

Department of Human Services
Bureau of Human Service Licensing

February 28, 2022

[REDACTED]
KEYSTONE SERVICE SYSTEMS INC
[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/11/2022, 01/13/2022 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: *06/10/2022*
Address: *5250 REYNOLDS LANE, HARRISBURG, PA 17111*
County: *DAUPHIN* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: *7175647764* Email: [REDACTED]

Legal Entity

Name: *KEYSTONE SERVICE SYSTEMS INC*
Address: *4391 STURBRIDGE DRIVE, HARRISBURG, PA, 17110*
Phone: *7175580906* 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: *7* Waking Staff: *5*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *01/13/2022*

Inspection Dates and Department Representative

01/11/2022 - On-Site: [REDACTED]

01/13/2022 - 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: *3*
Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

01/11/2022 - Partial

Lead Inspector

Follow-Up Type: *POC Submission*Follow-Up Date: *02/14/2022*

02/16/2022 - POC Submission

Reviewer:

Follow-Up Type: *POC Submission*Follow-Up Date: *02/24/2022*

02/28/2022 - POC Submission

Reviewer:

Follow-Up Type: *Document Submission*Follow-Up Date: *03/07/2022*

02/28/2022 - Document Submission

Reviewer:

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

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 9/5/21 at about 8 am, Resident 1 made an allegation of physical abuse against Resident 2. This allegation was reported to Staff Person A, however, was not reported to the local area agency on aging or adult protective services.

Plan of Correction

Accept

The written report referenced in this citation was sent to APS/AAA on 1/28/2022. Please see Attachment #1. Keystone Service Systems Inc. (Keystone) has a process established to identify a point person for each reportable incident, this point person is either the Program Administrator, Personal Care Specialist or Director, and is dependent upon who is working at the time the incident occurs. It is the responsibility of the point person to make all applicable contacts and submit all required incident report forms inclusive of the written report referenced in this citation. Through review of this citation it was determined that Staff Person A, and other involved staff, were unclear on what role is responsible for submitting written reports to APS/AAA. As a result Program Administrator, Personal Care Specialist, and Director of SCR Services received training on 2/3/2022, which clearly outlines the roles/ responsibilities of the incident point person as it relates to identifying and completing incident reports, please see Attachment #2.

Document Submission

Implemented

All steps have been completed and the plan will continued to be implemented.

42b - Abuse

1. Requirements

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 6/8/21 at approximately 1:15 pm, Resident 1 was heard calling Resident 2 [REDACTED] This incident caused Resident 2 mental anguish, as evidenced by a desire to leave the building and to seek placement elsewhere.

On [REDACTED] at approximately 8 am, Resident 2 struck Resident 1's arm which caused pain.

On [REDACTED] prior to 7 am, Resident 1 struck Resident 2 in the face. Resident 2 had a red mark on the nose and states that they were afraid of Resident 1 and would like to move to another setting.

On [REDACTED] at around 6:45 pm, Resident 2 struck Resident 3 in the chest. Resident 3 stated being upset and "wasn't going to let this go."

42b - Abuse (continued)

Plan of Correction

Directed

In response to all three incidents referenced above, staff immediately intervened to separate Resident 1, Resident 2, and Resident 3. Resident 1 has a history of being verbally and physically aggressive towards other residents and staff in the home. In response to these behaviors, staff members have been trained on Resident 1's support plan (Attachment 5) which includes redirection techniques and positive interventions in an attempt to minimize these behaviors. The conflicts between Resident 1 and Resident 2 occurred due to Resident 1 becoming irritated over Resident 2's episodes of [REDACTED]. As such, staff provide Resident 2 with briefs when needed. Resident 2 is encouraged to notify staff should an accident occur, and staff will assist [REDACTED]. Keystone Service Systems Inc. (Keystone) is in the process of finding an alternative placement for Resident 1 due to [REDACTED] ongoing aggressive behaviors towards other residents and staff in the home. Dauphin County MH/IDD and Keystone are in the process of scheduling a meeting to identify alternative placement options for Resident 1. Additionally, Resident 1 has recently begun to meet with a contracted psychologist through Dauphin County in an effort to better diagnose the causes of these aggressive behaviors and recommend additional intervention techniques. Resident 1 also meets with Keystone's Mental Health Professional (MHP) on a weekly basis. These meetings are to assist [REDACTED] with developing healthy skills to use when [REDACTED] becomes frustrated with other residents in the home, including speaking with staff and moving to another location within the home to separate [REDACTED] from the potential conflict. Staff have been trained in Resident 2's support plan (Attachment 6) which addresses Resident 2's anger management issues. Several coping mechanisms are listed on the support plan to aide staff in deescalating Resident 2. Additionally, Resident 2 meets with the MHP on a weekly basis to discuss new coping skills and identify ways [REDACTED] can utilize [REDACTED] current coping skills. A separate space in the home is also available for Resident 2 to use if [REDACTED] feels the need to remove [REDACTED] from any conflicts or potential conflicts involving Resident 1. Resident 2 is encouraged to seek out staff should [REDACTED] need assistance with doing something [REDACTED] is also encouraged to express frustrations with [REDACTED] words rather than hitting other residents.

Directed -

The administrator will monitor interactions between staff and residents, review progress notes and meet with staff bi-weekly to identify negative interactions and take steps to resolve any issues that arise. GE, 2.28.22

Document Submission

Implemented

All steps have been completed and the plan will continued to be implemented as directed.

100b - Removal Snow/Obstructions

1. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

On 1/11/21 at 9 am, there was an accumulation of approximately 3" of snow and ice on the ramp from the back porch to the front of the home.

Plan of Correction

Accept

Through review of this citation it was determined that the snow removal contractor responsible for clearing the driveway and sidewalks did not provide this service following the storm that occurred on 1/10/2022. As a result there was a delay in removing the snow and ice from the sidewalks and the driveway. A new contractor was procured and cleared the snow and ice from the sidewalks and driveway on 1/11/2022. Moving forward this contractor has signed a contract agreeing to clear all snow and ice from the premise no later than 24 hours following the storm, please

100b - Removal Snow/Obstructions (continued)

see Attachment #3.

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 pillow on Resident [REDACTED] bed lacked a pillow case and had heavy yellow and brown stains, in addition to a large circular stain which appeared to be blood.

Resident [REDACTED] bed lacked sheets and pillow cases. The pillows on Resident [REDACTED] bed had heavy yellow and brown stains.

Plan of Correction**Accept**

On 1/24/2022, both residents pillows were replaced with new ones see Attachment #4 for proof of purchase. Keystone Service Systems Inc. (Keystone) currently has a process in place to evaluate each residents' bedrooms for clean linen on a daily basis through the use of Daily Shift Checklist. Through review of this citation it was discovered that both residents did not wish to have pillow cases on their pillows. Due to this, staff offer pillow cases to both residents during daily walk-throughs, as well as keeping pillowcases available to residents. Moving forward, staff will continue daily walk-throughs. Staff will document individual's declination of new linen. If, during the walk-through, bed linens are soiled, staff will provide residents with clean bed linens and/or new pillows with a pillowcase.

Document Submission**Implemented**

All steps have been completed and the plan will continued to be implemented as directed.

252 - Record Content**1. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Records for Residents 1, 2, 4, and 5 contained pictures that were taken in March 2019.

Plan of Correction**Accept**

All resident photographs were updated on 1/12/2022 and uploaded into Keystone's electronic health record. Through review of this citation it was determined that there was not a standardized process in place to ensure that all residents' photographs were updated annually. As such a process will be put in place prompting the Program Administrator to update all residents' photographs at the time of the annual Resident Assessment and Support Plan renewal meeting. At this time the Program Administrator or designee will take a current photograph of the resident and upload it into Keystone's electronic health record.

252 - Record Content (continued)**Document Submission*****Implemented***

All steps have been completed and the plan will continued to be implemented as directed.