



pennsylvania
DEPARTMENT OF HUMAN SERVICES

November 14, 2019

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

RE: KHS Mental Health Services- McKinley St. PCH
1280 East McKinley Street
Chambersburg, Pennsylvania 17202
Certificate #: 320340

Dear Mr. Baker:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on September 25, 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 "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *KEYSTONE MENTAL HEALTH SERVICES MCKINLEY ST PCH*

License Number: 32034

Address: *1280 MCKINLEY STREET,, CHAMBERSBURG, PA 17201*

County: *FRANKLIN*

Region: *CENTRAL*

Administrator

Name: *Caitlin Newcomer*

Phone: *7172610515*

Email:

Legal Entity

Name: *KEYSTONE SERVICE SYSTEMS, INC.*

Address: *4391 STURBRIDGE DRIVE, HARRISBURG, PA, 17110*

Certificate(s) of Occupancy

Type: *R-4*

Date: *07/28/2006*

Issued By: *Guilford Twp.*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *8*

Waking Staff: *6*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

09/25/2019 - On-Site: Laura Heemer

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8*

Residents Served: *8*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *8*

Are 60 Years of Age or Older: *3*

Diagnosed with Mental Illness: *8*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *0*

Have Physical Disability: *0*

65i - Training Record

Regulations

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's 2018 training record for direct care staff does not document Staff Person A's training in fire safety completed by a fire safety expert.

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.)

Staff Person A is no longer employed Keystone Service Systems effective 10/7/19 and as such, fire safety training was unable to be completed with this employee. The McKinley Personal Care Home, referred to as the McKinley Specialized Community Residence (SCR) within Keystone Service Systems maintains an annual training plan. The SCR annual training plan was reviewed and updated to include all regulatory required trainings, inclusive of Fire Safety. Proof of the updated training plan is contained within Attachment A. Additionally, the SCR training plan is monitored through Keystone Service Systems Learning Management System which prompts employees of required trainings prior to ending of the training year. The Program Administer is also made of aware of the training requirements at the time notification is sent through the Learning Management System to the employee to ensure that appropriate follow up occurs.

Legal Entity Representative



Robert J. Baker

10-17-19

Signature

Printed Name and Title

Date

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The above plan of correction is approved as of 10/21/19
(Date)

Plan of correction implementation status as of 10/21/19

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

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

(Date)

183c - Refrigerated Meds Locked

Regulations

2600.

183.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

Description of Violation

On 9/25/2109 at 1:00pm , eight loose Humalog flex pens and three boxes of Humalog flex pens prescribed for Resident 1 were unlocked in the refrigerator located in an unlocked staff bathroom. At this time the door to the bathroom was standing open with no staff members in the area.

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.)

A lock box was purchased on 9/26/19 to secure Resident 1's Humalog medications that were being stored in the mini fridge of the staff bathroom, proof of this purchase is contained within Attachment B. The lock box was delivered to the home on 10/1/19 and all of Resident 1's medications were placed within the lock box, proof of the newly purchased lock box is contained within Attachment C. Staff at the McKinley SCR will be trained on the regulatory requirement 2600.183 (c) by 10/22/19. Proof of this training, inclusive of the training roster and curricula covered will be forward to the Department as proof of corrective action by 10/25/19.

Legal Entity Representative



Signature

Robert J. Baker

Printed Name and Title

10-17-19

Date

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