

Department of Human Services
Bureau of Human Service Licensing

September 23, 2021

[REDACTED]
KEYSTONE SERVICE SYSTEMS INC
[REDACTED]
[REDACTED]

RE: KHS MENTAL HEALTH SERVICES-
REYNOLDS LANE SPECIALIZED PC
5250 REYNOLDS LANE
HARRISBURG, PA, 17111
LICENSE/COCC#: 31658

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/24/2021 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-REYNOLDS LANE SPECIALIZED PC* License #: *31658* License Expiration Date: *06/10/2021*
Address: *5250 REYNOLDS LANE, HARRISBURG, PA 17111*
County: *DAUPHIN* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: *717-564-7764* Email: [REDACTED]

Legal Entity

Name: *KEYSTONE SERVICE SYSTEMS INC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *07/01/2003* Issued By: *Labor and Industry*

Staffing Hours

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

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *05/24/2021*

Inspection Dates and Department Representative

05/24/2021 - 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: *7* Are 60 Years of Age or Older: *3*
Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

05/24/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *07/29/2021*

9/21/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *09/28/2021*

9/23/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42q - Compensation

1. Requirements

2600.

- 42.q. A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home. Residents may voluntarily and without coercion perform tasks related directly to the resident's personal space or common areas of the home.

Description of Violation

Resident 2 has been required to remove bed linens from Resident 2's bed in order for the linens to be laundered. Resident 2 has not been compensated for this activity.

Plan of Correction

Accept

On 6/8/2021, all staff were trained on the expectations for supporting residents with ADLs, inclusive of changing bed linens see Attachment #1. An updated RASP was completed and reviewed with Resident #2 on 7/22/2021 to include staff supporting Resident #2 with changing bed linens see Attachment #2, which states that, "staff will complete the resident's laundry weekly and more frequently as needed."

If Resident #2 or any other resident performs labor on behalf of the home, such labor will be voluntary and the resident will be compensated in accordance with State and Federal labor laws.

Completion Date: 07/22/2021

Document Submission

Implemented

Steps have been completed and continue to be adhered to.

225c - Additional Assessment

1. Requirements

2600.

- 225.c. The resident shall have additional assessments as follows:
 - 1. Annually.
 - 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident 1's current assessment and support plan (RASP) was completed on [REDACTED]. However, the resident's previous assessment was completed on [REDACTED] 2019.

The RASPs did not include Resident 1's need for supervision in the community. The home had a plan in place to assist the resident in calling their relative before leaving the personal care home to visit. The plan allowed the resident and family member to discuss the safety of the resident's intentions. This plan was not included in Resident 1's RASP.

On [REDACTED] 2020, Resident 1 left the home and walked to the home of a relative. Upon arrival at the relative's home, it was reported that Resident 1 was [REDACTED]. Resident 1 was taken to the hospital [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. 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 was trained on how to execute the Service Document Due Date report and the process for monitoring annual assessment requirements on 6/7/2021. Program Administrator and Personal Care Specialist were retrained on updating RASPs as a resident's needs change, including after critical incidents experienced by the resident, on 6/7/2021. See Attachments #3 and #4. Resident 1 had an updated RASP completed on 7/22/2021. See Attachment #5

Completion Date: 07/22/2021

Document Submission

Implemented

Steps have been completed and continue to be adhered too.