



Sent via e-mail [Bhayes@keystonehumanservices.org;  
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MAILING DATE: May 19, 2020

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

RE: KHS Mental Health Services –  
Silver Spring Specialized Personal Care  
427 Hogestown Road  
Mechanicsburg, Pennsylvania 17050  
Certificate #: 305710

Dear Mr. Baker:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living) review on February 12, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

*Gloria Emick*

Gloria Emick  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: *KHS MENTAL HEALTH SERVICES-SILVER SPRING SPECIALIZED PC*  
Address: *427 HOGESTOWN ROAD,, MECHANICSBURG, PA 17050*  
County: *CUMBERLAND* Region: *CENTRAL*

License Number: *30571*

## Administrator

Name: *Brandy Hayes*

Phone: *7177665157*

Email: *bhayes@KEYSTONEHUMANSERVICES.ORG*

## Legal Entity

Name: *KEYSTONE SERVICE SYSTEMS INC*  
Address: *4391 STURBRIDGE DRIVE, HARRISBURG, PA, 17110*

## Certificate(s) of Occupancy

Type: *R-3*

Date: *11/07/2005*

Issued By: *Silver Spring Township*

## 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

*02/12/2020 - On-Site: Hope O'Pake*

## 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: *5*

Diagnosed with Mental Illness: *8*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *0*

Have Physical Disability: *0*

61 - Substitute Coverage

Regulations

2600.

61. Substitute Personnel - When regularly scheduled direct care staff persons are absent, the administrator shall arrange for coverage by substitute personnel who meet the direct care staff qualifications and training requirements as specified in § 2600.54 and § 2600.65 (relating to qualifications for direct care staff persons; and direct care staff person training and orientation).

Description of Violation

Substitute Staff Person A, has been working for over a year, filling in on at least one shift per week, having last worked on February 10, 2020. There is no file which includes all of the required information and training, as related to 2600.54 and 2600.65.

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 copy of Substitute Staff Person A's direct care staff qualifications and training requirements as specified in 2600.54 and 2600.54 was received from the staffing agency on February 13, 2020. This information was forwarded to the Department on February 13, 2020. Staff Person A did not receive the training and will not be returning to Keystone to work. Staff Person A's last date of employment was on 2-28-2020. An agency employee checklist has been created and implemented to ensure this does not reoccur moving forward.

Please see Attachment #1- Staff Credentials

Please see Attachment #2-Email sent to the Department inclusive of Staff Person A's credentials

Please see Attachment #3- Agency Employee Checklist

To prevent recurrence, the Regional Director trained the Program Administrator on regulation 2600.61, as well as process for maintaining substitute personnel documentation as specified in regulations 2600.54 and 2600.65, by 2-13-2020. >

Please see Attachment #4-Program Administrator's acknowledgement she received training on regulation 2600.54 and 2600.65.

Legal Entity Representative

Signature 

Robert J. Baker President/CEO  
Printed Name and Title

3/13/20  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 5/18/20 Plan of correction implementation status as of 5/18/20  
(Date) (Date)

Implemented  
 Not Implemented

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

65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

Direct Care Staff Person B did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan during training year 2019.

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.)

Direct Care Staff Person B received training on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan on 2-13-2020

Please see Attachment #5: Staff Person B's acknowledgement of receiving training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

The Program Administrator will track employee training progress monthly using the Relias Learning Management System, and schedule trainings based on Professional Development Plan.

The Program Administrator will follow-up with employees within 5-business day to ensure/verify that the training has been completed.

Please see Attachment #6 Professional Development Plan

Legal Entity Representative



Signature

Robert J. Baker President/CEO

Printed Name and Title

3/13/20  
Date

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Not Implemented

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

The bedrooms of Residents #1 and #2 are in unsanitary condition. There is trash, food debris and wrappers, empty cups, discarded mail, empty hygiene product containers, and dirty clothing lying on floors, in piles, on and under the beds, on dressers and on chairs. The food debris and trash could result in infestation of insects or rodents.

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.)

Resident #1 and Resident #2's rooms were cleaned to be free of trash, food debris and wrappers, empty cups, discarded mail, empty hygiene product containers, and dirty clothing by staff on 2-17-2020.

Please see Attachment #7: Pictures of Resident #1 room

Please see Attachment #8: Pictures of Resident #2 room

To prevent future occurrences, Program Administrator reviewed regulation 2600.85.a with residents during house meeting on February 13, 2020 and the regulation was reviewed with staff on February 13, 2020. Additionally staff are to complete a daily checklist to identify and ensure that sanitary conditions are maintained in the home.

Please see Attachment #9: House meeting and content signature page.

Please see Attachment #10: Staff meeting content and signature page.

Please see Attachment #11: Daily checklist to address the resident's bedrooms.

Legal Entity Representative

  
Signature

Robert J. Baker President/CEO  
Printed Name and Title

3/13/20  
Date

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107c - Food/Water 3 Day Supply

Regulations

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

The home serves eight residents, requiring 24 gallons of emergency drinking water. However, the home had only fifteen gallons.

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.)

On February 20, 2020, Program Administrator ordered water, to be delivered on 2-26-2020, in order maintain 24 gallons of emergency drinking water at the home. 25 gallons of water was delivered on 2-26-2020.

In order to prevent future occurrences, Program Administrator, or designee, will verify 24 gallons of emergency drinking water are maintained using the daily checklist. In the event the home does not have enough emergency water, Program Administrator, or designee, will purchase water to maintain 24 gallons of emergency drinking water.

Please see Attachment #12-Culligan Water receipt with date delivered.

Please see Attachment #13- Daily Checklist-Emergency Water Supply

Legal Entity Representative

  
Signature

Robert J. Baker President/CEO

Printed Name and Title

3/13/20  
Date

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124 - Notice to Fire Department

Regulations

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have dated documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

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 documentation of written notification to the local fire department was forwarded to the Department on February 13, 2020. This documentation was present in the home at the time of the inspection; however, staff misplaced it. Moving forward the Program Administrator will be responsible for storing this documentation in an easily accessible location within the home.

Please see Attachment #2-Letter sent to the fire department, along with a diagram of the bedrooms and the email sent to the Department.

The home will forward a current, dated notification to the local fire department to The Department when completed. Documentation of notification will be kept by the home.

Legal Entity Representative



Signature

Robert J. Baker President/CEO

Printed Name and Title

3/13/20  
Date

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