



June 12, 2019

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

RE: KHS Mental Health Services-  
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 20, 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 "J. Rowe". The signature is written in a cursive, flowing style.

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report



Violation Report: 31658 -

PCH Name: REYNOLDS LANE SPECIALIZED PERSONAL CARE

**1. REGULATION 55 Pa. Code §2600-Sanitary Conditions**

2600.85.a – Sanitary Conditions shall be maintained

**2a. DESCRIPTION OF VIOLATION**

At 12:30 pm the bedroom of Resident 1, contained a pungent odor or urine and the surface of the bedroom floor was sticky from urine.

**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 will coordinate with Service Director to retain professional cleaning service to properly sanitize room and purchase floor steamer for the program to aide direct care staff in maintaining daily sanitary conditions of the resident's room. (Attachment #1 and #2) This will be completed by 6/30/19
2. Direct care staff will offer Resident 1 support in laundering his soiled items as per his updated support plan completed by the Mental Health Professional, and document attempts in Total Records of his response. This will be reviewed by 6/30/2019 and support will be ongoing.

\*Staff will monitor the condition of Resident #1's bedroom and bedroom floor on a daily basis. Should the conditions deteriorate the home will clean the room or arrange for a professional agency to clean the room.  
BAS 6/10/2019

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

6/7/19

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**The above plan of correction is approved as of 6/10/2019  
(Date)Plan of correction implementation status as of 6/10/2019  
(Date) Fully Implemented Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not ImplementedThe above plan of correction was approved by BAS  
(Initials)

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

**1. REGULATION 55 Pa. Code §2600-Mattress Fire Retardant**  
 2600.101 (j) - each resident shall have the following in the bedroom:  
 (1) A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.

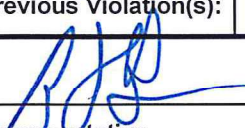
**2a. DESCRIPTION OF VIOLATION**  
 During the inspection of bedroom for Resident 1, a representative of the Department observed that the mattress being used by Resident 1 contained a two-foot tear that exposed the spring coils and mattress filling.

**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 coordinate with representative payee to issue funds in order to purchase a new incontinence mattress for Resident 1 as identified in resident support plan. This will be completed by 6/30/19
- Direct care staff will encourage Resident 1 to make his bed with the proper linen to assist him to attend to his hygiene consistently.

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. Baker	Date 6/7/19
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>6/10/2019</u> (Date)  The above plan of correction was approved by <u>BAS</u> (Initials)	Plan of correction implementation status as of <u>6/10/2019</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
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**Violation Report:** 31658 - 01/08/2019 - Hoover, Douglas  
**PCH Name:** REYNOLDS LANE SPECIALIZED PERSONAL CARE

**1. REGULATION 55 Pa. Code §2600-Implement Storage Procedures**  
 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**  
 The glucometer of Resident 1 had a measurement of 192 stored in its memory for 5/18/19 at 4:07pm. However, a reading of 230 was documented in the Medication Administration record. The glucometer of Resident 1 had a measurement of 194 stored in its memory for 5/17/19 at 11:10am. However, a reading of 114 was documented in the Medication Administration Record.

**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 in coordination with the medication administration trainer, will ensure that the employee is retrained on documentation as it pertains to the error. The Program Administrator/LPN as a medication practicum observer will observe the employee for 2 med passes to ensure that all steps in the medication administration cycle are followed before the employee administers medication without supervision. This will be completed by 6/20/19
2. The Program Administrator will ensure that medication administration certification requirements are completed by the employee annually. Ongoing

\*The Program Administrator will audit the actual readings on a resident's glucometer as compared with the documented readings on the resident's Medication Administration Record. This shall be done on a weekly basis for the residents who receive blood glucose testing and shall consist of a review of all readings for the previous week. The weekly audits shall occur for a period of four weeks commencing with the receipt of this plan. BAS 6/10/2019

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) <b>Robert J. Baker</b>	Date 
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The above plan of correction was approved by <u>BAS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate <input type="checkbox"/> Progress Partially Implemented - <input type="checkbox"/> Inadequate Progress

June 6, 2018

Nancy Dunn  
Specialized Community Residences  
Keystone Human Services – Central Division  
8182 Adams Drive Hummelstown, PA 17036

RE: Reynolds Lane Specialized Personal Care  
5250 Reynolds Lane  
Harrisburg PA 17111

Dear Ms. Dunn,

Pursuant to 132b, a fire safety inspection was conducted at the above mentioned facility in accordance with the life safety provisions of 55 PA Code Chapter 2600, Pennsylvania Uniform Construction Code and the International Fire Code, 2006 edition. No deficiencies were noted during the inspection.

Based on the design and construction of your building the evacuation time to the exterior of the building shall be a maximum of 5 minutes.

A fire drill was conducted successfully during which residents and staff members participated and evacuated the building.

If you have any questions or need additional information or clarification, please do not hesitate to contact me at 267-496-3600 or [Robert.muller@firelss.net](mailto:Robert.muller@firelss.net).

Sincerely,



Robert C Muller  
ICC Fire Inspector # 8117966