



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 25 2019

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

RE: KHS Mental Health Services –
Silver Spring Specialized Personal Care
Certificate #: 305710

Dear Mr. Baker:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 6, 2019 of the above facility, the violations 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.

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
Violation Report

Violation Report: 30571 - 03/06/2019 - Cargile, Kellie
 PCH Name: KHS-MENTAL HEALTH SERVICES -SILVER SPRING SPECIALIZED PERSONAL

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
 Direct Care Staff Member A did not receive training in 2018 in the following required topics: instruction on meeting the needs of the resident as described in the medical evaluation and assessment and support plan; infection control; and personal care service needs.

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 will track employee progress in Relias monthly, scheduling trainings based on the Professional Development Plan and following up with employees to ensure that trainings have been completed.
 When employees are planning a scheduled absence, the Program Administrator will attempt to schedule trainings earlier than actual due dates to ensure completion by due dates. When an employee has an unexpected lengthy absence, the Program Administrator will ensure that the employee has all required trainings completed before working in the program.

 Staff training needs will be included in the home's periodic quality management reviews. - GE-4/8/19

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 CEO	4-5-19

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

The above plan of correction is approved as of <u>4/8/19</u> (Date)	Plan of correction implementation status as of <u>4/8/19</u> (Date)
The above plan of correction was approved by <u>GE</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: 30571 - 03/06/2019 - Cargile, Kellie
 PCH Name: KHS-MENTAL HEALTH SERVICES -SILVER SPRING SPECIALIZED PERSONAL

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 Member A did not receive training in fire safety, or falls and accident prevention, during training year 2018.

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 will track employee progress in Relias monthly, scheduling trainings based on the Professional Development Plan and following up with employees to ensure that trainings have been completed.
 When employees are planning a scheduled absence, the Program Administrator will attempt to schedule trainings earlier than actual due dates to ensure completion by due dates. When an employee has an unexpected lengthy absence, the Program Administrator will ensure that the employee has all required trainings completed before working in the program.

 Staff training needs will be included in the home's periodic quality management reviews. - GE-4/8/19

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 PCH Name: KHS-MENTAL HEALTH SERVICES -SILVER SPRING SPECIALIZED PERSONAL

1. REGULATION 55 Pa. Code §2600
 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 The home's dryer ducts were last cleaned on 3/8/17.

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. Monthly Physical Site Audits will be completed, which include a review of lint traps and vent ducts for cleanliness and being lint-free. If issues are noticed, a remedy will be implemented immediately. Annual professional cleaning will be scheduled each February, with reminder appointments/alarms being set in Outlook to prompt scheduling.

The home's dryer duct cleaning was immediately scheduled & the cleaning completed on 3/28/19. Documentation of cleaning shall be kept by the home. - GE-4/8/19

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1. REGULATION 55 Pa. Code §2600
 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 12/13/18, is missing the second page, which includes the addendum sheet for diagnoses, needs and medication, nor does it include the resident's date of birth.

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. Education was provided to the Program Administrator regarding regulatory requirements to update RASPs, at minimum, annually or when significant changes occur. To ensure that upcoming RASPs are identified, Record Reviews will be completed quarterly to identify due dates within the next 3 months so that all annual paperwork can be completed timely.

The Administrator or designee will complete an audit of the current residents' medical evaluations by 4/30/19 to ensure that all the required information was captured. - GE-4/8/19

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1. REGULATION 55 Pa. Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

On 3/2/19 at 8:00 pm, Resident #2 was administered 80 mg. of Ziprasidone. The medication administration record was not initialed to indicate that the medication had been administered.

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. When a nurse is hired for the position, the Program Administrator will assign the tasks of reviewing for medication documentation errors on a daily basis. The Program Administrator will also complete the Medication Audit Checklist weekly to have oversight of this process.

In the meantime, until a nurse is hired, the Personal Care Specialist who has passed the Department approved Medication Administration Training will review the medication administration record and monitor for missed documentation or possible errors. The Program Administrator will complete the Medication Audit Checklist weekly to check for errors.

Training of staff persons administering medications regarding the medication errors found during the medication audits will be conducted. Documentation of training will be kept by the home. The results of the medication audits will be included in the home's periodic quality management reviews. - GE-4/8/19

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1. REGULATION 55 Pa. Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
 (1) Annually.
 (2) If the condition of the resident significantly changes prior to the annual assessment.
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 The most recent assessment for Resident #1 was completed on 1/12/18.

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. Education was provided to the Program Administrator regarding regulatory requirements to update RASPs, at minimum, annually or when significant changes occur. To ensure that upcoming RASPs are identified, Record Reviews will be completed quarterly to identify due dates within the next 3 months so that all annual paperwork can be completed timely.

A new assessment for Resident #1 was completed on 3/6/19. An audit of Resident Assessment and Support Plans will be conducted for all current residents to ensure that all needs have been identified and addressed by 4/30/19. -GE-4/8/19

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