

Department of Human Services  
Bureau of Human Service Licensing

August 22, 2022

[REDACTED], VP OF BUSINESS DEVELOPMENT, KHS  
[REDACTED]  
[REDACTED]  
[REDACTED]

RE: KHS MENTAL HEALTH SERVICES  
MARKET ST SPECIALIZED COMM  
RES  
1926 EAST MARKET STREET  
YORK, PA, 17402  
LICENSE/COCC#: 31238

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/19/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

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 MARKET ST SPECIALIZED COMM RES* License #: *31238* License Expiration: *03/14/2023*  
Address: *1926 EAST MARKET STREET, YORK, PA 17402*  
County: *YORK* Region: *CENTRAL*

**Administrator**

Name: [REDACTED] Email: [REDACTED]

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: *R-3* Date: *03/07/2006* Issued By: *springettsbury township*

**Staffing Hours**

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

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #: *0*  
Reason: *Renewal* Exit Conference Date: *07/19/2022*

**Inspection Dates and Department Representative**

07/19/2022 - 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: *8*  
Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**07/19/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/12/2022*

Inspections / Reviews (*continued*)

08/12/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/30/2022*

08/22/2022 - Document Submission

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

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, whose first day of work was [REDACTED], did not receive orientation on the following topics [REDACTED]:

Evacuation procedures.

Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.

The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.

Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.

The location and use of fire extinguishers.

Smoke detectors and fire alarms.

Telephone use and notification of emergency services.

Plan of Correction

Accept

On 11/6/2021, Staff Person A received general fire safety and, on 10/29/2021, emergency preparedness training. An outline of the training conducted, as well as proof of staff trained, are contained in Attachment #1 and Attachment #2. Keystone Human Services, Inc (Keystone) has a process in which prior to any staff working in the Personal Care Home (PCH), the Program Administrator (or designee) will use the SCR On-Site Orientation checklist (Attachment #8) 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. Through review of the process, it was determined that this process was not followed and Fire Safety orientation did not occur on the first day with Staff Person A. As a result, on 8/9/2022 the Program Administrator was retrained on the roles and responsibilities as it relates to using the SCR On-Site Orientation Checklist. An outline of the training conducted on 8/9/2022, as well as proof of staff trained, are contained in Attachment #4.

Completion Date: 08/09/2022

Document Submission

Implemented

All Steps have been completed.

86a - Ventilation

1. Requirements

2600.

86.a. All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

**86a - Ventilation (continued)**

**Description of Violation**

*Bathroom # 1 has an exhaust fan that contains a thick layer of dust. This does not ensure adequate air flow.*

**Plan of Correction**

**Accept**

*On 7/28/2022, the exhaust fan in Bathroom #1 was cleaned. Proof of this completed work can be found in Attachment 9. Keystone Human Services, Inc (Keystone) has a process in which program standards, including but not limited ensuring bathroom exhaust fans are operable and clear of dust 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, the Program Administrator was retrained on 8/4/2022 as it relates to the use of and monitoring of the SCR Weekly Site Audit. Director of the SCR Services will be responsible to ensure accuracy and completion through oversight of the SCR Weekly Site Audit completed by the Program Administrator. An outline of the training conducted on 8/4/2022 as well as proof of staff training are contained in Attachment #5.*

**Completion Date:** 07/28/2022

**Document Submission**

**Implemented**

*All Steps have been completed.*

**86b - Bathroom**

**1. Requirements**

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

**Description of Violation**

*The second bathroom, located on first floor, does not have an operable window or ventilation fan. The ventilation fan is inoperable.*

**Plan of Correction**

**Accept**

*On 8/5/2022, an operable ventilation fan was installed in Bathroom #2. Proof of this completed work can be found in Attachment 10. Keystone Human Services, Inc (Keystone) has a process in which program standards, including but not limited ensuring exhaust fans are operable 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, the Program Administrator was retrained on 8/4/2022 as it relates to the use of and monitoring of the SCR Weekly Site Audit. Director of the SCR Services will be responsible to ensure accuracy and completion through oversight of the SCR Weekly Site Audit completed by the Program Administrator . An outline of the training conducted on 8/4/2022 as well as proof of staff training are contained in Attachment #5.*

**Completion Date:** 08/05/2022

**Document Submission**

**Implemented**

*All Steps have been completed.*

**88a - Surfaces**

**1. Requirements**

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

**88a - Surfaces (continued)****Description of Violation**

*On 07/19/22, the top part of the bathtub, closer to the ceiling in Bathroom #2 on first floor was cracked. Also, the walls in the bathroom, near the toilet and sink have what appears to be bubbling paint and/or powdery deposits.*

**Plan of Correction****Accept**

*On 8/5/2022, the crack in the bathtub of Bathroom #2 was fixed. Proof of this completed work can be found in Attachment 10. Additionally, on 8/5/2022 the wall near the toilet in Bathroom #2 was repaired. Proof of this completed work can be found in Attachment 10. Keystone Human Services, Inc (Keystone) has a process in which program standards, including but not limited ensuring walls and equipment are in good repair, clean, and free of hazards 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, the Program Administrator was retrained on 8/4/2022 as it relates to the use of and monitoring of the SCR Weekly Site Audit. Director of the SCR Services will be responsible to ensure accuracy and completion through oversight of the SCR Weekly Site Audit completed by the Program Administrator. An outline of the training conducted on 8/4/2022 as well as proof of staff training are contained in Attachment #5.*

**Completion Date:** 08/05/2022

**Document Submission****Implemented**

*All Steps have been completed.*

**89b - Hot Water Temperature****1. Requirements**

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

**Description of Violation**

*On 07/19/22 at 1:42 pm, the hot water temperature in the third floor bathroom measured 134 degrees Fahrenheit.*

**Plan of Correction****Accept**

*On 8/5/2022, the water temperature in the third floor bathroom was adjusted to not exceed 120 degrees Fahrenheit. Proof of this adjusted water temperature can be found in Attachment 10. Keystone Human Services, Inc (Keystone) has a process in which program standards, including but not limited ensuring water temperatures do not exceed 120 degrees Fahrenheit 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, the Program Administrator was retrained on 8/4/2022 as it relates to the use of and monitoring of the SCR Weekly Site Audit. Director of the SCR Services will be responsible to ensure accuracy and completion through oversight of the SCR Weekly Site Audit completed by the Program Administrator. An outline of the training conducted on 8/4/2022 as well as proof of staff training are contained in Attachment #5.*

**Completion Date:** 08/05/2022

**Document Submission****Implemented**

*All Steps have been completed.*

**92 - Windows****1. Requirements**

2600.

92 - Windows (continued)

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

**Description of Violation**

On 07/19/22, the window blinds in Bathroom #2, on the first floor, were covered with rust and dirt.

**Plan of Correction**

**Accept**

On 8/3/2022, the window blinds in Bathroom #2 were replaced. Proof of this completed work can be found in Attachment 3. Keystone Human Services, Inc (Keystone) has a process in which program standards, including but not limited ensuring blinds 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, the Program Administrator was retrained on 8/4/2022 as it relates to the use of and monitoring of the SCR Weekly Site Audit. Director of the SCR Services will be responsible to ensure accuracy and completion through oversight of the SCR Weekly Site Audit completed by the Program Administrator. An outline of the training conducted on 8/4/2022 as well as proof of staff training are contained in Attachment #5.

**Completion Date:** 08/03/2022

**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.

**Description of Violation**

On 07/19/22, in Bathroom #3, discolored/peeling paint was found on the toilet seat/cover. There was rust on both the shower rod and handlebars located near toilets.

**Plan of Correction**

**Accept**

On 8/5/2022, the toilet seat in Bathroom #3 was replaced. Proof of this completed work can be found in Attachment 10. Additionally, on 8/5/2022, the shower rod and handlebars were replaced. Proof of this completed work can be found in Attachment 10. Keystone Human Services, Inc (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 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, the Program Administrator was retrained on 8/4/2022 as it relates to the use of and monitoring of the SCR Weekly Site Audit. Director of the SCR Services will be responsible to ensure accuracy and completion through oversight of the SCR Weekly Site Audit completed by the Program Administrator. An outline of the training conducted on 8/4/2022 as well as proof of staff training are contained in Attachment #5.

**Completion Date:** 08/05/2022

**Document Submission**

**Implemented**

All Steps have been completed.

132b - Safety Inspection/Fire Drill

1. Requirements

132b - Safety Inspection/Fire Drill (continued)

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

A fire drill observed by a fire safety expert was not conducted within the past year.

Plan of Correction

Accept

A fire safety expert will be scheduled to observe a fire drill by 9/15/2022. Proof of this completed fire drill will be forthcoming. Keystone Human Services, Inc (Keystone) has a process in which observed fire drills are scheduled with a fire safety expert three months prior to the yearly due date. This yearly inspection will include a supervised fire drill and verification of the amount of time it should take residents to get out of the house during a fire drill. Through review of the process, it was determined that the Program Administrator was not following this process. As a result, the Program Administrator was retrained on 8/4/2022 as it relates to the above process. Director of the SCR Services will be responsible to ensure completion of these annual requirements. An outline of the training conducted on 8/4/2022 as well as proof of staff training are contained in Attachment #5.

Completion Date: 09/15/2022

Document Submission

Implemented

All Steps have been completed.

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

The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home conducted fire drills on 5/11/21 at 11:05 pm with an evacuation time of 2 minutes and 54 seconds; and on 10/25/21 at 2:43 am with an evacuation time of 3 minutes and 9 seconds.

Plan of Correction

Accept

A fire safety expert will be scheduled to observe a fire drill and provide written documentation of the maximum safe evacuation time by 9/15/2022. Proof will be forthcoming. Keystone Human Services, Inc (Keystone) has a process in which observed fire drills are scheduled with a fire safety expert three months prior to the yearly due date. This yearly inspection will include a supervised fire drill and verification of the amount of time it should take residents to get out of the house during a fire drill. Through review of the process, it was determined that the Program Administrator was not following this process. As a result, the Program Administrator was retrained on 8/4/2022 as it relates to the above process. Director of the SCR Services will be responsible to ensure completion of these annual requirements. An outline of the training conducted on 8/4/2022 as well as proof of staff training are contained in Attachment #5.

Completion Date: 09/15/2022

Document Submission

Implemented

Most of the Steps have been completed. Proof of the fire safety expert that is scheduled to observe a fire drill and provide written documentation of the maximum safe evacuation will be submitted 9/15/2022

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 1's most recent medical evaluation was completed on [REDACTED] The resident's previous medical evaluation was completed on [REDACTED].

Plan of Correction

Accept

In order to meet annual medical evaluation requirements, Resident 1 was scheduled for a medical evaluation to be completed on 6/7/2023. Proof of this scheduled appointment can be found in Attachment #6. Keystone Human Services, Inc (Keystone) has a process in which the next medical evaluations are scheduled at the resident's current medical evaluation. This appointment is to be scheduled within the 30 day window of the expiration of the current medical evaluation. Upon completion of the medical evaluation, these documents are uploaded into the resident's electronic care record. Through review of the process, it was determined that the Program Administrator was not following scheduling appointments as required in the process. As a result, the Program Administrator was retrained on 8/4/2022 as it relates to the above process. Director of the SCR Services will be responsible to ensure completion of the annual medical evaluation through reports available in the electronic care record. An outline of the training conducted on 8/4/2022 as well as proof of staff training are contained in Attachment #5.

Completion Date: 08/04/2022

Document Submission

Implemented

All steps have been completed

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The home had opened a [REDACTED] for Resident #1. No opening dates had been recorded on the vials or packaging to ensure that the insulin was used within 28 days.

Plan of Correction

Accept

Keystone Human Services, Inc (Keystone) has a process in which the staff member who opened the insulin records the opening date on the packaging to ensure use within 28 days. Through review of the process, it was determined that the staff were not following this process. As a result, all medication administering staff were retrained on 7/26/2022 on the requirements for labeling insulin when opening the pens. Program Administrator (or designee) will be responsible to ensure all insulin pens are labeled with the opening date. An outline of the training conducted on 7/26/2022 as well as proof of staff training are contained in Attachment #7.

Completion Date: 07/26/2022

Document Submission

Implemented

All steps have been completed