



Sent via e-mail [mritchie@keystonehumanservices.org;
Gsunderland@keystonehumanservices.org; mpaxson@keystonehumanservices.org]

MAILING DATE: May 22, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living) review on February 25, 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-QUEEN ST SPECIALIZED PC*
Address: *2033 SOUTH QUEEN STREET,, YORK, PA 17402*
County: *YORK*

License Number: *32950*

Region: *CENTRAL*

Administrator

Name: *Marjorie Ritchie*

Phone: *7175588450*

Email: *RBAKER@KEYSTONEHUMANSERVICES.ORG*

Legal Entity

Name: *KEYSTONE SERVICE SYSTEMS INC*

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

Certificate(s) of Occupancy

Type: *R-4*

Date: *03/20/2012*

Issued By: *York 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

02/25/2020 - On-Site: Douglas Hoover

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: *6*

Are 60 Years of Age or Older: *1*

Diagnosed with Mental Illness: *8*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *0*

Have Physical Disability: *0*

3c - Post Current License

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

A copy of Chapter 2600 was kept at a staff desk in the kitchen and was not posted in a public and conspicuous place in the home.

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 2600 Regulation book was placed on the entrance bulletin board by Program Administrator during licensors visit on 2/25/2020. The Program Administrator or Personal Care Specialist will do a daily walk through to assure that the 2600 Regulation book remains on the front entrance table. Program Administrator reviewed regulation 2600.3c during staff meeting (Attachment #1) and (Attachment #8) on 3/5/2020.

Legal Entity Representative



Robert J. Baker, President/CEO
Printed Name and Title

3-16-2020
Date

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

The above plan of correction is approved as of 5/22/20
(Date)

Plan of correction implementation status as of 5/22/20
(Date)

Implemented

Not Implemented

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

25a - Written Contract and Review

Regulations

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

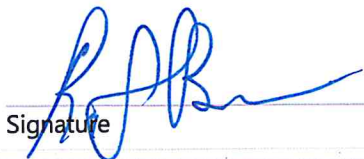
There was no contract for Resident #1 who was admitted to the home on 8/28/2019.

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.)

The Program Administrator reviewed the contract with the Resident #1 and the contract was signed on 2/26/2020 (Attachment #10 and Attachment #9). The Program Administrator, Personal Care Specialist or the Licensed Practical Nurse, will ensure that the contract is signed upon admission using the SCR Intake Checklist (Attachment #2). This will begin on 3/5/2020.

Legal Entity Representative


Signature

Robert J. Baker, President/CEO
Printed Name and Title

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101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

There was no light within reach or by the bedside in Resident #1's room.

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 lamp was moved to be within reach of the bed in Resident #1's bedroom (See Attachment #3) by the Program Administrator on 2/25/2020. The Program Administrator reviewed regulation 2600.101.j (7) during staff meeting (Attachment #1),(Attachment #11) on 3/5/2020.

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Robert J. Baker, President/CEO 3-16-2020

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101o - Walls, Floors, Ceilings

Regulations

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

The carpet in Resident #2's room was badly stained in two areas near the dresser and window that measured approximately 6-8 inches and 10-12 inches.

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.)

Stanley Steamer professionally cleaned the carpet in Resident #2's room on 2/29/2020. Proof of cleaning can be found in Attachment #4 and Attachment #5. All staff were trained by Program Administrator on identifying and reporting areas of unsanitary conditions on 3/5/2020. See Attachment #6 and Attachment # 12.

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132d - Evacuation

Regulations

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home did not have a letter from a fire safety expert that specified a safe evacuation time exceeding 2 and 1/2 minutes. On 10/21/2019 at 6:00 am, the evacuation time was 3 minutes. On 4/12/2019, at 11:55 pm, the evacuation time was 4 minutes.


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.)

Program Administrator reviewed regulation 2600.132d during staff meeting (Attachment #1) on 3/5/2020.

A fire drill was held on 3/9/2020 with evacuation time not exceeding 2.5 minutes (Attachment #7). The Program Administrator and Personal Care Specialist will verify monthly that this regulation is met through review of the fire drill logs. This began immediately. (Attachment #13)

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Signature 

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185a - Implement Storage Procedures**Regulations**

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.

Description of Violation

The home did not implement procedures for the safe use and accurate documentation of glucose readings in the medication administration record (MAR) for Resident #2 as follows:

On 2/23/2020, the glucometer recorded a blood sugar reading of 95 which was documented as 93 in the MAR;

The MAR documents a blood sugar reading of 101 on 2/22/2020 at 4:00 pm with no corresponding reading in the glucometer;

The MAR documents a blood sugar reading of 184 on 2/22/2020 at 8:00 pm with a 146 reading recorded in the glucometer at 7:30 pm;

On 2/21/2020, the glucometer recorded a blood sugar reading of 81 which was documented as 85 in the MAR at 8:00 am;

On 2/21/2020, the glucometer recorded a blood sugar reading of 72 which was documented as 78 in the MAR at 8:00 pm;

The glucometer recorded a blood sugar reading of 80 on 2/16/2020 with no corresponding reading in the MAR.

Repeat violation - 4/2/2019

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.)

All staff were educated on visually checking the glucometer and accurately documenting on 3/5/2020 see Attachment #6 and Attachment #14. The Program Administrator or Personal Care Specialist or Licensed Practical Nurse will audit the actual readings on a resident's glucometer and compare 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 the receipt of this plan.

Legal Entity Representative

Robert J. Baker

3-16-2020

02/25/2020

185a - Implement Storage Procedures (*continued*)

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Implemented
 Not Implemented



224a - Preadmission Screen Form

Regulations

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

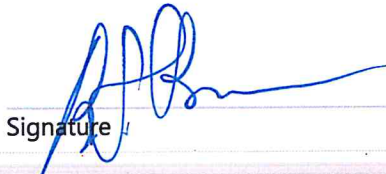
The preadmission screening for Resident #1, dated 7/17/2019, was more than 30 days prior to admission on 8/28/2019.

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.)

The Program Administrator, Personal Care Specialist or the Licensed Practical Nurse, will ensure that the Preadmission Screen will be completed within 30 days prior to admission using Attachment #2: SCR Intake Checklist. This will begin on 3/5/2020. All responsible parties have been informed of this new process see Attachment #15 for proof of training.

Legal Entity Representative



Robert J. Baker, President/CEO

3-16-2020

Signature

Printed Name and Title

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252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.

Description of Violation

There was no inventory of personal property in Resident #1's record.

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.)

Program Administrator completed an inventory of personal property with Resident #1. This was completed and signed on 3/16/2020 (Attachment #17). The Program Administrator, Personal Care Specialist or the Licensed Practical Nurse, will ensure that the inventory of personal property is completed on day of admission using Attachment #2: SCR Intake Checklist. This will begin on 3/16/2020 (Attachment #16).

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