



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: April 15, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 12, 2020 of the above facility, we have determined that your submitted plan of correction is accepted and fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *KHS MENTAL HEALTH SERVICES-REYNOLDS LANE SPECIALIZED PC*

License Number: *31658*

Address: *5250 REYNOLDS LANE,, HARRISBURG, PA 17111*

County: *DAUPHIN*

Region: *CENTRAL*

Administrator

Name: *Natalie Moraa*

Phone: *7175580906*

Email:

Legal Entity

Name: *KEYSTONE SERVICE SYSTEMS INC*

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

Certificate(s) of Occupancy

Type: *C-3 SP*

Date: *08/03/2003*

Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *7*

Waking Staff: *5*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

03/12/2020 - On-Site: Israel Springs

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8*

Residents Served: *7*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *7*

Are 60 Years of Age or Older: *3*

Diagnosed with Mental Illness: *7*

Diagnosed with Intellectual Disability: *3*

Have Mobility Need: *0*

Have Physical Disability: *0*

85e - Trash Outside Home

Regulations

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

The two large trash receptacles located near the garage were overflowing with trash.

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 placed trash bags into empty receptacles to ensure lids are closed to immediately rectify the concern. Direct care staff will be trained on regulations regarding site sanitation and will ensure that receptacles outside are covered and not overflowing in order to avoid penetration of insects and rodents. Fulltime staff will be trained by 3/27/2020, casual employees will be trained by 4/30/2020. Record of training is included as part of the Plan of Correction (See Attachment #1) The Program Administrator will ensure that trash outside of the home is kept in covered receptacles weekly and address any concerns as they occur.

Legal Entity Representative



Signature

Robert J. Baker President/CEO

Printed Name and Title

4-10-2020

Date

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The above plan of correction is approved as of 4/15/2020
(Date)

Plan of correction implementation status as of 4/15/2020
(Date)

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

Implemented
 Not Implemented

141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

The Documentation of Medical Evaluation form (DME) for Resident #1, dated 5/8/19, did not document the resident's weight.

The DME for Resident #2, dated 2/19/19, did not document the Special Health or Dietary needs of the resident, the resident's temperature, and the resident's Body Positioning/movement.

The most recent DME for Resident #3 was missing the evaluation date and the temperature of the resident.

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 highlight sections of MA-51 and DME paperwork prior to annual physical evaluation appointments and review documentation once received to ensure all sections are completed. If any sections are missing the Program Administrator or Licensed Practical Nurse will coordinate with provider to complete the needed sections on an ongoing basis.

Legal Entity Representative



Signature

Robert J. Baker President/CEO

Printed Name and Title

4-10-2020

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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

On 3/7/20 at 5:00 pm, a blood sugar measurement of 87 was recorded on Resident #3's Medication Administration Record (MAR) while the actual measurement stored in the glucometer was 86.

On 3/11/20 at 8:00 am, a blood sugar measurement of 108 was recorded on Resident #3's MAR while the actual measurement stored in the glucometer was 104.

On 3/10/20 at 8:00 pm, a blood sugar measurement of 164 was recorded on Resident #2's MAR while the actual measurement stored in the glucometer was 162.

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 in coordination with the medication administration trainer, will ensure that the employees responsible are retrained on documentation as it pertains to the error. The Program Administrator or Licensed Practical Nurse as a medication practicum observers will observe the responsible employees for 2 med passes to ensure that all steps in the medication administration cycle are followed before the employee administers medication without supervision. Fulltime staff will be trained by 3/27/2020, casual employees will be trained by 4/30/2020 or prior to working in the home, whichever is sooner. Record of training is included as part of the Plan of Correction (See Attachment #2) The administrator or designee will complete a comparison of the MARS and actual glucometer memory, for each resident who receives blood glucose testing, on a weekly basis for a period of two weeks. To be completed by 4/15/20.

Legal Entity Representative



Signature

Robert J. Baker, President/CEO

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185b - Medication Procedures

Regulations

2600.

185.b. At a minimum, the procedures must include:

- 1. Documentation of the receipt of controlled substances and prescription medications.
- 2. A process to investigate and account for missing medications and medication errors.
- 3. Limited access to medication storage areas.
- 4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

Description of Violation

The Clonazepam 1 mg prescribed for Resident #4 showed a discrepancy in the count and actual number of tablets stored. The MAR documented that there were 27 pills available. However, the actual count of pills in the two Blister Packs was 38.

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 medication administering staff will be trained on how to document controlled substance counts during regular administration times. Due to controlled substance count through electronic MAR resetting with refills, all medication administering staff will be trained on how to document discrepancies as they arise in order to avoid a conflict in document versus observed counts. Fulltime staff will be trained in all of the above by 3/27/2020, casual employees will be trained in all of the above by 4/30/2020 or prior to working within the home, whichever is sooner. PRN controlled medications counts will be documented using a reinstated document prior to the implementation of electronic Medication Administration Records, the Controlled Medication Accountability Record (See attachment #3). Staff were informed of this change in protocol both in person and via email for employees not on the schedule, record of notification is included (See Attachment 4) Document template will be made available to staff by 3/27/20 and be documented daily on an ongoing basis. The administrator or designee will complete a comparison of the controlled substance count logs and actual controlled substances on hand on a weekly basis for a period of two weeks. To be completed by 4/15/20.

Legal Entity Representative



Signature

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