



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUL 24 2017

Mr. Robert J. Baker,  
Chief Executive Officer  
Keystone Service Systems, Inc.  
124 Pine Street  
Harrisburg, Pennsylvania 17101

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

Dear Mr. Baker:

As a result of the Department of Human Services' annual licensing inspection on May 11, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 31858 - 05/11/2017 - Bomberger, Cybil  
 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**

Staff person A was the only staff person in the home with the residents from 3:00 PM on 4/29/17 to 7:00 AM on 4/30/17; 3:00 PM to 11:00 PM on 4/30/17; 5:00 PM to 11:00 PM on 5/2, 5/3, 5/4 and 5/5/17. Staff person A is not currently certified in first aid, obstructed airway techniques and 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.*

1. Staff person A was trained on 5/16/17 and was not permitted to work alone until training was completed. (See attachment #1)
2. The Program Administrator will ensure that all required employee trainings are scheduled and completed in keeping with 2600.63 (a) by utilizing the SCR Professional Development Checklist (See attachment #2)
3. The Service Director provided education regarding Regulation 2600.63 to the Program Administrator on 5/22/17.

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) Robert J. Parker CEO Date 5/24/17

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

The above plan of correction is approved as of 5/25/17  
 (Date)

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

Plan of correction implementation status as of 5/25/17  
 (Date)

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

Violation Report: 31658 - 05/11/2017 - Bomberger, Cybil  
 PCH Name: REYNOLDS LANE SPECIALIZED PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**  
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

**2a. DESCRIPTION OF VIOLATION**  
 The home's written emergency procedures have not been reviewed for update and submission to the municipal emergency management agency since 1/7/16.

**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.*

1. The Program Administrator contacted the municipality to notify that no changes were made to the plan on 5/11/17.
2. The Regional Director reviewed and update the manual and submitted it to the local municipality according to 2600.107 (d) on 5/22/17. (See Attachment #3)
3. The Service Director provided education regarding Regulation 2600.107 (d) to the Program Administrator on 5/22/17.

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
Robert J. Baker CED	5/24/17

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

Violation Report: 31658 - 05/11/2017 - Bomberger, Cybil  
 PCH Name: REYNOLDS LANE SPECIALIZED PERSONAL CARE

1. REGULATION 55 Pa.Code §2800  
 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 [redacted] 16 does not have the fields for height, weight, pulse rate and temperature completed.


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.*

1. The Program Administrator faxed the medical evaluation back to the MD office on 5/19/17 to obtain missing information. (See attachment #4)
2. The Program Administrator will review all medical evaluations for completion prior to admission according to 2600.141 (a) (2) utilizing the SCR Intake Checklist moving forward. (See attachment #5)
3. The Service Director provided education regarding Regulation 2600.141 (a) (2) to the Program Administrator on 5/22/17.

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
Robert J. Reker CEO	5/24/17

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 (Date)

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 (Initials)

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 (Date)

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Violation Report: 31658 - 05/11/2017 - Bomberger, Cybil  
 PCH Name: REYNOLDS LANE SPECIALIZED PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**

The medication administration record for resident #2 who is prescribed Humalog to be administered 4 times per day per sliding scale, at 8 AM, 12 PM, 4 PM and 8 PM, does not reflect the staff person assisting with the Accu-Check testing and administration of the Humalog. The staff persons assisting with this process record blood sugar readings and number of units of Humalog administered but no initials or identifying information of staff assisting with the administration. The medication administration record for resident #3 who has Accu-Check blood sugar testing 3 times per day and sliding scale insulin administered does not contain the initials or identifying information for staff assisting with this process as the blood sugar reading and units of insulin administered only are recorded.

The medication administration record for resident #1 was initialed by staff indicating that prescribed Carbamazepine, Fluoxetine HCL, Montelukast Sod., and Renitidine were administered on 4/29/17 at 8 AM. Resident # 1 was not present and did not receive these medications which were found in the medication cart labeled for administration on 4/29/17 at 8 AM.

**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.*

1. The Program Administrator immediately requested that involved staff correct the missing documentation.
2. The Program Administrator will ensure that required documentation is completed according to 2600.187 (a) by updating the MARS to allow more room for initials and re-educating employees on 5/22/17. (See attachment #6)
3. The Service Director provided education regarding Regulation 2600.187 (a) to the Program Administrator on 5/22/17.

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
Robert T. Baker CED			5/24/17

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The above plan of correction was approved by <u>BRS</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 - 05/11/2017 - Bomberger, Cybil  
 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.

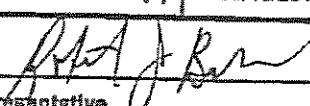
**2a. DESCRIPTION OF VIOLATION**

A medication error occurred on 4/29/17 when resident # 1 was not present in the home and did not take prescribed Carbamazepine, Fluoxetine HCL, Montelukast Sod., Ranitidine, Ziprasidone HCL at 8 AM and prescribed Ranitidine, Ziprasidone HCL and Carbamazepine at 8 PM. In addition, a medication error occurred on 5/9/17 at 8 PM when resident #1 did not take prescribed Ranitidine, Ziprasidone HCL and Carbamazepine. These medication errors were not report to 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.*

1. The Program Administrator immediately reported the medication error to the prescriber on 5/19/17.
2. The Program Administrator will review procedure related to medication error reporting according to 2600.188 (b) with all employees on 5/22/17 and 5/24/17.
3. The Service Director provided education regarding Regulation 2600.188 (b) to the Program Administrator on 5/22/17.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/18/2016	
Signature of Legal Entity Representative (Required on EVERY Page)			
			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Robert J Baker CEO			5/24/17
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The above plan of correction was approved by		<u>RTS</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 - 05/11/2017 - Bomberger, Cybil  
 PCH Name: REYNOLDS LANE SPECIALIZED PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**2a. DESCRIPTION OF VIOLATION**

Residents # 1 and 2 havenot been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

**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.*

1. The Program Administrator educated the individuals on rights to refuse medication on 5/22/17.  
(See attachment #7 and #8)
2. The Program Administrator will review all records for "Rights to Questions Medications" forms and ensure all are completed according to 2600.191 ongoing.
3. The Service Director provided education regarding Regulation 2600.191 to the Program Administrator on 5/22/17.

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Violation Report: 31658 - 05/11/2017 - Bomberger, Cybil  
 PCH Name: REYNOLDS LANE SPECIALIZED PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**2a. DESCRIPTION OF VIOLATION**

The pre-admission screening form for resident # 1, admitted [redacted] 16, does not include a determination that the home can meet the 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.*

1. The Program Administrator or Mental Health Professional will review all medical evaluations for completion prior to admission by utilizing the SCR Intake Checklist. (See Attachment #5) moving forward.
2. The Program Administrator will review records to ensure that preadmission screenings are completed according to 2600.224 (a) ongoing.
3. The Service Director provided education regarding Regulation 2600.224 (a) to the Program Administrator on 5/22/17.

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Robert J. Baker CEO	5/24/17

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