



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 02 2016

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' annual licensing inspection on May 17, 2016 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay Bausch".

Jay Bausch  
Deputy Secretary

Enclosure  
License Inspection Summary



Violation Report: 31658 - 05/17/2016 - McCloskey, Jason  
 PCH Name: REYNOLDS LANE SPECIALIZED PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION

On 5-17-16 from approximately 9:10 am until 9:35 am, a black Sunbeam space heater was in use on a desk in the basement office.

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 Sunbeam Space Heater was removed from the Personal Care Home on 5-17-16 at 3pm. Program Administrator was retrained on DHS regulations of prohibitory items in the Personal Care Home on 5-18-16. Program Administrator will ensure there are no space heaters within the premises of the Personal Care Home by conducting weekly checks within the home, which will be documented on a task sheet.

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: 5-26-16

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

The above plan of correction is approved as of 5/27/16  
 (Date)

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

Plan of correction implementation status as of 5/27/16  
 (Date)

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

Violation Report: 31658 - 05/17/2016 - McCloskey, Jason  
 PCH Name: REYNOLDS LANE SPECIALIZED PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

On 5-7-16 at 12 pm, an error in Resident 1's medication administration occurred involving Humalog 100u / ml Kwikpen sliding scale insulin. The error was not reported to the resident, the resident's designated person or the prescriber.

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.

Resident 1, and their designated persons, has been informed of the medication error on 5-17-16, and staff has been re trained by the Home's Licensed Practical Nurse (LPN) on the specific Insulin procedures within the Medication Administration on 5-18-16. LPN and Program Administrator will ensure that staff is following correct Medication Administration procedures by checking MAR weekly and reviewing Medication steps at staff meetings as needed.

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

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