



Sent via e-mail [Bhayes@keystonehumanservices.org;  
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MAILING DATE: May 18, 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 April 8, 9, 10, 13 and 14, 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:

Email:

## 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 Twp.*

## Staffing Hours

Resident Support Staff:

Total Daily Staff: *8*

Waking Staff: *6*

## Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint*

## Inspection Dates and Department Representative

*04/08/2020 - Off-Site: Jason McCloskey*  
*04/09/2020 - Off-Site: Jason McCloskey*  
*04/09/2020 - Off-Site: Jason McCloskey*  
*04/10/2020 - Off-Site: Jason McCloskey*  
*04/13/2020 - Off-Site: Jason McCloskey*  
*04/14/2020 - Off-Site: Jason McCloskey*

## 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: *7*

Diagnosed with Mental Illness: *8*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *0*

Have Physical Disability: *0*

15a - Resident Abuse Report

Regulations

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 3/22/20 at approximately 7:30 pm, Resident #1 was pounding on Resident #2's door, called Resident #2 an obscene name and then struck her twice in the head.

On 2/4 at approximately 12:30 pm, Resident #1 struck Resident #3 in the head. Resident #3 was transported to the hospital for evaluation and treatment.

These incidents were not reported to the local Area Agency on Aging as required by the Older Adult Protective Services Act.

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 and the Program Administrator's supervisor will be trained on the Older Adult Protective Services Act (OAPSA) utilizing the Department issued training. The training will cover those incidents required to be reported, the verbal and written reporting requirements as well as timeframes for reporting. This training will be conducted by the Regional Director of the Program and will take place on May 4, 2020 at 1:00PM. Proof of this training including a staff attestation to training and the curricula will be forthcoming. To ensure ongoing compliance with this reporting requirement, upon new hire of a Program Administrator and yearly thereafter, incident reporting training including, but not limited to incidents requiring reporting to OAPSA will be completed as part of the Annual Training Plan. Additionally, a visual for those incidents meeting the category for reporting through OAPSA will be publicly posted in the Program Administrator and staff offices. Please refer to Slide 9 of the OAPSA, APS training power point. Additionally, a quarterly review of individual progress notes will be completed as well as staff interviews to ensure any incident meeting the definition of a reportable incident is reported in accordance with this regulatory requirement. The first review will take place no later than 7/1/20 and quarterly thereafter.

Legal Entity Representative



Robert J. Baker CEO

4-30-2020

Signature

Printed Name and Title

Date

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

The above plan of correction is approved as of 5/15/20 Plan of correction implementation status as of 5/15/20  
(Date) (Date)

Implemented

Not Implemented

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

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 3/22/20 at approximately 7:30 pm, Resident #1 was pounding on Resident #2's door, called Resident #2 an obscene name and then struck her twice in the head.

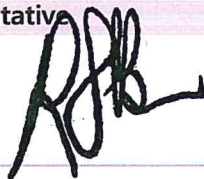
On 2/4 at approximately 12:30 pm, Resident #1 struck Resident #3 in the head. Resident #3 was transported to the hospital for evaluation and treatment.

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 was involuntarily committed on 4/16/20 due to self-harm ideations. As of this submittal, Resident #1 was discharged from the psychiatric inpatient facility on 4-27-2020. Prior to Resident #1's involuntary commitment, Resident #1 was exhibiting increased behaviors of which prompted follow up with Resident #1's psychiatrist and medical doctor on 2-19-2020, 2/21/2020, 2/27/2020, 3/27/2020, 4/06/2020, 4/10/2020, 4/13/2020, and 4/16/2020, which resulted in several medication changes to include a total increase of Depakote by 750 mg. Resident #1 was in the middle of diagnostic testing to rule out a urinary tract infection when Resident #1 was involuntarily committed. Upon Resident #1's discharge from the psychiatric facility, Resident #1 will continue with the appropriate follow up from the behavioral and physical health providers. Additionally upon Resident #1's discharge, arrangements will be made to have Resident #1 reassessed to ensure this personal care home will meet the health and safety needs of Resident #1. Finally, in order to ensure all resident's safety upon Resident #1's return to the program, double staffing will be provided, as able, during awake hours. The purpose of double staffing will be to provide additional one on one supports to Resident #1 to mitigate physical aggression towards residents while Resident #1 is being evaluated for a higher level of care and/or receiving treatment by the appropriate behavioral and physical medical providers. The changes to supervision level as well as any other physical and/or behavioral changes noted will be updated in Resident #1 Resident Assessment Support Plan (RASP) and all staff will be educated by the Mental Health Professional (MHP) on the RASP changes, including but not limited to positive interventions, redirection, antecedent behaviors and the appropriate level of supervision. This training will occur with all staff no later than 6/1/20.

Legal Entity Representative



Signature

Robert J. Baker CEO  
Printed Name and Title

4-30-2020  
Date

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The above plan of correction is approved as of 5/15/20  
(Date)

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