



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUL 17 2014

Mr. Michael Grier, Executive Director  
Keystone Service Systems, Inc.  
8182 Adams Drive  
Hummelstown, Pennsylvania 17036

RE: Reynolds Lane Specialized Personal Care  
5250 Reynolds Lane  
Harrisburg, Pennsylvania 17111  
License #: 316580

Dear Mr. Grier:

As a result of the Department of Public Welfare's licensing inspection on April 23, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period June 10, 2014 to June 10, 2015 was issued on April 16, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary



Violation Report: 31658 - 04/23/2014 - Minnich, Ron  
 PCH Name: REYNOLDS LANE SPECIALIZED PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.26(c) - The quality management plan shall include the development and implementation of measures to address the areas needing improvement that are identified during the periodic review and evaluation.

2a. DESCRIPTION OF VIOLATION  
 The home's quality management plan was not reviewed in 2013.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The information for the 2013 year will be reviewed with the 2014 Quality Review this will be completed by July 30, 2014. In the future the program director will monitor the completion of this annual review through a tracker system.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)      Date

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 6-30-14  
 (Date)

The above plan of correction was approved by JW  
 (Initials)

Plan of correction implementation status as of 6-30-14  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 31658 - 04/23/2014 - Minnich, Ron  
 PCH Name: REYNOLDS LANE SPECIALIZED PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

**2a. DESCRIPTION OF VIOLATION**

On 4/13/14, from 7:00am to 3:00pm, 8 residents were present in the home. During this time, 2 staff persons were present in the home; however, staff person A's certifications expired on 2/12/14 and staff person B was only certified in CPR.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

The Program Administrator was aware staff member A's certification was expired. She was assigned to work with other staff members. The Program Administrator wasn't aware that the CPR card for staff member B did not include First Aid. Both staff member's completed our agency First Aid and CPR training on 4/14/14. In the future the Program Director will review all CPR / First Aid certificates provided by an outside agency.

Immediately - The administrator or designated staff person scheduling staff will ensure at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation will be present in the home at all times.

*je*

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>			
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>			Date
<i>Richard Green, ED</i>			<i>6-17-14</i>

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The above plan of correction was approved by <u><i>je</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 31658 - 04/23/2014 - Minnich, Ron  
 PCH Name: REYNOLDS LANE SPECIALIZED PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

**2a. DESCRIPTION OF VIOLATION**

Direct Care Staff Person A did not receive annual training in safe management techniques and care for residents with dementia and cognitive impairment during the home's training year from July 2012 to June 2013.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

*by Staff Person A*

This training will be completed for the 2014 training year, by June 30, 2104.  
 In the future the Program Administrator will do quarterly reviews of the trainings that were scheduled to be completed that quarter. They will ensure that the trainings have been completed and if not they will create a plan and time line for the trainings to be completed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
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Violation Report: 31658 - 04/23/2014 - Minnich, Ron  
 PCH Name: REYNOLDS LANE SPECIALIZED PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

**2a. DESCRIPTION OF VIOLATION**

Staff person A did not receive annual training in falls and accident prevention during the home's training year, which is designated from July 2012 to June 2013.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

*by Staff Person A*

This training will be completed for the 2014 training year, by June 30, 2104.  
 In the future the Program Administrator will do quarterly reviews of the trainings that were scheduled to be completed that quarter. They will ensure that the trainings have been completed and if not they will create a plan and time line for the trainings to be completed.

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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Violation Report: 31658 - 04/23/2014 - Minnich, Ron  
 PCH Name: REYNOLDS LANE SPECIALIZED PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION  
 The garbage can in the bathroom across from room #4 did not have a lid.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The garbage can lid was replaced on 4/30/14. In the future the Program Administrator will do regular checks to ensure that all garbage cans have a lid.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
REYNOLDS LANE SPECIALIZED PERSONAL CARE	6-17-14

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The above plan of correction was approved by JC  
 (Initials)

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 (Date)

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Violation Report: 31658 - 04/23/2014 - Minnich, Ron  
 PCH Name: REYNOLDS LANE SPECIALIZED PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1, dated 7/11/13 by a physician, does not include the date of when the resident was evaluated, date the form was completed and the immunization history of the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This was initial Medical Evaluation completed by an outside agency. In the future the LPN or MHP will review all Medical Evaluations prior to admission to ensure they were completed correctly.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Ronald Minnich ED	6-19-14

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 (Date)

The above plan of correction was approved by JW  
 (Initials)

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