

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

March 28, 2024

[REDACTED]
KEYSTONE SERVICE SYSTEMS INC
[REDACTED]

RE: KHS MENTAL HEALTH SERVICES-
GARDNERS SCR
221 OLD STATE ROAD
GARDNERS, PA, 17324
LICENSE/COC#: 31507

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/15/2024, 02/21/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *KHS MENTAL HEALTH SERVICES-GARDNERS SCR* License #: *31507* License Expiration: *06/07/2024*
 Address: *221 OLD STATE ROAD, GARDNERS, PA 17324*
 County: *CUMBERLAND* Region: *CENTRAL*

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: *C-3 SP* Date: *08/18/1992* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *6* Waking Staff: *5*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *02/15/2024*

Inspection Dates and Department Representative

02/15/2024 - On-Site: [REDACTED]
 02/21/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *8* Residents Served: *6*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *0*
 Number of Residents Who:
 Receive Supplemental Security Income: *6* Are 60 Years of Age or Older: *5*
 Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

02/15/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/07/2024*

03/18/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/21/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/22/2024*

Inspections / Reviews (*continued*)

03/28/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/21/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED], the resident fell outside of the home. On [REDACTED], the resident had a swollen hand and was transported to an urgent-care center for evaluation and treatment, during which time an order for an x-ray was obtained. The home did not report this incident to the Department.

Repeated Violation - 3/7/23

Plan of Correction

Accept [REDACTED] - 03/18/2024)

On [REDACTED] an incident report was filed for Resident [REDACTED]; proof of this remediation is found in Attachment #4. Keystone Service Systems, Inc. (Keystone) maintains a process in that when an incident is recognized or witnessed by staff, it is to be reported immediately to the Program Administrator (or on-call Program Administrator). The Program Administrator then completes the incident report form within 24 hours and submits the form to the Department. In review of the citation, it was found that the reason for this incident not being reported was that it was not recognized as being a reportable incident under the definition of serious bodily injury or trauma requiring treatment at a hospital or medical facility. The reporting of this incident does not include minor injuries such as sprains or cuts. The regulatory compliance guide states that serious bodily injury or trauma is such that the individual experienced one or more of the following as a result of the injury: substantial risk of death, extreme physical pain, protracted loss or impairment of the function of a limb, organ or other bodily member, protracted unconsciousness or significant or substantial internal damage. The individual didn't receive a formal diagnosis, refused to obtain an x-ray, and didn't meet any of the criterion listed above necessitating the need to report this incident. On [REDACTED], the Department issued guidance to Keystone in that if an individual is involved in an accident, such as a fall, and there is a reason to suspect an injury, that this is a reportable incident despite the severity. As a result of this guidance, on [REDACTED] the Associate Executive Director will train the Director, Program Administrator and all staff at the program on regulation 2600.16(c) and the guidance issued by the Department around the need to report injuries that are suspected as a result of accident or incident; proof of this remediation is forthcoming. Finally, Keystone continues to work with the Resident [REDACTED] to obtain follow up medical care and the Resident has a medical appointment scheduled with [REDACTED] primary care doctor for [REDACTED] and a neurology appointment scheduled for [REDACTED] regarding ongoing issues with [REDACTED] hands.

Licensee's Proposed Overall Completion Date: 03/15/2024

Implemented [REDACTED] - 03/25/2024)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] at [REDACTED], Resident [REDACTED] bedroom had a strong odor of urine and the resident's bed was observed to be wet as evidenced by moisture trapped between the mattress and the plastic covering.

85a - Sanitary Conditions (continued)

Plan of Correction

Accept [REDACTED] - 03/18/2024)

On [REDACTED], Resident [REDACTED] linens were washed and the mattress cover was sanitized by the direct support staff on shift. Additionally, due to frequent incontinence issues, the flooring in Resident [REDACTED] room was replaced on [REDACTED]; proof of this remediation is found in Attachment #3. Keystone Service Systems, Inc. (Keystone) maintains a process in which program standards, including but not limited to, ensuring the residence is clean and sanitary is to be formally assessed and documented monthly by the Program Administrator or Program Coordinator through the use of the electronic SCR Site Audit. Any non-compliance noted on the SCR Site Audit will be monitored through reporting by the Director and Program Administrator until full remediation is achieved. Through review of the process, in context to the citation, it was determined that the SCR Site Audit was being completed and monitored by the Program Administrator. However, the frequency of the incontinence issues was not being adequately documented and tracked to completion. As a result, on [REDACTED], the Director added a task to Keystone's electronic task tracking record for Resident [REDACTED]. The task included checking Individual [REDACTED] bedroom daily for any signs of incontinence issues and to complete sanitization tasks immediately upon recognition that include changing and washing of sheets, sanitizing the mattress cover, etc. The task must be addressed each day by the direct staff working with Resident [REDACTED]. Finally, on [REDACTED], the Director will train the Program Administrator and all staff on regulation 2600.85(a), the SCR Site Audit and the newly added daily task tracking for Individual [REDACTED] in order to maintain clean and sanitary conditions in the residence; proof of this remediation will be forthcoming.

Licensee's Proposed Overall Completion Date: 03/20/2024

Implemented [REDACTED] - 03/25/2024)

141b1 - Annual Medical Evaluation

3. Requirements

2600.

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

Description of Violation

Resident [REDACTED] most-recent medical evaluation was completed on [REDACTED]

Repeated Violation - 9/14/23

Plan of Correction

Accept [REDACTED] - 03/18/2024)

Keystone Service Systems, Inc. (Keystone) maintains a process wherein all medical evaluations are scheduled by the Program Administrator (or designee) in the individual's electronic health record (EHR) for 365 days from the date of the last evaluation. Upon completion of the medical evaluation form, the Program Administrator (or designee) would then review the medical evaluation form to ensure it is complete and compliant prior to marking the appointment as complete in the individual's EHR and uploading the supporting documentation. Additionally through reporting functionality, the Program Administrator (or designee) will monitor timeliness of medical evaluations to ensure they are completed within the regulatory timeframe. Through review of this citation in context to the business process, it was found that Program Administrator was not trained on the annual medical evaluation process. As a result, on 3/11/2024, the Director trained the Program Administrator on regulation 2600.141(b)(1) and the business process to maintain compliance with this standard regardless of staffing issues; proof of this training is found in Attachment #1. Effective 03/11/2024, the Program Administrator will monitor all medical evaluations for timeliness by completing monthly resident record reviews. The Director will provide oversight for these reviews and ensure any identified remediation is completed by the Program Administrator (or designee). Additionally, the Program Administrator will audit all other resident records to ensure medical evaluation compliance with this standard on/or before

141b1 - Annual Medical Evaluation (continued)

██████████; proof of this audit will be maintained by the Program Administrator.

Licensee's Proposed Overall Completion Date: 04/01/2024

Implemented ██████████ 03/28/2024)

144c1 - Smoking Area Guidelines

4. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home's designated smoking area is the gazebo next to the driveway. On ██████████, a folding fabric chair cushion was present on one of the benches inside the gazebo. The label had no tag indicating fire resistance.

Plan of Correction

Accepted ██████████ - 03/18/2024)

On ██████████ the chair cushion found on the bench in the gazebo was discarded; proof of this remediation is found in Attachment #2. Keystone Service Systems, Inc. (Keystone) maintains a process in which program standards, including but not limited to, ensuring fire resistant furniture is present in the smoking area is to be formally assessed and documented monthly by the Program Administrator or Program Coordinator through the use of the electronic SCR Site Audit. Any non-compliance noted on the SCR Site Audit will be monitored through reporting by the Director and Program Administrator until full remediation is achieved. Through review of the process, in context to the citation, it was determined that the SCR Site Audit needed to be updated to expressly outline what specifically should be addressed around safeguarding of the residence to prevent fire hazards. Therefore, on ██████████, the SCR Site Audit was updated to include looking at the furniture in the smoking area to ensure it is fire resistant amongst other task clarification. Finally, on ██████████, the Director will train the Program Administrator and all staff on regulation 2600.144 (c)(1) and the updated SCR Site Audit; proof of this remediation will be forthcoming.

Licensee's Proposed Overall Completion Date: 03/20/2024

Implemented ██████████ - 03/25/2024)

187d - Follow Prescriber's Orders

5. Requirements

2600.

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

Description of Violation

Resident ██████████ is prescribed ██████████, take ██████████ mouth daily in the morning. On ██████████ at ██████████, the resident was given ██████████ instead of one.

Repeated Violation - 3/7/23

Plan of Correction

Accepted ██████████ - 03/18/2024)

On ██████████, a medication error was submitted to the Department for Resident ██████████ for double dose of medications given on ██████████. Proof of this remediation is found in Attachment #5. Additionally, the medication error was

187d - Follow Prescriber's Orders (continued)

reported to the Resident [REDACTED] on [REDACTED], Resident [REDACTED] designated person, on [REDACTED], and the prescriber of the medication on [REDACTED]; proof of this remediation is found in Attachment #6 and Attachment #7. Keystone Service Systems, Inc. (Keystone) maintains a process wherein all staff are to complete the Department approved medication administration training which includes a 15 step process to verify and document that the correct medications are given to the correct individual at the correct dosage prior to administration. If a medication error occurs, the staff on shift who commits the error must immediately report the issue to the Program Administrator (or Program Administrator on call). The Program Administrator (or Program Administrator on call) would then complete and submit the incident report to the Department, notify the prescriber and follow up on directions provided by the prescriber (if applicable), document the follow up completed with the prescriber and would also document the notice made to the resident and designated person of the resident in the resident's electronic health record. In review of this issue, it was found that the Program Coordinator was the person on shift who committed the error and didn't follow the medication administration process nor the medication error reporting process. As a result, on [REDACTED], the Program Coordinator was demoted to a direct staff person and will be retrained by the Director on [REDACTED] on regulation 2600.187(d), the medication administration process and the medication error reporting process and required timely notifications; proof of this training will be forthcoming. Finally, the staff who committed the medication error will be monitored during medication administration times for two weeks by the Program Administrator to ensure all steps are being followed as outlined in the training. Proof of this monitoring will be maintained by the Program Administrator.

Licensee's Proposed Overall Completion Date: 03/15/2024

Implemented [REDACTED] 03/25/2024)

188b - Medication Error Reporting

6. 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 [REDACTED] is prescribed [REDACTED], take [REDACTED] by mouth daily in the morning. On [REDACTED] at [REDACTED] the resident was given [REDACTED] instead of one. The home did not report this medication error to the prescriber.

Repeated Violation - 3/7/23

Plan of Correction

Accept [REDACTED] - 03/18/2024)

On [REDACTED], a medication error was submitted to the Department for Resident [REDACTED] for double dose of medications given on [REDACTED]. Proof of this remediation is found in Attachment #5. Additionally, the medication error was reported to the Resident [REDACTED] on [REDACTED], Resident [REDACTED] designated person, on [REDACTED], and the prescriber of the medication on [REDACTED]; proof of this remediation is found in Attachment #X6 and Attachment #7. Keystone Service Systems, Inc. (Keystone) maintains a process wherein all staff are to complete the Department approved medication administration training which includes a 15 step process to verify and document that the correct medications are given to the correct individual at the correct dosage prior to administration. If a medication error occurs, the staff on shift who commits the error must immediately report the issue to the Program Administrator (or Program Administrator on call). The Program Administrator (or Program Administrator on call) would then complete and submit the incident report to the Department, notify the prescriber and follow up on directions provided by the prescriber (if applicable), document the follow up completed with the prescriber and would also document the notice made to the resident and designated person of the resident in the resident's electronic health record. In review of

188b - Medication Error Reporting (continued)

this issue, it was found that the Program Coordinator was the person on shift who committed the error and didn't follow the medication administration process nor the medication error reporting process. As a result, on [REDACTED], the Program Coordinator was demoted to a direct staff person and will be retrained by the Director on [REDACTED] on regulation 2600.187(d), the medication administration process and the medication error reporting process and required timely notifications; proof of this training will be forthcoming. Finally, the staff who committed the medication error will be monitored during medication administration times for two weeks by the Program Administrator to ensure all steps are being followed as outlined in the training. Proof of this monitoring will be maintained by the Program Administrator.

Licensee's Proposed Overall Completion Date: 03/15/2024

Implemented [REDACTED] - 03/25/2024)