

Department of Human Services  
Bureau of Human Service Licensing

June 26, 2021

██████████ CHIEF EXECUTIVE OFFICER  
KEYSTONE SERVICE SYSTEMS INC  
4391 STURBRIDGE DRIVE  
HARRISBURG, PA 17110

RE: KHS MENTAL HEALTH SERVICES-  
CHAMBERS ST. SPECIALIZED PC  
1025 CHAMBERS STREET  
HARRISBURG, PA, 17113  
LICENSE/COC#: 30483

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/26/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Gloria Emick

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *KHS MENTAL HEALTH SERVICES-CHAMBERS ST. SPECIALIZED PC* License #: *30483* License Expiration Date: *06/17/2021*  
 Address: *1025 CHAMBERS STREET, HARRISBURG, PA 17113*  
 County: *DAUPHIN* Region: *CENTRAL*

**Administrator**

Name: [REDACTED] Phone: *7173681507* Email: [REDACTED]

**Legal Entity**

Name: *KEYSTONE SERVICE SYSTEMS INC*  
 Address: *4391 STURBRIDGE DRIVE, HARRISBURG, PA, 17110*  
 Phone: *7179391979* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-3 SP* Date: *09/26/2005* Issued By: *Swatara Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *7* Waking Staff: *5*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *03/26/2021*

**Inspection Dates and Department Representative**

*03/26/2021 - On-Site:* [REDACTED]

**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: *5* Are 60 Years of Age or Older: *2*  
 Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

03/26/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/19/2021*

5/24/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/15/2021*

6/26/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

63a - First Aid/CPR Training

1. Requirements

2600.

- 63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

*Staff Person C was the only staff person working in the home on 3/13/21 and 3/20/21 from 11:00 PM to 7:00 AM; 3/14/21 and 3/17/21 from 3:00 PM to 11:00 PM; and 3/21/21 from 7:00 AM to 3:00 PM. Staff Person C is not trained and certified in first aid and CPR.*

Plan of Correction

Accept

*Staff Person C resigned from Keystone Service Systems, Inc. (Keystone) effective 3/29/21. In review of this citation, it was found that Staff Person C was being utilized as a temporary staff person at Chambers Street Personal Care Home (PCH). Staff Person C was allocated as a primary staff at a Keystone operated program in which first aid and CPR certification were not required trainings. Keystone did not have a standardized process to monitor completion of the required trainings for PCH staff that work in other Keystone operated service lines. Therefore a new process has been established in which prior to staff working in the PCH, the Program Administrator (or designee) will use the SCR On-Site Orientation checklist (Attachment #1) to ensure all PCH training requirements are met, inclusive of but not limited to CPR and first aid. Once the staff has been vetted, documentation of completed training(s) and the completed checklists will be uploaded to Keystone's electronic learning management system and monitored for completion by the Director of SCR Services (or designee). The new process will allow for oversight in ensuring that all staff who are working in the PCH are vetted with the correct trainings prior to rendering any services. This new process will be implemented by 5/3/2021; proof of staff training on this new process will be forth coming.*

Completion Date: 05/03/2021

Document Submission

Implemented

*Steps of the plan are in process*

64a - Admin Training

1. Requirements

2600.

- 64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:
  1. An orientation program approved and administered by the Department.
  2. A 100-hour standardized Department-approved administrator training course.
  3. A Department-approved competency-based training test with a passing score.

Description of Violation

*Staff Person A, who is the home's administrator, has not successfully completed an orientation program administered by the Department, a 100-hour standardized Department-approved administrator training course, and has not taken or passed a Department-approved competency test.*

64a - Admin Training (continued)

**Plan of Correction**

**Accept**

Staff Person A will be registered for the 8/30/2021 100 hour standardized Department- approved administrator training course. Upon completion of the Department approved course, Staff Person A will complete the program orientation as well as the competency test. To ensure Program Administrator requirements are met at this Personal Care Home (PCH) in the interim, certified Program Administrators from other Keystone operated PCHs will provide onsite support at the Chambers Street PCH a minimum of 20 hours per week until such a time that Staff Person A has met all the Department requirements for Program Administrator certification.

Completion Date: 08/30/2021

**Document Submission**

**Implemented**

Staff Person A resigned from the Chambers Street program effective 5/8/2021. As a result, a waiver for regulation 2600.64(a)(1) was submitted by Keystone Service Systems, Inc. on 5/21/2021 to the Department as the Chambers Street Personal Care Home would be unable to meet the requirements outlined 2600.64(a) (1), Administrator Training and Orientation. The waiver for regulation 2600.64(a)(1) was granted by the Department as of 6/3/2021 (Attachment A). The Program Administrator hours for the Chambers Street Personal Care Home have been fulfilled by other Dauphin County Personal Care Home (PCH) Administrators in addition to an identified interim Program Administrator as of 5/8/2021. The interim Program Administrator has taken the 100 hour Department Approved Course as of 3/22/2021 and is enrolled in the Program Administrator Orientation Course that is scheduled for 6/30/2021 in order to obtain the Program Administrator credentials. At such time the interim Program Administrator receives their full Program Administrator credentials this waiver will be absolved and the Chambers Street Personal Care Home will be in compliance with regulation 2600.64(a)(1).

65a - FS Orientation 1st Day

**1. Requirements**

2600.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.
  2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
  3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
  4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
  5. The location and use of fire extinguishers.
  6. Smoke detectors and fire alarms.
  7. Telephone use and notification of emergency services.

**Description of Violation**

Staff Person A, date of hire [REDACTED] and Staff Person B, date of hire [REDACTED] did not receive orientation on the general fire safety and emergency preparedness including evacuation procedures, staff duties during drills as well as during an emergency, designated meeting place, smoking procedures, location and use of fire extinguishers, fire alarms and detectors and notification of emergency services. This training is required prior to or during the first work day.

65a - FS Orientation 1st Day (continued)

**Plan of Correction**

**Accept**

*On 4/6/2021, Staff Person A and Staff Person B were oriented in the general fire safety and emergency preparedness procedures (Attachment #2) for the Chambers Street Personal Care Home (PCH). Keystone Service Systems, Inc. (Keystone) did not have a standardized process to monitor completion of the required trainings for PCH staff, inclusive of but not limited to, the PCH general fire safety and emergency preparedness plan, prior to or during the first day of service provision. Therefore a new process has been established in which prior to any staff working in the PCH, the Program Administrator (or designee) will use the SCR On-Site Orientation checklist (Attachment #1) to ensure all PCH training requirements are met, inclusive of an orientation to general fire safety and emergency preparedness. Once the staff has been vetted, documentation of the completed trainings checklist will be uploaded to Keystone's electronic learning management system and monitored for completion by the Director of SCR Services (or designee). The new process will allow for oversight in ensuring that all staff who are working in the PCH are vetted with the correct trainings prior to rendering any services. This new process will be implemented by 5/3/2021; proof of staff training on this new process will be forth coming.*

**Completion Date:** 05/03/2021

**Document Submission**

**Implemented**

*Steps of the plan are in process*

65b - Rights/Abuse 40 Hours

**1. Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

**Description of Violation**

*Staff Person A, date of hire [REDACTED] and Staff Person B, date of hire [REDACTED] did not complete training that is required within the first 40 working hours in resident rights, emergency medical plan, mandatory reporting and OAPSA, and reporting of reportable incidents and conditions.*

65b - Rights/Abuse 40 Hours (continued)

**Plan of Correction**

**Accept**

*On 4/12/2021, Staff Person A and Staff Person B were oriented to the resident rights, emergency medical plan, mandatory reporting and OAPSA, as well as reporting of reportable incidents and conditions. (Attachment #3). Keystone Service Systems, Inc. (Keystone) did not have a standardized process to monitor completion of the required trainings for Personal Care Home (PCH) staff, inclusive of but not limited to, training on residents' rights, emergency medical plans, mandatory reporting and OAPSA, as well as reporting of reportable incidents and conditions, prior to or during the first day of service provision. Therefore a new process has been established in which prior to any staff working in the PCH, the Program Administrator (or designee) will use the SCR On-Site Orientation checklist (Attachment #1) to ensure all PCH training requirements are met, inclusive of residents' rights, emergency medical plans, mandatory reporting and OAPSA, as well as reporting of reportable incidents and conditions. Once the staff has been vetted, documentation of the completed trainings checklist will be uploaded to Keystone's electronic learning management system and monitored for completion by the Director of SCR Services (or designee). The new process will allow for oversight in ensuring that all staff who are working in the PCH are vetted with the correct trainings prior to rendering any services. This new process will be implemented by 5/3/2021; proof of staff training on this new process will be forth coming.*

**Completion Date:** 05/03/2021

**Document Submission**

**Implemented**

*Steps of the plan are in process*

65c - Ancillary Staff Orientation

**1. Requirements**

2600.

65.c. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

**Description of Violation**

*Staff Person A, date of hire [REDACTED] and Staff Person B, date of hire [REDACTED] who perform ancillary duties, did not have a general orientation to his/her specific job functions.*

**Plan of Correction**

**Accept**

*On 4/12/2021, Staff Person A and on 4/13/2021, Staff Person B were oriented to their specific job functions. (Attachment #4). Keystone Service Systems, Inc. (Keystone) did not have a standardized process to monitor completion of the required trainings for Personal Care Home (PCH) staff, inclusive of but not limited to, a general orientation to specific job duties, prior to or during the first day of service provision. Therefore a new process has been established in which prior to any staff working in the PCH, the Program Administrator (or designee) will use the SCR On-Site Orientation checklist (Attachment #1) to ensure all PCH training requirements are met, inclusive of general orientation to specific job duties. Once the staff has been vetted, documentation of the completed trainings checklist will be uploaded to Keystone's electronic learning management system and monitored for completion by the Director of SCR Services (or designee). The new process will allow for oversight in ensuring that all staff who are working in the PCH are vetted with the correct trainings prior to rendering any services. This new process will be implemented by 5/3/2021; proof of staff training on this new process will be forth coming.*

**Completion Date:** 05/03/2021

**Document Submission**

**Implemented**

*Steps of the plan are in process*

## 65d - Initial Direct Care Training

### 1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
  - i. Safe management techniques.
  - ii. ADLs and IADLs
  - iii. Personal hygiene.
  - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
  - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - vi. Implementation of the initial assessment, annual assessment and support plan.
  - vii. Nutrition, food handling and sanitation.
  - viii. Recreation, socialization, community resources, social services and activities in the community.
  - ix. Gerontology.
  - x. Staff person supervision, if applicable.
  - xi. Care and needs of residents with special emphasis on the residents being served in the home.
  - xii. Safety management and hazard prevention.
  - xiii. Universal precautions.
  - xiv. The requirements of this chapter.
  - xv. Infection control.
  - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

### Description of Violation

*Direct Care Staff Person A, hired on [REDACTED] who provides unsupervised ADL services to residents, did not complete and pass the Department-approved direct care training course and pass the competency test, or complete training including demonstration of job skills in the required topics. Direct Care Staff Person A was the only direct care staff working in the home on 3/11/21, 3/14/21, 3/18/21, 3/20/21 from 7:00 AM to 3:00 PM; 3/13/21 and 3/19/21 from 3:00 PM to 11:00 PM; and 3/12/21 from 7:00AM to 4:00 PM.*

65d - Initial Direct Care Training (continued)

**Plan of Correction**

**Accept**

*On 4/14/2021, Staff Person A completed and passed the Department-approved direct care training course and competency test, inclusive of required trainings and demonstration of job skills related to activities of daily living (ADL) services. (Attachment #5). Keystone Service Systems, Inc. (Keystone) did not have a standardized process to monitor completion of the required trainings for Personal Care Home (PCH) staff, inclusive of but not limited to, Department- approved direct care training course and competency test, prior to or during the first day of service provision. Therefore a new process has been established in which prior to any staff working in the PCH, the Program Administrator (or designee) will use the SCR On-Site Orientation checklist (Attachment #1) to ensure all PCH training requirements are met, inclusive of the Department- approved direct care training course and competency test. Once the staff has been vetted, documentation of the completed trainings checklist will be uploaded to Keystone's electronic learning management system and monitored for completion by the Director of SCR Services (or designee). The new process will allow for oversight in ensuring that all staff who are working in the PCH are vetted with the correct trainings prior to rendering any services. This new process will be implemented by 5/3/2021; proof of staff training on this new process will be forth coming.*

**Completion Date:** 05/03/2021

**Document Submission**

**Implemented**

*Steps of the plan are in process*

132d - Evacuation

**1. Requirements**

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**

*During the fire drills held on 5/5/2020 and 7/6/2020, all residents were not evacuated from the building, as only six of the seven residents present evacuated.*

**Plan of Correction**

**Accept**

*On 4/1/2021, Program Administrator was trained on fire drill requirements (Attachment #6). Keystone Service Systems, Inc. (Keystone) did not have a standardized process to monitor completion of the fire drills within the Personal Care Home (PCH) outside of the first level manager. Therefore a new process has been established in which fire drills for the PCHs will be maintained in a centralized, electronic folder structure and monitored for scheduling and completion by the Director of SCR Services (or designee). The Director of SCR Services (or designee) will complete oversight and monitoring of this new process through the use of the fire drill tracking spreadsheet. This new process will allow for better oversight to monitor timely completion and ensure all requirements for fire drills are met, inclusive of ensuring all residents have evacuated the building during the fire drill. The new process will be implemented by 5/15/2021; proof of staff training on this new process will be forth coming.*

**Completion Date:** 05/15/2021

**Document Submission**

**Implemented**

*Steps of the plan are in process*

141a - Medical Evaluation

1. Requirements

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.

Description of Violation

The medical evaluation for Resident #1, who was admitted to the home on [REDACTED] was completed with an exam date of [REDACTED]. The medical evaluation was not completed within 60 days prior to admission or within 30 days after admission of the resident.

Plan of Correction

Accept

Keystone Service Systems, Inc. (Keystone) has a process wherein the Program Administrator or Personal Care Specialist will complete a review of all required documentation for admission, inclusive of ensuring the medical exam was completed within 60 days prior to admission. All intake documents will be housed in the residents electronic care record, including a scanned copy of the medical exam. If a medical exam is identified as being completed outside of the 60-day window prior to admission, the Program Administrator will schedule a medical exam to occur for the resident within 30 days after the admission. Through review of this citation, it was founded that the Program Administrator was not completing the process. As a result, training was provided to the Program Administrator on the regulatory requirements and the established process described above on 4/12/2021. Proof of training can be found in Attachment #7.

Completion Date: 04/12/2021

Document Submission

Implemented

Plan has been completed

187a - Medication Record

1. Requirements

2600.

- 187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

- The medication administration record (MAR) for Resident #1 does not list a diagnosis or purpose for the prescribed medications [REDACTED]
- The MAR for Resident #2 does not list a diagnosis or purpose for the prescribed medications [REDACTED]
- The MAR for Resident #3 does not list a diagnosis or purpose for the prescribed medication [REDACTED]

187a - Medication Record (continued)

**Plan of Correction**

**Accept**

Keystone Service Systems, Inc. (Keystone) has a process in which the diagnosis/purpose for each medication is to be added to the Electronic Medication Administration Record (eMAR) by the Program Administrator or Personal Care Specialist at the time in which the medication is prescribed. Upon review of this citation, it was founded that the Program Administrator did not add the purpose/diagnosis for [REDACTED] on Resident #1's eMAR, for [REDACTED] and [REDACTED] on Resident #2's eMAR, and [REDACTED] on Resident #3's eMAR. The Program Administrator was retrained on how to appropriately add all medication fields to the eMAR on 4/12/2021. Proof of the retraining is contained in Attachment #8.

Completion Date: 04/12/2021

**Document Submission**

**Implemented**

Plan has been completed

187c - Refusal of Medication

**1. Requirements**

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**Description of Violation**

On [REDACTED] and [REDACTED] at [REDACTED] Resident #1 refused to take a scheduled dose of [REDACTED].  
[REDACTED] The home did not report the refusals to the prescriber.

**Plan of Correction**

**Accept**

The Program Administrator was retrained on the regulatory requirements for reporting medication refusals to prescribers on 4/12/2021 (Attachment #9). Keystone Service Systems, Inc. (Keystone) did not have a standardized process to ensure that notification was being sent to the prescriber upon resident medication refusals, and a clear process for documenting this notification. Therefore a process was developed in that when a refusal of medication is documented in a resident's electronic medication administration record (eMAR), staff will notify the prescriber within 24 hours and the documentation of this communication will be uploaded to the resident's electronic care record. The Program Administrator (or designee) will complete weekly reviews of resident eMARs and validate that any refusals have corresponding documentation of notifying the prescriber. This process will be implemented by 5/15/2021; proof of staff training on this new process will be forth coming.

Completion Date: 05/15/2021

**Document Submission**

**Implemented**

Steps of the plan are in process

225a - Assessment 15 Days

**1. Requirements**

2600.

225a - Assessment 15 Days (*continued*)

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**Description of Violation**

Resident #1 was admitted on [REDACTED] however, the resident's assessment was not completed until [REDACTED]

**Plan of Correction**

**Accept**

Keystone Service Systems, Inc. (Keystone) did not have a standardized process to monitor the completion of the initial assessments within 15 days outside of the first level manager. Keystone utilizes an electronic health record and has developed a report within the electronic health record to further monitor completion of initial assessments; the Service Document Due Date report functionality will be available by 4/21/21. Therefore, a process has been established in that the Program Administrator (or Designee) will run the Service Document Due Date report through the electronic health record on a monthly basis to ensure that initial assessments that are completed timely. The Director of SCR Services (or designee) will complete oversight and monitoring of this new process through running the Service Document Due Date report on a quarterly basis to ensure that initial assessments are completed in accordance with the regulatory requirements. The Program Administrator was trained on the regulatory requirements for completing a written initial assessment within 15 days of admission on 4/12/2021 (Attachment #7). The Program Administrator will be trained by the Quality Manager on how to execute the Service Document Due Date report and the process for monitoring initial assessment requirements by 5/1/21; proof of this training will be forthcoming.

Completion Date: 05/01/2021

**Document Submission**

**Implemented**

Steps of the plan are in process

225c - Additional Assessment

**1. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

**Description of Violation**

Resident #3's most recent assessment was completed on [REDACTED]

225c - Additional Assessment (*continued*)

**Plan of Correction**

**Accept**

*Keystone Service Systems, Inc. (Keystone) did not have a standardized process to monitor the due dates of annual assessments within the Specialized Care Residences (SCRs) outside of the first level manager. Keystone utilizes an electronic health record and has developed a report with the electronic health record to further monitor annual assessments that are coming due and completed; the Service Document Due Date report functionality will be available by 4/21/21. A process has been established in that the Program Administrator (or Designee) will run the Service Document Due Date report through the electronic health record on a monthly basis to ensure that annual assessments that are coming due are completed timely. The Director of SCR Services (or designee) will complete oversight and monitoring of this new process through running the Service Document Due Date report on a quarterly basis to ensure that annual assessments are completed in accordance with the regulatory requirements. The Program Administrator will be trained by the Quality Manager on how to execute the Service Document Due Date report and the process for monitoring annual assessment requirements by 5/1/21; proof of this training will be forthcoming.*

**Completion Date:** 05/01/2021

**Document Submission**

**Implemented**

*Steps of the plan are in process*