



July 26, 2019

Mr. Robert J. Baker  
Chief Executive Officer  
Keystone Service Systems, Inc.  
4391 Sturbridge Drive  
Harrisburg, Pennsylvania 17110

RE: KHS Mental Health Services – Queen St  
Specialized Personal Care  
2033 South Queen Street  
York, Pennsylvania 17402  
Certificate #: 329500

Dear Mr. Baker:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 2, 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](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 that reads "Carolyn K. Ellison". The signature is fluid and cursive.

Carolyn K. Ellison,  
Deputy Secretary, Office of Administration  
Shared Services for Health and Human Services

Enclosure  
Violation Report



**Violation Report:** 32950- 04/02/2019- Cargile, Kellie  
**PCH Name:** KHS MENTAL HEALTH SERVICES-QUEEN ST SPECIALIZED PC

**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 2/22/19, does not include the resident's name, the date the resident was evaluated, and the date the form was completed on the second page.  
 The medical evaluation for Resident #2, dated 12/17/18, does not include the second page of the evaluation.

**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) Education was provided to the Program Administrator on the need to have DME's completed annually and in their entirety.
- 2) The Program Administrator or designee will ensure that packets are prepared for PCP appointments ahead of schedule to ensure that all pages of a document are present for review/ signature.
- 3) To ensure all documents are present in the records, and to ensure timely completion of all documents, a Quarterly Resident Record Review will be done, in order to identify items due in the next 3 months
- 4) The Medical Evaluation for Resident #1 from 2/22/19 was updated with needed information and the Medical Evaluation for Resident #2 was updated on 5/15/19.

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 J. Baker CEO		5/17/19

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

The above plan of correction is approved as of <u>7/16/19</u> (Date)	Plan of correction implementation status as of <u>7/16/19</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:** 32950 - 04/02/2019 - Cargile, Kellie  
**PCH Name:** KHS MENTAL HEALTH SERVICES-QUEEN ST SPECIALIZED PC

**1. REGULATION 55 Pa.Code §2600**

2600.185(a) -The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**2a. DESCRIPTION OF VIOLATION**

Blood sugar readings in Resident #1's glucometer do not match readings recorded on the resident's medication administration record (MAR). For example;

On 4/1/19 at *Bam*, Resident #1's glucometer had a reading of 145. The reading on the MAR was 115.

On 3/26/19 at *Bam*, Resident #1's glucometer had a reading of 119. The reading on the MAR was 117.

On 3/20/19 at *Bam*, Resident #1's glucometer had a reading of 152. There was no reading recorded on the MAR for this date and time.

**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) All employees will be educated about the need to visually check the glucometer when an individual checks his/her blood sugar, not to just verbally obtain the reading from the individual by 5/17/19.
- 2) Education regarding this process will also be provided at each Med Observation time at least semi-annually, by the Medication Practicum Observer.

The Administrator or designee will conduct weekly audits of the actual readings on the residents' glucometers as compared with the documented readings on the MAR's for a period of 3 months, upon receipt of this POC. The findings of the audits will be addressed at the home's next Quality Management Review. - GE, 7/16/19

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Robert J. Asker CEO			5/17/19
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**Violation Report:** 32950- 04/02/2019- Cargile, Kellie  
**PCH Name:** KHS MENTAL HEALTH SERVICES-QUEEN ST SPECIALIZED PC

**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 (MAR) for Resident #1 does not include the diagnosis or purpose for Calcium 600 + D 400 IU mg, Omeprazole DR 20 mg, Oxybutynin 5 mg or Risperidone 2 mg.

The MAR for Resident #2 does not include the diagnosis or purpose for Benztropine mes 2 mg, Clozapine 200 mg or Depakote 500 mg.

**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 newly hired nurse will check MARS to ensure accuracy by 5/22/19 and ongoing upon delivery, based on the above listed criteria and contact the Pharmacy for items that appear inaccurate or missing.
- 2) The nurse will compare the corrected MAR to the Medication Roster and update the Medication Roster for accuracy by 5/22/19, placing those in the MAR as well as in each person's Emergency Medical File / Grab-n-Go packets.

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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. Baker CEO Date 5/17/19

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(Initials)

Plan of correction implementation status as of 7/16/19  
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**PCH Name:** KHS MENTAL HEALTH SERVICES-QUEEN ST SPECIALIZED PC

**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 4/1/19 at 8pm, Resident #1's Calcium 600mg + D 400 IU was administered. Staff Member A did not initial the medication record at the time of administration.

**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 designee, will complete the Medication Administration Record Audit daily to check for medication and documentation errors, including discrepancies between MARs and the Medication Roster. This will be implemented by 5/17/19.
- 2) For employees who have documentation errors identified during this review, education about proper documentation process will be completed.
- 3) For medication errors, those will be reported via the Incident Reporting process and explored for trends and needs for retraining. Retraining with the employee will occur regarding the correct way to review medications with the MARs to verify the 5 Rights, and then documented on the MAR and Medication Observation forms.
- 4) Within every 6 month period, MAR observation and Medication observations will be completed by a Practicum Observer, with each employee, to maintain medication certification per the DHS training program.
- 5) Education was provided to Staff A on 5/15/19 in reviewing the Medication Administration Record Audit form and protocol for implementation. All remaining staff will be educated by 5/17/19.

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