



MAILING DATE: March 26, 2019

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
Certificate #: 316580

Dear Mr. Baker:

As a result of the Department's Bureau of Human Services Licensing inspection on January 8, 2019 of the above facility, the citations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

Gloria Emick

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 31658 - 01/08/2019 - Hoover, Douglas
PCH Name: REYNOLDS LANE SPECIALIZED PERSONAL CARE

1. REGULATION 55 Pa. Code §2600

2600.186(b) - Prescription medications shall be used only by the resident for whom the prescription was prescribed.

2a. DESCRIPTION OF VIOLATION

On 12/18/2018, Resident #1 took the 8:00 am medications prescribed for and belonging to Resident #2.

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. Steps were immediately taken to protect the health and welfare of the individuals and instructions from the prescribing physician were followed.
2. On 12/21/18, the certified Medication Administration Trainer reviewed medication administration curriculum focusing on the 5 Rights and verification of documentation.
3. On 12/26/18, four successful medication passes were made by the staff member responsible for the medication error with the Practicum Observer present.
4. In order to prevent future occurrences, the Program Administrator reviewed best practices to avoid distractions during medication administration with all employees at the February staff meeting on 2/21/19.

Documentation of training will be kept by the home. The staff training needs will be included in the home's periodic quality management reviews. - GE

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) Robert J. Baker

Date 3/26/19

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

The above plan of correction is approved as of 3/26/19
 (Date)

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

Plan of correction implementation status as of 3/26/19
 (Date)

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

Violation Report: 31658 - 01/08/2019 - Hoover, Douglas
PCH Name: REYNOLDS LANE SPECIALIZED PERSONAL CARE

1. REGULATION 55 Pa. Code §2600

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

The Resident Assessment and Support Plan (RASP), dated 9/28/18 for Resident #1, was not signed by 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.

1. The violation was corrected and the assessment was signed by program staff on 1/18/19.
2. In order to prevent similar violation from occurring again, the Program Administrator will review each residents' file monthly using the Case File Audit form (Attachment #1) to ensure that all documentation is completed in accordance with regulation 2600.227(g).

Repeat Violation: No

Date(s) of Previous Violation(s):

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(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Robert J. Baker

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3/26/19

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