



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 13 2018

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, PA 17111
Certificate #: 316580

Dear Mr. Baker:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on May 29, 2018 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.

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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

	License Number: 31658
Address: 5250 REYNOLDS LANE, HARRISBURG, PA 17111	County: Dauphin
Administrator: Sherell Sandlin	Region: CENTRAL
Legal Entity Name: KEYSTONE SERVICE SYSTEMS INC	
Legal Entity Address: 8182 Adams Drive, Hummelstown, PA 17036	
Certificate(s) of Occupancy C-3 SP Sherell 08/03/2003 Labor and Industry	
Staffing Hours Resident Support: 0 Total Daily Staff: 6 Waking Staff: 5	
Type of Inspection: Full BHA Docket Number: Notice: Unannounced	
Reason(s) for Inspection(s) Renewal, Complaint, Incident	
On-Site Inspections Dates and Department Representatives On-Site 05/29/2018: Heemer, Laura	
Off-Site Inspection Dates and Inspectors, if Applicable 06/22/2018: Heemer, Laura 06/18/2018: Heemer, Laura	
Other Details Partial or Full Triggers: Random Indicators:	
Resident Demographic Data as of Inspection Dates	
Licensed Capacity: 8 Number of Residents Served: 6 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 2 Have Mental Illness: 6 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 31658-05/29/2018- Heemer, Laura
 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

The annual training provided to direct care staff person B does not include training in the following topics during training year 6/1/2016-5/31/2017:

- Instruction on meeting the needs of Residents as described in the Pre-Admission Screen, Medical Evaluation and Resident Assessment and Support Plan.
- Care for Residents with dementia and cognitive impairments.
- Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.

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 B completed Dementia and Cognitive Impairment training on 3/4/18 (see attachment #1).
- 2. Staff Person B will not be able to work until they have completed these trainings. Staff Person B will complete these trainings by 7.18.18. Program Administrator will submit training records to licensing agency by 7.20.18.
- 3. The Program Administrator will ensure that all required employee trainings are scheduled and completed in keeping with 2600.65 (a) by utilizing the SCR Annual Training Plan (see attachment #2).
- 4. The Service Director provided education regarding Regulation 2600.65 to the Program Administrator on 7/3/2018 (see attachment #3.)

* The administrator will review each staff members training on a quarterly basis to identify any missed trainings and assure that the staff member has received the required trainings

BAS 7/12/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Robert J. Baker, CEO, KSS | Date 7/5/18

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

The above plan of correction is approved as of 7/12/18 (Date)

Plan of correction implementation status as of 7/12/18 (Date)

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

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

Violation Report: 31658-05/29/2018- Heemer, Laura
 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

The record of Direct Care Staff Person B did not have training in the following topics during training year 6/1/2016-5/31/2017:

- Fire safety by a fire safety expert or staff trained by fire safety expert.
- Emergency preparedness procedures
- Resident Rights
- Older Adult Protective Services Act
- Falls and accident prevention

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 B had Fire Safety training on 6/6/2018 (see attachment #1) by a fire safety expert. Staff Person B had Older Adult Protective Services training on 9/27/2017 (See attachment #1).
- 2. Staff Person B will not be able to work until they have completed these trainings. Staff Person B will complete these trainings by 7.18.18. Program Administrator will submit training records to licensing agency by 7.20.18.
- 3. The Program Administrator will ensure that all required employee trainings are scheduled and completed in keeping with 2600.65 (a) by utilizing the SCR Annual Training Plan (see attachment #2).
- 4. The Service Director provided education regarding Regulation 2600.65 to the Program Administrator on 7/3/2018 (see attachment #3).

✦ The administrator will review each staff members training on a quarterly basis to identify any missed trainings and assure that the staff member has received the required trainings

BAS 7/12/18

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> Robert J. Baker, CEO, KSS		Date 7/5/2018
DEPARTMENT USE ONLY- HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of <u>7/12/18</u> (Date)	Plan of correction implementation status as of <u>7/12/18</u> (Date)	
	<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	
The above plan of correction was approved by <u>BAS</u> (Initials)		