

Department of Human Services
Bureau of Human Service Licensing

September 20, 2022

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

RE: KHS MENTAL HEALTH SERVICES-
SILVER SPRING SPECIALIZED PC
427 HOGESTOWN ROAD
MECHANICSBURG, PA, 17050
LICENSE/COC#: 30571

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/25/2022 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-SILVER SPRING SPECIALIZED PC* License #: *30571* License Expiration: *06/14/2023*
Address: *427 HOGESTOWN ROAD, MECHANICSBURG, PA 17050*
County: *CUMBERLAND* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Type: *R-3* Date: *05/05/2006* Issued By: *springettsbury township*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: *0*
Reason: *Renewal* Exit Conference Date: *08/25/2022*

Inspection Dates and Department Representative

08/25/2022 - 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: *7* Are 60 Years of Age or Older: *4*
Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

08/25/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/11/2022*

Inspections / Reviews (*continued*)

09/15/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/30/2022*

09/20/2022 - Document Submission

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

131f - Fire Extinguisher Inspection

1. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

All the fire extinguishers in the home have not been inspected by a fire safety expert since 07/2021.

Plan of Correction

Accept

On 8/26/2022, the fire extinguishers were serviced for annual inspection; proof of this inspection is contained in Attachment #1. Keystone Service Systems, Inc. (Keystone) maintains a process in which fire safety standards, including but not limited to ensuring fire extinguishers are inspected on an annual basis, are to be formally assessed and monitored weekly by the Program Administrator (or Program Coordinator) 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. It should be noted that a new Program Coordinator was hired with a start date of 9/19/22; this Program Coordinator will be trained on the use and monitoring of the SCR Weekly Site Audit upon hire.

Completion Date: 09/14/2022

Document Submission

Implemented

All Steps have been completed

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

On 08/25/22, an uncovered [redacted], with measurements for the opening exceeding the recommended 4 3/4 inches, was found on Resident 1's [redacted]. The assessment/support plans for the resident, dated [redacted] do not indicate the need for [redacted]

Plan of Correction

Accept

On [redacted], the physician discontinued the use of the [redacted] for Individual #1. Proof of the removed [redacted] from Individual #1's bed as well as proof of the physician discontinuance is contained in Attachment #2. Individual #1's current Resident Assessment and Support Plan (RASP) accurately reflects that an [redacted] is not required for Individual #1. When physician recommendations are made to implement or discontinue a medical support service, the Program Administrator will update the resident's RASP to include the most current recommendations. Keystone Service Systems, Inc (Keystone) created and filled a new position, titled Health Services Manager. With the inception of this position, a new process has been created that outlines when physician recommendations including medical support services, the Program Administrator or Program Nurse will notify the Health Services Manager. The Health Services Manager will assess whether or not the assistive device meets regulatory standards. If the device does not meet regulatory standards, the Health Services Coordinator will collaborate with the physician to ensure devices that are in compliance with regulations will be utilized. To ensure

227d - Support Plan Medical/Dental (continued)

ongoing compliance, the Health Services Manager will complete quarterly site checks, inclusive of ensuring residents support plans document medical support services that a resident's physician, physician's assistant, or certified registered nurse practitioner have deemed necessary. The quarterly site checks will begin November 2022. The Program Administrator position is currently vacant. In the interim, MH Director will be responsible for the assigned responsibilities of the Program Administrator. Upon hiring a new Program Administrator, the MH Director and Health Services Manager will provide training on the above process. Training on the above process was provided to the Program Nurse on 9/13/2022; proof of content and attendance of this training is attached in Attachment #3.

Completion Date: 09/14/2022

Document Submission

Implemented

All Steps have been completed