugar reading of [redacted]. However, this reading was not documented in the resident's MAR.
- On [redacted], the resident's glucometer had a blood sugar reading of [redacted]. However, this reading was not documented in the resident's MAR.
- On [redacted], the resident's glucometer had a blood sugar reading of [redacted]. However, this reading was not documented in the resident's MAR.

On [redacted], Resident #3's glucometer had a blood sugar reading of [redacted]. However, this reading was not documented in the resident's MAR.

On [redacted], the following discrepancies between the blood sugar readings on Resident #5's glucometer and the documented blood sugar readings on the resident's MAR were observed:

- On [redacted], the resident's glucometer had a blood sugar reading of [redacted]. However, the blood sugar reading documented on the resident's MAR was [redacted].
- On [redacted] at [redacted] the resident's glucometer had a blood sugar reading of [redacted]. However, the blood sugar reading documented on the resident's MAR was [redacted].

Repeated Violation - 5/28/24 and 6/27/23, et al

Plan of Correction

Accept () - 11/19/2024)

POC:

Immediate Corrective Action:

On 11/11/24, Wellness Nurse added Resident #2's [redacted] glucometer reading of [redacted] to [redacted] PRN order on [redacted] MAR, [redacted] glucometer reading of [redacted] was added to [redacted] PRN order on [redacted] MAR and on [redacted] glucometer reading of [redacted] was added to [redacted] PRN order on [redacted] MAR.

On [redacted], Wellness Nurse added Resident #3's [redacted] glucometer reading of [redacted] to [redacted] PRN order on [redacted] MAR.

Resident Care Director went into Resident #5's electronic medication record on [redacted] and recorded the correct reading of [redacted] on [redacted] at [redacted] and the correct reading of [redacted].

Additional Corrective Action:

185a - Implement Storage Procedures (continued)

Resident Care Director, Wellness Nurse, Executive Director and all Med Techs will receive training by our Medication Train the Trainer on proper glucometer use, reading, and documentation. Training will take place and be completed by 11/20/24. Any Med Tech who has not received this training by 11/20/24, will no longer pass medications until such training is completed.

Ongoing Quality Assurance Actions:

Resident Care Director, Wellness Nurse, Memory Care Director and or Executive Director will review weekly med cart audits. Findings , patterns, and trends will be reviewed at the Quarterly Quality Assurance Meeting, beginning January 2025.

Proposed Overall Completion Date: 11/18/2024

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented () - 12/04/2024)

187d - Follow Prescriber's Orders

5. Requirements

2600.

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

Description of Violation

Resident #6 is prescribed multiple medications which have instructions to hold based on parameters ordered by the prescribing physician. The following medications were held outside of the specified parameters according to the MAR for Resident #6:

- [redacted] with orders to take one time per day and to hold for systolic blood pressure (SBP) less than [redacted]. On [redacted], the documented SBP was [redacted]. However, the medication was not administered.
- [redacted] ER with orders to take 1 tablet daily and to hold for heart rate less than [redacted] and SBP less than [redacted]. On [redacted], the documented SBP was [redacted] and the heart rate was documented as [redacted]. However, the medication was not administered.
- [redacted] with orders to take 1 tablet by mouth daily and to hold for SBP less than [redacted]. On [redacted] at [redacted] the documented SBP was [redacted]. However, the medication was not administered.

Repeated Violation - 3/15/24, et al and 6/27/23, et al

Plan of Correction

Accept () - 11/19/2024)

POC:

Immediate Corrective Action:

Will immediately remove this Med Tech from the med cart. This med tech is no longer employed by Keystone Villa at Ephrata.

Additional Corrective Action:

This med tech will receive additional training on the five rights of medication administration and complete a successful medication observation by our Medication Administration Train the Trainor by 11/20/24. This med tech is no longer employed by Keystone Villa at Ephrata.

187d - Follow Prescriber's Orders (continued)

Ongoing Corrective Action:

Resident Care Director, Wellness Nurse, Memory Care Director and Executive Director will review the SMART Dashboard at least twice per shift to look for the correct following of parameter orders, beginning 11/11/24. Findings, patterns and trends will be reviewed at the Quarterly Quality Assurance meeting, beginning January 2025.

Proposed Overall Completion Date: 11/18/2024

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented (█) - 12/04/2024