

Department of Human Services
Bureau of Human Service Licensing

June 28, 2021

[REDACTED], CHIEF EXECUTIVE OFFICER
KEYSTONE SERVICE SYSTEMS INC
4391 STURBRIDGE DRIVE
HARRISBURG, PA 17110

RE: KHS MENTAL HEALTH SERVICES-
GREEN STREET SPECIALIZED PC
2900 GREEN STREET
HARRISBURG, PA, 17110
LICENSE/COC#: 32878

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/22/2021 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-GREEN STREET SPECIALIZED PC* License #: *32878* License Expiration Date: *06/21/2021*
Address: *2900 GREEN STREET, HARRISBURG, PA 17110*
County: *DAUPHIN* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: *7174975311* Email: [REDACTED]

Legal Entity

Name: *KEYSTONE SERVICE SYSTEMS INC*
Address: *4391 STURBRIDGE DRIVE, HARRISBURG, PA, 17110*
Phone: *7175588450* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *R-4* Date: *04/11/2011* Issued By: *City of Harrisburg*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *8* Waking Staff: *6*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal,Complaint* Exit Conference Date: *04/22/2021*

Inspection Dates and Department Representative

04/22/2021 - On-Site: [REDACTED]

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: *3*
Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

04/22/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/29/2021*

6/27/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/02/2021*

6/28/2021 - Document Submission

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

25b - Contract Signatures

1. Requirements

2600.

- 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract for Resident #2, who was admitted to the home on [REDACTED] was not signed by the payer, ARC of Dauphin County.

Plan of Correction

Accept

Keystone Service Systems Inc. (Keystone) did not have a standardized process to ensure all contracts are signed by all required parties, including the resident's payee, outside of the first level manager. Therefore a new process has been established in which the Program Administrator or Personal Care Specialist will contact the resident's payee to review and sign the contract. Follow-up will occur on a weekly basis to ensure the contract is signed by all required parties. Documentation of contacts will occur in the electronic health record. Executed contracts will be maintained within Keystone's electronic health record. The Director of SCR Services (or designee) will complete a review of all resident contracts on an annual basis to ensure all contracts are accurate and completed in their entirety, including but not limited to payer signatures. The new process will allow for oversight in ensuring that all contracts are signed by all required parties. This new process will be implemented by 5/3/2021; proof of training can be found in Attachment #1.

Completion Date: 05/03/2021

Document Submission

Implemented

All steps have been completed

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.

63a - First Aid/CPR Training (continued)

Description of Violation

Staff Persons A and B are not currently trained and certified in First Aid and CPR.

Staff person A was the only staff person present in the home on the following:

- 11:00 PM on 4/11/21 to 3:00 PM on 4/12/21*
- 3:00 AM to 3:00 PM on 4/13/21*
- 4:00 AM to 7:00 AM on 4/14/21*
- 7:00 AM to 3:00 PM on 4/15/21*
- 3:00 AM to 4:00 PM on 4/16/21*
- 11:00 PM on 4/16/21 to 3:00 PM on 4/17/21*
- 3:00 AM to 3:00 PM on 4/18/21*

Staff Person B was the only staff person present in the home on the following:

- 3:00 PM to 6:00 PM on 4/12/21*
- 11:00 PM on 4/12/21 to 3:00 AM on 4/14/21*
- 3:00 PM on 4/13/21 to 4:00 AM on 4/14/21*
- 11:00 PM on 4/14/21 to 6:00 AM on 4/15/21*
- 3:00 PM on 4/15/21 to 3:00 AM on 4/16/21*
- 3:00 PM on 4/17/21 to 3:00 AM on 4/18/21*
- 3:00 PM on 4/18/21 to 3:00 AM on 4/19/21*

Plan of Correction

Accept

Upon review of this citation it was found that Keystone Service Systems Inc. (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 #2) 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 training can be found in Attachment #1.

Completion Date: 05/03/2021

Document Submission

Implemented

All steps have been completed

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

95 - Furniture and Equipment (*continued*)

Description of Violation

A drawer front is missing from a nightstand in the left side second floor bedroom, next to the bathroom, occupied by Resident #1.

Plan of Correction

Accept

On 4/23/2021, the nightstand was replaced in resident #1's room. Proof of the completed work can found in Attachment #3. Keystone has a process in which program standards, including but not limited ensuring furniture and equipment are in good repair, clean and free of hazards in good repair are to be formally assessed and monitored weekly through the use of the SCR Weekly Site Audit. Through review of the process, it was determined that the SCR Weekly Site Audit was not being completed and/or monitored to ensure compliance with physical site standards. As a result, Personal Care Specialist was retrained on 4/30/2021 as it relates to the use of and monitoring of the SCR Weekly Site Audit. Director of the SCR Services (or designee) will be responsible to ensure accuracy and completion through oversight of the SCR Weekly Site Audit completed by the Program Administrator (or designee). An outline of the training conducted on 4/30/2021 as well as proof of staff training are contained in Attachment #1.

Completion Date: 04/30/2021

Document Submission

Implemented

All steps have been completed

101j3 - Bed/Linens/Pillows/Blankets

1. Requirements

2600.

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

3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

The bed for Resident #4 did not have any sheets. The comforter/bedspread on the bed for Resident #4 was torn in shreds.

Plan of Correction

Accept

On 4/23/2021, resident #4 was provided with bed linens, pillows and blankets that are clean and in good repair. Proof of the newly purchased linens can found in Attachment #4. Keystone has a process in which program standards, including but not limited to assessing pillows, linens and blankets are clean and in good repair are to be formally assessed and monitored weekly through the use of the SCR Weekly Site Audit. Through review of the process, it was determined that the SCR Weekly Site Audit was not being completed and/or monitored to ensure compliance with physical site standards. As a result, Personal Care Specialist was retrained on 4/30/2021 as it relates to the use of and monitoring of the SCR Weekly Site Audit. Director of the SCR Services (or designee) will be responsible to ensure accuracy and completion through oversight of the SCR Weekly Site Audit completed by the Program Administrator (or designee). An outline of the training conducted on 4/30/2021 as well as proof of staff training are contained in Attachment #1.

Completion Date: 04/30/2021

Document Submission

Implemented

All steps have been completed

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

- 103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the second white chest freezer, located in the basement.

Plan of Correction

Accept

On 5/3/2021, a thermometer was placed in the second white chest freezer, located in the basement. Proof of the thermometer in the freezer can found in Attachment #5. Keystone has a process in which program standards, including but not limited to ensuring all freezers are equipped with a functioning thermometer. The purpose of the functioning thermometer is to ensure frozen food is stored at/or below 0°F; proof of the freezer temperature is to be formally assessed and documented weekly through the use of the SCR Weekly Site Audit. Through review of the process, it was determined that the SCR Weekly Site Audit was not being completed and/or monitored to ensure compliance with physical site standards. As a result, Personal Care Specialist was retrained on 4/30/2021 as it relates to the use of and monitoring of the SCR Weekly Site Audit. Director of the SCR Services (or designee) will be responsible to ensure accuracy and completion through oversight of the SCR Weekly Site Audit completed by the Program Administrator (or designee). An outline of the training conducted on 4/30/2021 as well as proof of staff training are contained in Attachment #1.

Completion Date: 05/03/2021

Document Submission

Implemented

All steps have been completed

141a 1-10 Medical Evaluation Information

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. 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.

141a 1-10 Medical Evaluation Information (continued)

Description of Repeat Violation

The medical evaluation for Resident #2 for exam date, [REDACTED] did not include page 1 and only part of page 2.

The medical evaluation for Resident #3 for exam date, [REDACTED] did not have the fields for height and ability to self administer medications completed.

Repeated Violation - 5/6/19

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 in its entirety. All intake documents will be housed in the resident's electronic health record, including a scanned copy of the medical exam. If a medical exam is identified as being not fully completed, the Program Administrator (or designee) will follow-up with provider to ensure medical documentation is received no later than 30 days after admission. Through review of this citation, it was founded that the Personal Care Specialist was not completing the process. As a result, training was provided to the Personal Care Specialist on the regulatory requirements and the established process described above on 4/30/2021. Proof of training can be found in Attachment #1. The Director of SCR Services (or designee) will complete oversight of this process by reviewing medical exams on a quarterly basis to ensure completion.

Completion Date: 04/30/2021

Document Submission

Implemented

All steps have been completed

183e - Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

One half of a round, green pill and one round, white pill where found loose in the medication cart.

183e - Storing Medications (continued)

Plan of Correction

Accept

Medication certified staff are trained on how to appropriately store medications and appropriate procedures for disposing of medications. Through review of this citation, it was founded that staff were not following the established procedures outline in the medication certification course to ensure medication is stored correctly. As a result, training was provided to all full-time staff on the correct storage of medication and appropriate process for disposing of medication on 4/30/2021. Proof of training can be found in Attachment #1. Casual and coverage staff will be trained prior to working a shift in the Personal Care Home (PCH); these training records will be housed in Keystone's electronic learning management system. Keystone did not have a standardized process for ongoing audits of the medication cart to ensure all of the regulatory requirements are met. Therefore a new process has been established in which the Program Administrator, Personal Care Specialist (or designee) will complete an audit of the medication cart on a weekly basis. Documentation of this review will occur using the Electronic Medication Record (eMAR). If errors are identified, the Program Administrator will be alerted by the staff completing the audit and appropriate follow-up will occur, inclusive of documenting follow-up actions in the eMAR. The Personal Care Specialist was trained on this process on 5/11/2021; implementation will occur by 5/31/2021. Proof of training can be found in Attachment #1.

Completion Date: 05/31/2021

Document Submission

Implemented

All steps have been completed

185a - Implement Storage Procedures

1. Requirements

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 [REDACTED] recorded in the MAR (Medication Administration Record) for Resident #3 is not the same as shown on the resident's [REDACTED]

DATE

Glucometer reading.

MAR reading.

[REDACTED]

[REDACTED]

[REDACTED]

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept

Keystone Service Systems, Inc (Keystone) has a process in which the staff monitoring a resident who checks their [REDACTED] must view the reading on the [REDACTED] prior to entering into the Electronic Medication Record (eMAR). The Director of SCR Services retrained all staff on this process on 4/30/2021 (Attachment #1). Keystone did not have a standardized reconciliation process between the entries made in the eMAR and the [REDACTED]. Therefore a new process has been established in which the Program Administrator, Personal Care Specialist (or designee) will compare and reconcile entries within the [REDACTED] to the eMAR on a weekly basis, as part of the weekly medication cart audit. Documentation of this review will occur using the eMAR. If errors are identified, the Program Administrator will be alerted by the staff completing the reconciliation and appropriate follow-up will occur, inclusive of documenting follow-up actions in the eMAR. The Personal Care Specialist was trained on this process on 5/11/2021; implementation will occur by 5/31/2021. Proof of training can be found in Attachment #1

Completion Date: 05/31/2021

Document Submission

Implemented

All steps have 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).
- 14. Name and initials of the staff person administering the medication.

Description of Violation

The MAR (Medication Administration Record) for Resident #2 is not marked to indicate whether prescribed [REDACTED] was administered on [REDACTED] and prescribed [REDACTED]

The diagnosis or purpose for the following medications is not shown on the MAR for the following:

Resident #1 - Prescribed [REDACTED]

and [REDACTED]

Resident #2 - Prescribed [REDACTED]

and [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] on Resident #2's eMAR. The Personal Care Specialist was retrained on how to appropriately add all medication fields to the eMAR on 4/30/2021. Proof of the retraining is contained in Attachment #1. Keystone Service Systems, Inc (Keystone) has a process in which staff who are medication certified are on the steps of medication administration, including complete documentation of medication administrations. Through review of this citation, it was founded that staff were not following the established process. As a result, training was provided to all full-time staff on the established process described above on 4/30/2021. Proof of training can be found in Attachment #1. Casual and coverage staff will be trained prior to working a shift in the Personal Care Home (PCH); these training records will be housed in the electronic learning management system.

Completion Date: 04/30/2021

Document Submission

Implemented

All steps have 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

There is no documentation of the following refusals of the prescribed medications being reported to the prescribers:

- Resident #1 refused [REDACTED]
- and [REDACTED]
- Resident #2 refused [REDACTED]
- Resident #2 refused [REDACTED]
- Resident #3 refused [REDACTED]
- Resident #3 refused [REDACTED]

187c - Refusal of Medication (continued)

Plan of Correction

Accept

Keystone Service Systems Inc. (Keystone) did not have a standardized process to ensure all refusals are reported to the prescriber within 24 hours and documented, outside of the first level manager. Therefore a new process has been established in which the staff administering medications will notify the Program Administrator or Personal Care Specialist of the refusal. Within 24 hours of the refusal, the Program Administrator or Personal Care Specialist will contact the resident's prescriber to notify of refusal. Documentation of contacts will occur in the electronic health record. Any associated communications with prescribers, as related to medication errors, will be maintained within Keystone's electronic health record. The Director of SCR Services (or designee) will complete a review of medication refusals to ensure all communication with prescribers is documented using the above process, and the prescriber notifications are occurring within 24 hours. The new process will allow for oversight in ensuring that all refusals are reported to prescribers within 24 hours of occurrence and documented. This new process will be implemented by 5/31/2021; proof of training can be found in Attachment #1.

Completion Date: 05/31/2021

Document Submission

Implemented

All steps have been completed

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Repeat Violation

The following medications were not administered to the residents listed below because the medications were not available in the home:

Resident #1 prescribed [REDACTED] was not administered on [REDACTED]

Resident #2 prescribed [REDACTED] was not administered on [REDACTED]

Resident #2 prescribed [REDACTED] was not administered on [REDACTED]

Resident #2 prescribed [REDACTED] was not administered on [REDACTED]

Resident #2 prescribed [REDACTED] was not administered on [REDACTED]

Resident #3 prescribed [REDACTED] was not administered on [REDACTED]

Resident #3 prescribed [REDACTED] was not administered on [REDACTED]

Resident #1 did not receive the prescribed [REDACTED] on [REDACTED] because a nurse was not available at the home to administer the medication.

Repeated Violation - 5/6/19

187d - Follow Prescriber's Orders (*continued*)

Plan of Correction

Accept

Keystone did not have a standardized process for ongoing audits of the medication cart to ensure all of the regulatory requirements are met. Therefore a new process has been established in which the Program Administrator, Personal Care Specialist (or designee) will complete an audit of the medication cart on a weekly basis. Documentation of this review will occur using the Electronic Medication Record (eMAR). During this review, medications that need to be reordered/ refilled will be identified. Program Administrator, Personal Care Specialist (or designee) will contact the pharmacy to reorder to medication. Documentation of contacts will be maintained in Keystone's electronic health record using the attempted contact form. The Personal Care Specialist was trained on this process on 5/11/2021; implementation will occur by 5/31/2021. Proof of training can be found in Attachment #1

Completion Date: 05/31/2021

Document Submission

Implemented

All steps have been completed

188b - Medication Error Reporting

1. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #1 is prescribed [REDACTED] However, Resident #1 did not receive the prescribed [REDACTED] on [REDACTED] and [REDACTED] because a nurse was not present to administer the medication. The medication error was not reported to the prescriber.

188b - Medication Error Reporting (continued)

Plan of Correction

Accept

Keystone Service Systems Inc. (Keystone) has a process in which when an injection is needed, the individual is scheduled to have the injection administered at an off-site facility in order to ensure a qualified staff is able to provide the injection. Medical appointments are documented within Keystone's electronic health record, including documenting upcoming medical appointments and the status of appointments that have passed. The Personal Care Specialist was trained on this process on 5/11/2021. Proof of training can be found in Attachment #1. Keystone Service Systems Inc. (Keystone) did not have a standardized process to ensure all medication errors are reported to the prescriber within 24 hours and documented, outside of the first level manager. Therefore a new process has been established in which the staff administering medications will notify the Program Administrator or Personal Care Specialist of a medication error. Within 24 hours of the refusal, the Program Administrator or Personal Care Specialist will contact the resident's prescriber to notify of medication error. Documentation of contacts will occur in the electronic health record. Any associated communications with prescribers, as related to medication errors, will be maintained within Keystone's electronic health record. The Director of SCR Services (or designee) will complete a review of medication errors to ensure all communication with prescribers is documented using the above process, and the prescriber notifications are occurring within 24 hours. The new process will allow for oversight in ensuring that all refusals are reported to prescribers within 24 hours of occurrence and documented. This new process will be implemented by 5/31/2021; proof of training can be found in Attachment #1.

Completion Date: 05/31/2021

Document Submission

Implemented

All steps have been completed

191 - Resident Right to Refuse

1. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #2 who was admitted on [REDACTED] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept

Resident #2 reviewed a new contracts, including documentation of education on the right to refuse medication by 5/20/2021. Keystone Service Systems Inc. (Keystone) did not have a standardized process to ensure all contracts are signed by all required parties, including the resident's payee, outside of the first level manager. Therefore a new process has been established in which the Program Administrator or Personal Care Specialist will upload fully signed contracts to Keystone's electronic health record. The Director of SCR Services (or designee) will complete a review of all resident contracts on an annual basis to ensure all contracts are accurate and completed in their entirety. The new process will allow for oversight in ensuring that all contracts are signed by all required parties. This new process will be implemented by 5/3/2021; proof of training can be found in Attachment #1.

Completion Date: 05/20/2021

Document Submission

Implemented

All steps have been completed

221c - Post Activity Calendar

1. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

There is no activity calendar posted in the home.

Plan of Correction

Accept

On 4/30/2021, a current weekly activity calendar was posted. Proof of posted calendar can be found in Attachment #6. Keystone has a process in which program standards, including but not limited to ensuring the current weekly activity calendar is posted and easily accessible to residents are to be formally assessed and monitored weekly through the use of the SCR Weekly Site Audit. Through review of the process, it was determined that the SCR Weekly Site Audit was not being completed and/or monitored to ensure compliance with physical site standards. As a result, Personal Care Specialist was retrained on 4/30/2021 as it relates to the use of and monitoring of the SCR Weekly Site Audit. Director of the SCR Services (or designee) will be responsible to ensure accuracy and completion through oversight of the SCR Weekly Site Audit completed by the Program Administrator (or designee). An outline of the training conducted on 4/30/2021 as well as proof of staff training are contained in Attachment #1.

Completion Date: 04/30/2021

Document Submission

Implemented

All steps have been completed

225c - Additional Assessment

1. Requirements

2600.

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

- 1. Annually.

Description of Violation

Resident #1's most recent assessment was completed on [REDACTED]

Resident #2's most recent assessment was completed on [REDACTED]

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

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 using the Service Document Due Date report. 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 Director of SCR Services and Personal Care Specialist will be trained on how to execute the Service Document Due Date report and the process for monitoring annual assessment requirements by 4/30/2021; proof of this training can be found in Attachment #7.

Completion Date: 04/30/2021

225c - Additional Assessment (*continued*)

Document Submission

Implemented

All steps have been completed

227c - Support Plan Revision

1. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #3's most recent assessment portion of the RASP was completed on [REDACTED] however, the resident's support plan portion of the same RASP was completed prior to the assessment on [REDACTED]

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 using the Service Document Due Date report. 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 Director of SCR Services and Personal Care Specialist will be trained on how to execute the Service Document Due Date report and the process for monitoring annual assessment requirements by 4/30/2021; proof of this training can be found in Attachment #7.

Completion Date: 04/30/2021

Document Submission

Implemented

All steps have been completed