



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUL 17 2015

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

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

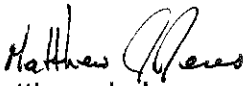
Dear Mr. Grier:

As a result of the Department of Human Services' licensing inspection on May 20, 2015 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, 2015 to June 10, 2016 was issued on April 20, 2015. Your regular license remains in good standing.

Sincerely,

  
Matthew J. Jones  
Director

Enclosure  
License Inspection Summary



Violation Report: 31658 - 05/20/2015 - McCloskey, Jason  
 PCH Name: REYNOLDS LANE SPECIALIZED PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

**2a. DESCRIPTION OF VIOLATION**

On 5-20-15, a copy of 55 Pa. Code Chapter 2600 was not posted in the home.

**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 regulations book has been replaced on 5/20/2015. Checking and confirming that the regulations are posted will be added to the programs monthly report. The program administrator will confirm in the report that the regulations are posted as required.

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 7-9-15

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

The above plan of correction is approved as of 7/9/15  
 (Date)

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

Plan of correction implementation status as of 7/9/15  
 (Date)

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

Violation Report: 31668 - 05/20/2015 - McCloskey, Jason  
 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**  
 For the training year of 7/1/2013 through 6/30/2014, direct care staff person A was not trained in Care for residents with dementia and cognitive impairments, Safe management techniques, and Personal care service needs 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.

The program was aware of this issue upon starting the training year of 7/1/2014-6/30/2015. Starting in July 2014 a Quarterly Audits are completed to ensure that each training has been completed by each individual staff and that the training plan is completed correctly to indicate the training was completed. This audit is completed at the end of each quarter and if there are any incomplete training the program administrator will develop a plan to have the training completed.

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 7-9-15

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

The above plan of correction is approved as of 7/9/15  
 (Date)

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

Plan of correction implementation status as of 7/9/15  
 (Date)

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

Violation Report: 31658 - 05/20/2015 - McCloskey, Jason  
 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**

Direct care staff person A did not receive training in Emergency preparedness procedures and The Older Adult Protective Services Act during training year 7/1/2013 through 6/30/2014.

Direct care staff person B did not receive training in The Older Adult Protective Services Act during training year 7/1/2013 through 6/30/2014.

**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 was aware of this issue upon starting the training year of 7/1/2014-6/30/2015. Starting in July 2014 Quarterly Audits are completed to ensure that each training has been completed by each individual staff and that the training plan is completed correctly to indicate the training was completed. This audit is completed at the end of each quarter and if there are any incomplete training the program administrator will develop a plan to have the training completed.

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
	7-9-15

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

The above plan of correction is approved as of <u>7/9/15</u> (Date)	Plan of correction implementation status as of <u>7/9/15</u> (Date)
The above plan of correction was approved by <u>BAS</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 - 05/20/2015 - McCloskey, Jason  
 PCH Name: REYNOLDS LANE SPECIALIZED PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**  
 2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

**2a. DESCRIPTION OF VIOLATION**  
 The home's record of training for direct care staff person C lists the date of completion for trainings required by regulation 65a as 3/9/2015. Per interview with the administrator and staff person C, this training was completed on 3/4/2015, the first day of work in the home of staff person C. The administrator stated that the date of training was recorded incorrectly.

**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 retrained and reviewed the completion of the training documentation. To ensure this is completed correctly during the next 12 months any new employees training documents will be reviewed with the Program Director.

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 7-9-15

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

The above plan of correction is approved as of 7/9/15  
 (Date)

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

Plan of correction implementation status as of 7/9/15  
 (Date)

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