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

September 20, 2024

[redacted], EXECUTIVE DIRECTOR
KEYSTONE SERVICE SYSTEMS INC
[redacted]

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 05/14/2024 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-SILVER SPRING SPECIALIZED PC* **License #**: *30571* **License Expiration**: *06/14/2024*

Address: *427 HOGESTOWN ROAD, MECHANICSBURG, PA 17050*

County: *CUMBERLAND* **Region**: *CENTRAL*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

[redacted]

Name: *KEYSTONE SERVICE SYSTEMS INC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *R-3* **Date**: *11/07/2005* **Issued By**: *Silver Spring Township*

Staffing Hours

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

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *06/10/2024*

Inspection Dates and Department Representative

05/14/2024 - 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**: *8*

Diagnosed with Mental Illness: *8* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

05/14/2024 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/11/2024*

06/17/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/10/2024*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/25/2024*

Inspections / Reviews *(continued)*

06/26/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/10/2024*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *07/10/2024*

09/20/2024 - Document Submission

Submitted By: [redacted] **Date Submitted**: *07/10/2024*

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

25a - Written Contract and Review

1. Requirements

2600.
25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #1, admitted [redacted], did not have a written resident-home contract completed until [redacted] The home did not review the resident-home contract, dated [redacted] with the resident's representative payee responsible for payment of room and board, until [redacted]

Resident #2, admitted [redacted], did not have a written resident-home contract completed until [redacted]

Plan of Correction ***Accept ([redacted] - 06/14/2024)***

Keystone Service Systems, Inc (Keystone) maintains an intake process wherein the resident-home contract is prompted for completion within Keystone's electronic health record (EHR) for any new intake through an automatic workflow. Additionally through reporting functionality, the Program Administrator (or designee) can monitor initial resident-home contract executions to ensure they are completed prior to and/or no later than the date of intake. The Program Administrator would run the Service Document Due Date Report by noon the date after an admission to ensure the resident-home contract is complete. This would allow the Program Administrator to complete the resident-home contract within 24 hours of admission if for some reason it was not completed with the initial intake documentation. Through review of this citation in context to the business process, it was found that the violation for Resident #1 pre-dates the current business process. However, the violation for Resident #2 occurred within the current business process. As a result, effective 06/28/2024, the Program Administrator will monitor all resident-home contracts by running the Service Document Due Date Report by noon on the date after admission. The Director will run the Service Document Due Date Report for all new admissions on a weekly basis. Additionally, the Program Administrator will audit all other resident-home contracts to ensure compliance with this standard on/or before 06/28/2024; proof of this audit will be maintained by the Program Administrator. On/or before 06/28/2024, the Director will educate the Program Administrator and Program Coordinator on regulation 2600.25(a), the intake process/documentation required to be completed, and monitoring responsibilities to maintain compliance with this regulatory standard. Finally, the Program Administrator received disciplinary action in accordance with Keystone's policy.

Licensee's Proposed Overall Completion Date: *06/28/2024*

Implemented ([redacted] - 09/20/2024)

42b - Abuse

2. 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

From Resident #2's admission until the time of inspection on 5/14/24, the home failed to properly identify, provide or manage various needs and services related to [redacted] care, including:

- *Failed to properly administer prescribed medications approximately 80 times from 5/1/24-5/14/24*
- *Failed to obtain or corroborate various medication orders with medications present in the home*
- *Failed to provide current and accurate medical information to emergency services during a medical event*

42b - Abuse (continued)

- *Failed to complete timely follow-up with the primary care physician after a hospital discharge*
- *Failed to implement physician's orders regarding occupational therapy, mobility and medical devices, special diet and blood glucose monitoring.*
- *Failed to assess the resident's needs and complete a support plan to ensure those needs are met*
- *Failed to obtain a written resident-home contract upon admission or inform the resident of [redacted] rights*

Repeated Violation - 5/16/23.

Plan of Correction ***Accept ([redacted] - 06/17/2024)***

On 06/13/2024, an incident report was filed for the medication errors as it relates to findings in this licensing inspection summary; proof of this report is found in Attachment #1. Keystone Service Systems, Inc. (Keystone) acknowledges that the intake process of Resident #2 was not completed thoroughly or accurately by the Program Administrator. Additionally, Keystone acknowledges that adequate and timely procurement of medical services, medical devices, diagnostic testing and medications being administered as prescribed did not occur. In review of the root cause of these violations, it was found that there was a process for the new admissions and intake; however, this process was not followed thoroughly or accurately by the Program Administrator. As a result, additional onsite supervision and auditing requirements have been outlined for the Director. Effective 06/17/2024, the Director will conduct onsite visits at this program to audit records, review medication audits, review site safety checklists completed and follow up on supervision with the Program Administrator. Additionally, it was found that there was not clarity in what role was responsible to complete follow up on medical services, medical equipment or medications at the time of admission and throughout service provision. As a result, effective 06/28/2024, roles and responsibilities have been drafted by the Associate Executive Director and Director of Nursing as it relates to medical services, medical equipment and medication responsibilities. At the time of admission, post hospitalization, diagnostic testing or after medical visits, the agency nurse is responsible to review the medical evaluation, discharge instruction or other supporting medical documentation received from the medical provider. The agency nurse will then schedule or coordinate follow up appointments in conjunction with the Program Administrator. The agency nurse will obtain medical devices and medications as needed. The agency nurse will enter medical tracking tasks and complete staff training on medical task tracking and/or medical precautions/protocols. The agency nurse will also be responsible to ensure accuracy in how the individual presents medically and will work with the Program Administrator to ensure services are provided to meet the medical needs of the individual. Effective, 06/28/2024, the agency nurse will complete medical chart audit on a bi-weekly basis. The Director of Nursing and Director of Residential Services will review the medical audits completed by the agency nurse monthly to ensure accuracy in the review and follow up on findings occurs timely.
On/or before 06/28/2024, the Associate Executive Director will train the Director, Director of Nursing, Program Administrator and agency nurse on regulation 2600.42(b) and the agency nurse roles and responsibilities around ensuring medical services, equipment and medications are arranged for/provided.

Licensee's Proposed Overall Completion Date: *06/28/2024*

Implemented ([redacted] - 09/20/2024)

65a - FS Orientation 1st Day

3. Requirements

2600.

65a - FS Orientation 1st Day *(continued)*

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 member A, whose first day of work in the home was [redacted], did not receive orientation on the following topics: initial fire safety and emergency procedures.

Plan of Correction ***Accept ([redacted] - 06/26/2024)***

Staff Member A completed initial fire safety and emergency procedures training on 05/14/2024. Proof of this training is found in Attachment #2. On 10/1/2022, Keystone Service Systems, Inc. (Keystone) implemented a new training plan for all Personal Care Homes (PCH) that contains all regulatory required trainings as outlined in 2600.65 (a-i). The PCH training plan is assigned to each new employee through Keystone's Learning Management System by role with a determined due date based upon regulatory timeframe for completion. Effective 5/4/2023, completion of all required trainings are monitored by the Program Administrator and Keystone's Education Department through reporting in Keystone's Learning Management System. In addition, the Education Department will run coming due and past due reports at the beginning of each month to notify all Program Administrators and Directors of upcoming trainings so that staff and supervisors can schedule accordingly. If staff are on the past due reports, the Program Administrator may remove the staff from the schedule, issue discipline (as appropriate) and set up a time for training completion. Through review of this citation it was determined that Staff Member A did not complete the required trainings as this employee was an internal transfer from another program. As a result, on/or before 06/28/2024, the Associate Executive Director will provide training to the all Directors and Program Administrators on regulation 2600.65(a), the training plans outlined in the Learning Management System, how to communicate internal transfers training needs and the responsibility of Program Administrators/Directors to respond according to the past due training reports in accordance with Keystone's procedure for when staff do not complete training timely; proof of this training will be forthcoming. Finally, on/or before 6/21/2024, the Education Coordinator will complete an audit of all regulatory required staff trainings, including 2600.65(a). All findings will be addressed by the Program Administrator with oversight by the Director.

Licensee's Proposed Overall Completion Date: *06/28/2024*

Implemented ([redacted] - 09/20/2024)

65d - Initial Direct Care Training

4. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

65d - Initial Direct Care Training *(continued)*

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care Staff member B, hired on [redacted] began providing unsupervised ADL services on [redacted] However, Staff member B did not complete and pass the Department-approved direct care training course and pass the competency test until [redacted]

Plan of Correction ***Accept ([redacted] - 06/14/2024)***

On 10/1/2022, Keystone Service Systems, Inc. (Keystone) implemented a new training plan for all Personal Care Homes (PCH) that contains all regulatory required trainings as outlined in 2600.65 (a-i). The PCH training plan is assigned to each new employee through Keystone's Learning Management System by role with a determined due date based upon regulatory timeframe for completion. Effective 5/4/2023, completion of all required trainings are monitored by the Program Administrator and Keystone's Education Department through reporting in Keystone's Learning Management System. The employee is assigned the external course through Keystone's learning management system. The external course is assigned by the Education Department and is to be completed by the employee within 7 working days from the employee's hire date. Once the employee completes the external Department approved course, the certificate of completion is submitted by the employee to the Education Department. The Education Department would validate the certificate and update the Learning Management System with the employee's course completion. The Program Administrator would know that the employee had completed the training through the Learning Management System and would be able to work unsupervised providing ADL services. In addition, the Education Department will run coming due and past due reports at the beginning of each month to notify all Program Administrators and Directors of upcoming trainings so that staff and supervisors can schedule accordingly. If staff are on the past due reports, the Program Administrator may remove the staff from the schedule, issue discipline (as appropriate) and set up a time for training completion. Through review of this citation it was determined that Staff Member B was hired prior to this change in business process to maintain compliance. As a result, on/or before 06/28/2024, the Associate Executive Director will provide training to all Directors and Program Administrators on regulation 2600.65(d), the training plans outlined in the Learning Management System and the responsibility of Program Administrators/Directors to respond according to the past due training reports in accordance with Keystone's procedure for when staff do not complete training timely; proof of this training will be forthcoming.

Licensee's Proposed Overall Completion Date: *06/28/2024*

Implemented ([redacted] - 09/20/2024)

103f - Refrigerator/Freezer Temps

5. Requirements

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 5/14/24, the two mini refrigerators in the front living room, storing residents' food items, were not equipped with thermometers.

103f - Refrigerator/Freezer Temps *(continued)*

Plan of Correction ***Accept ([redacted] - 06/26/2024)***

On 05/15/2024, thermometers were placed in both mini fridges in the front living room; 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 refrigerators are maintained with a thermometer that has a temperature of 40 degrees Fahrenheit or below, is to be formally assessed and monitored 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 not being completed thoroughly or accurately by the Program Administrator. As a result on/or before 06/28/2024, the Director will provide training to the Program Administrator on regulation 2600. 103(f) and completing the SCR Site Audit accurately; proof of this remediation will be forthcoming. It should be noted that the Program Administrator received disciplinary action in accordance with Keystone's policy. The Program Administrator will continue to use the SCR Site Audit to monitor compliance with this standard with oversight from the Director. Effective, 6/11/2024, the Director, or designee, will complete a site audit quarterly to check efficacy of the SCR Site Audits. Effective 6/24/2024 the Program Administrator will continue to use the SCR Site Audit to monitor compliance with this standard.

Licensee's Proposed Overall Completion Date: *06/28/2024*

Implemented ([redacted] - 09/20/2024)

125a - Combustible Storage

6. Requirements

2600.
125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On 5/14/24, a cardboard box containing binders and papers and two black plastic bags of trash were observed against the hot water heater in the basement laundry room.

Plan of Correction ***Accept ([redacted] - 06/26/2024)***

On 05/14/24, the cardboard box and two black plastic bags were removed from the hot water heater area in the basement; proof of this remediation is found in Attachment #4. Keystone Service Systems, Inc (Keystone) maintains a process in which program standards, including but not limited to ensuring combustible or flammable materials are not located near heat sources, is to be formally assessed and monitored 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 not being completed thoroughly or accurately by the Program Administrator. As a result on/or before 06/28/2024, the Director will provide training to the Program Administrator on regulation 2600. 125(a) and completing the SCR Site Audit accurately; proof of this remediation will be forthcoming. It should be noted that the Program Administrator received disciplinary action in accordance with Keystone's policy. The Program Administrator will continue to use the SCR Site Audit to monitor compliance with this standard with oversight from the Director. On/or before 6/28/2024, the Program Administrator will train all staff of this personal care home on regulation 2600.125(a). Proof of this training will be forthcoming. In addition to the formalized monthly SCR Site Audit, effective 06/17/2024 daily checks for combustible or flammable materials near heat sources will be completed by staff on shift at the time of laundry

125a - Combustible Storage (continued)

tasks being completed. Effective 6/11/2024, the Director, or designee, will complete a site audit quarterly to check efficacy of the SCR Site Audits. Effective 6/24/2024, the Program Administrator will continue to use the SCR Site Audit to monitor compliance with this standard.

Licensee's Proposed Overall Completion Date: *06/28/2024*

Implemented ([redacted] - 09/20/2024)

127a - Portable Space Heaters

7. Requirements

2600.
127.a. Portable space heaters are prohibited.

Description of Violation

On 5/14/24 at 9:40 AM, a portable space heater was in the office in the basement of the home.

Plan of Correction ***Accept ([redacted] - 06/26/2024)***

On 05/28/2024, the portable space heater was removed from the residence. Keystone Service Systems, Inc (Keystone) maintains a process in which program standards, including but not limited to ensuring no space heaters are used in the home, is to be formally assessed and monitored 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 not being completed thoroughly or accurately by the Program Administrator. As a result on/or before 06/28/2024, the Director will provide training the Program Administrator on regulation 2600. 127(a) and completing the SCR Site Audit accurately; proof of this remediation will be forthcoming. It should be noted that the Program Administrator received disciplinary action in accordance with Keystone's policy. The Program Administrator will continue to use the SCR Site Audit to monitor compliance with this standard with oversight from the Director. In addition to the formalized monthly SCR Site Audit, effective 06/17/2024, the daily checks for combustible or flammable materials near heat sources will be completed by staff on shift at the time of laundry tasks being completed. Effective, 6/11/2024, the Director, or designee, will complete a site audit quarterly to check efficacy of the SCR Site Audits. Effective 6/24/2024, the Program Administrator will continue to use the SCR Site Audit to monitor compliance with this standard.

Licensee's Proposed Overall Completion Date: *06/28/2024*

Implemented ([redacted] - 09/20/2024)

132c - Fire Drill Records

8. Requirements

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

Fire drills are not being accurately recorded. The evacuation time for the drills on 8/15/23, 10/9/23, 12/20/23, 1/17/24, 3/19/24, and 4/18/24 all have evacuation times of 2 minutes 0 seconds.

132c - Fire Drill Records (continued)

Plan of Correction ***Accept (- 06/17/2024)***

Keystone Services Systems, Inc. (Keystone) maintains a process in which all fire drills are completed monthly by the staff on shift during the fire drill through the use of an Electronic Fire Drill Form. The Electronic Fire Drill Form contains all regulatory required elements and can't be submitted until all fields are complete in their entirety, inclusive of any problems encountered during the fire drill. Once the Electronic Fire Drill Form is complete a copy is automatically submitted to Operational Leadership for a secondary review in order to improve overall monitoring of the monthly fire drill process. The Quality Manager will pull reports on the Electronic Fire Drill Forms completed weekly and will send this report to the Associate Executive Director, Director and Program Administrator. If a drill is not complete for any given month and/or any of the fields are incorrect and/or the fire drill was not completed within the regulatory requirements, including evacuating within the designated time of 2 minutes and 30 seconds, the Director will prompt the Program Administrator (or designee) to complete a fire drill or in some cases a secondary drill within the month in order to be in compliance with the regulatory requirements. Through review of the process, in context to the citation it was determined that the Electronic Fire Drill Form was not being completed accurately and/or monitored to ensure compliance with fire safety standards. As a result, on/or before 06/28/2024, the Associate Executive Director will train the Director and Program Administrator on regulation 2600.132(c), the electronic fire drill process and oversight of the fire drill process by the Director. Proof of this training will be forthcoming. On/or before 07/05/2024, the Director will train all staff of this personal care home on the regulation 2600.132(c), the fire drill process and ensuring that drills are timely and recorded accurately. Proof of this training will be forthcoming. The Program Administrator will continue to use the electronic Fire Drill Form and the Director will monitor regulatory compliance with fire drills using the reporting on the fire drill form to maintain compliance with this standard. Additionally, effective 07/01/2024, to improve oversight of the fire drill process, the Director will observe fire drills on a quarterly basis to ensure staff are completing the fire drills accurately.

Licensee's Proposed Overall Completion Date: *07/05/2024*

Implemented (- 09/20/2024)

132d - Evacuation

9. 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 fire drill on 5/25/23 at 3:45 AM had an evacuation time of 2 minutes 39 seconds. The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert.

Plan of Correction ***Accept (- 06/17/2024)***

Keystone Services Systems, Inc. (Keystone) maintains a process in which all fire drills are completed monthly by the staff on shift during the fire drill through the use of an Electronic Fire Drill Form. The Electronic Fire Drill Form contains all regulatory required elements and can't be submitted until all fields are complete in their entirety, inclusive of any problems encountered during the fire drill. Once the Electronic Fire Drill Form is complete a copy is automatically submitted to Operational Leadership for a secondary review in order to improve overall monitoring of the monthly fire drill process. The Quality Manager will pull reports on the Electronic Fire Drill Forms completed

132d - Evacuation (continued)

weekly and will send this report to the Associate Executive Director, Director and Program Administrator. If a drill is not complete for any given month and/or any of the fields are incorrect and/or the fire drill was not completed within the regulatory requirements, including evacuating within the designated time of 2 minutes and 30 seconds, the Director will prompt the Program Administrator (or designee) to complete a fire drill or in some cases a secondary drill within the month in order to be in compliance with the regulatory requirements. Through review of the process, in context to the citation it was determined that the Electronic Fire Drill Form was not being completed accurately and/or monitored to ensure compliance with fire safety standards. As a result, on/or before 06/28/2024, the Associate Executive Director will train the Director and Program Administrator on regulation 2600.132(d), the electronic fire drill process and oversight of the fire drill process by the Director. Proof of this training will be forthcoming. On/or before 07/05/2024, the Director will train all staff of this personal care home on the regulation 2600.132(d), the fire drill process and ensuring that drills are timely and recorded accurately. Proof of this training will be forthcoming. The Program Administrator will continue to use the electronic Fire Drill Form and the Director will monitor regulatory compliance with fire drills using the reporting on the fire drill form to maintain compliance with this standard. Additionally, effective 07/01/2024, to improve oversight of the fire drill process, the Director will observe fire drills on a quarterly basis to ensure staff are completing the fire drills accurately.

Licensee's Proposed Overall Completion Date: *07/05/2024*

Implemented ([redacted] - 09/20/2024)

132i - Testing Fire Alarm

10. Requirements

2600.
132.i. A fire alarm or smoke detector shall be set off during each fire drill.

Description of Violation

Per staff interviews, the interconnected fire alarm system is not being utilized during fire drills. Staff state that one of the many battery-powered smoke detectors is set off, may only emit sound for a beep or two, and then staff yell "fire" as residents may not be able to hear the alarm.

Plan of Correction ***Accept ([redacted] - 06/17/2024)***

On 06/26/2024, the fire safety expert is scheduled to come out to the residence to provide training to all staff on how to set off the interconnected fire alarm system to simulate a fire drill. The training provided will be written in direction form and placed in the fire drill binder. Proof of the training conducted with the staff by the fire safety expert and directions created out of this training will be forthcoming. Keystone Services Systems, Inc. (Keystone) maintains a process in which all fire drills are completed monthly by the staff on shift. The staff on shift are to set off the fire alarms during the fire drill to simulate a fire. In review of this citation, it was found that staff were not setting off the interconnected as they believed that notification of the alarms being set off was going directly to the fire station. However, this is not the case. As a result, effective 07/01/2024, as part of initial and annual fire safety all staff will be trained on fire alarm process and how to set off the alarm system. Additionally, effective 07/01/2024, to improve oversight of the fire drill process, the Director will observe fire drills on a quarterly basis to ensure staff are completing the fire drills accurately, including sounding the alarms in alignment with the defined process.

Licensee's Proposed Overall Completion Date: *07/01/2024*

Implemented ([redacted] - 09/20/2024)

141a 1-10 Medical Evaluation Information

11. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's most recent medical evaluation, completed on [redacted] did not include their medical information pertinent to diagnosis and treatment in case of an emergency, medication regimen, or their accurate ability to administer their medications.

Plan of Correction ***Accept ([redacted] - 06/17/2024)***

Resident #1's primary care physician was contacted to complete/update the medical information pertinent to diagnosis and treatment in case of an emergency, medication regimen and ability to administer medications sections on the [redacted] evaluation, and to complete/update the most recent medical evaluation on 6/6/24; Proof of this remediation is forthcoming. Keystone Service Systems, Inc (Keystone) maintains an intake process wherein the medical evaluation is either reviewed or scheduled for completion by the Program Administrator (or designee). The Program Administrator (or designee) is responsible to review the medical evaluation form if it is completed prior to admission to ensure it is complete, compliant and does not exceed 60 days. Once reviewed, the Program Administrator (or designee) would then upload the completed medical evaluation form to the individual's electronic health record (EHR). The Program Administrator (or designee) would schedule the medical evaluation, if not completed for the individual prior to admission, within the EHR not to exceed 30 days post admission. 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. The Program Administrator will schedule the annual appointment at the time of uploading the initial medical evaluation. If an annual appointment can't be scheduled, then a placeholder appointment is scheduled for 3 months prior to the annual appointment date to schedule the annual appointment. Through review of this citation in context to the business process, it was found that the Program Administrator failed to ensure the medical evaluation was complete, accurate and met all regulatory requirements prior to uploading the supporting documentation and marking the appointment as complete. As a result, on or before 6/28/2024, the Associate Executive Director will train the Director and Program Administrator on regulation 2600.141 (a), the business process around maintaining compliant Medical Evaluations and oversight of the process by the Director; proof of this training will be forthcoming. The Program Administrator will audit all other resident records to ensure medical evaluation compliance with this standard on/or before 07/05/2024; proof of this audit will be maintained by the Program Administrator. Effective 07/01/2024, the Program Administrator will monitor all medical evaluation timeliness by completing monthly resident record reviews. The Director will provide oversight for these reviews and will also audit records on a rotating basis to ensure accuracy in the Program

141a 1-10 Medical Evaluation Information (continued)

Administrators reviewing and any identified remediation is completed by the Program Administrator (or designee).

Licensee's Proposed Overall Completion Date: *07/05/2024*

Implemented (- 09/20/2024)

141b1 - Annual Medical Evaluation

12. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

As of 5/14/24, Resident #1's most recent medical evaluation was completed on

Repeated Violation - 5/16/23.

Plan of Correction ***Accept (- 06/26/2024)***

Resident #1's primary care physician was contacted to complete/update the medical information pertinent to diagnosis and treatment in case of an emergency, medication regimen and ability to administer medications sections on the medical evaluation, and to complete/update the most recent medical evaluation on Proof of this remediation is forthcoming. Keystone Service Systems, Inc (Keystone) maintains an intake process wherein the medical evaluation is either reviewed or scheduled for completion by the Program Administrator (or designee). The Program Administrator (or designee) is responsible to review the medical evaluation form if it is completed prior to admission to ensure it is complete, compliant and does not exceed 60 days. Once reviewed, the Program Administrator (or designee) would then upload the completed medical evaluation form to the individual's electronic health record (EHR). The Program Administrator (or designee) would schedule the medical evaluation, if not completed for the individual prior to admission, within the EHR not to exceed 30 days post admission. 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. The Program Administrator will schedule the annual appointment at the time of uploading the initial medical evaluation. If an annual appointment can't be scheduled, then a placeholder appointment is scheduled for 3 months prior to the annual appointment date to schedule the annual appointment. Through review of this citation in context to the business process, it was found that the Program Administrator failed to ensure the medical evaluation was complete, accurate and met all regulatory requirements prior to uploading the supporting documentation and marking the appointment as complete. As a result, on or before 6/28/2024, the Associate Executive Director will train the Director and Program Administrator on regulation 2600.141 (a)(b), the business process around maintaining compliant Medical Evaluations and oversight of the process by the Director; proof of this training will be forthcoming. The Program Administrator will audit all other resident records to ensure medical evaluation compliance with this standard on/or before 07/05/2024; proof of this audit will be maintained by the Program Administrator. Effective 07/01/2024, the Program Administrator will monitor all medical evaluation timeliness by completing monthly resident record reviews. The Director will provide oversight for these reviews and will also audit records on a rotating basis to ensure accuracy in the Program Administrators reviewing and any identified remediation is completed by the Program Administrator (or designee).

Licensee's Proposed Overall Completion Date: *07/05/2024*

Implemented (- 09/20/2024)

141b1 - Annual Medical Evaluation *(continued)*

142d - Secure Preventative Care

13. Requirements

2600.
142.d. The home shall assist the resident to secure preventative medical, dental, vision and behavioral health care as requested by a physician, physician's assistant or certified registered nurse practitioner.

Description of Violation

On 12/1/23 Resident #2's physician ordered [redacted]. *The home is not ensuring that the resident has and uses* [redacted] *as ordered.*

On 12/1/23 Resident #2's physician ordered [redacted] *The home has never arranged for or assisted the resident to follow these* [redacted]

On 12/1/23, Resident #2's physician ordered the use of [redacted]. *The home has not arranged for or assisted the resident to complete this* [redacted]

On 12/1/23, Resident #2's physician ordered [redacted] *The home has not arranged for or assisted the resident to check* [redacted].

On 12/1/23, Resident #2's physician provided medication orders that included, [redacted]. *The home has not arranged for or assisted the resident to obtain this medication.*

On 1/24/24, Resident #2 was assessed [redacted]. *The home received* [redacted] *instructions to follow up with Resident #2's primary care physician within the next business day. Resident #2 was not examined by their primary care physician until* [redacted].

On 11/29/23, Resident #2's physician recommended a [redacted] *study. The* [redacted] *physician's report reads,* [redacted] *should be closely monitored for signs and symptoms* [redacted] *At the time of the 5/14/24 inspection, the home did not arrange for or assist the resident to obtain these treatments or have the resident* [redacted].

142d - Secure Preventative Care *(continued)*

Plan of Correction ***Accept (- 06/26/2024)***

On 06/06/2024, Resident #2's were obtained and are being used as ordered; proof of this remediation is found in Attachment #7. On 06/06/2024, Resident #2's physician updated proof of this remediation is found in Attachment #8. On 06/06/2024, Resident #2's proof of this remediation is found in Attachment #9. Effective 05/24/2024, primary care provider completed medical evaluation and discontinued checking Resident #2's proof of this remediation is found in Attachment #10. On 05/22/2024, was obtained; proof of this remediation is found in Attachment #11. On 05/22/2024, Resident #2 attended evaluation; proof of this remediation is found in Attachment #12. The Director of Nursing has called physician for documentation of any recommendations from evaluation; proof of this remediation is forthcoming.

Keystone Service Systems, Inc. (Keystone) does not have a good process in place to ensure medical services, medical equipment and medications are arranged for or provided at the time of admission, post hospitalization, diagnostic testing or after medical visits. In review of this process, it was found that there was not clarity in what role was responsible to complete follow up on medical services, medical equipment or medications at the time of admission and throughout service provision. As a result, effective 06/28/2024, roles and responsibilities have been drafted by the Associate Executive Director and Director of Nursing as it relates to medical services, medical equipment and medication responsibilities. At the time of admission, post hospitalization, diagnostic testing or after medical visits, the agency nurse is responsible to review the medical evaluation, discharge instruction or other supporting medical documentation received from the medical provider. The agency nurse will then schedule or coordinate follow up appointments in conjunction with the Program Administrator. The agency nurse will obtain medical devices and medications as needed. The agency nurse will enter medical tracking tasks and complete staff training on medical task tracking and/or medical precautions/protocols. The agency nurse will also be responsible to ensure accuracy in how the individual presents medically and will work with the Program Administrator to ensure services are provided to meet the medical needs of the individual. Additionally, effective 06/28/2024, the agency nurse will complete medical chart audit audits on a bi-weekly basis. The Director of Nursing and Director of Residential Services will review the medical audits completed by the agency nurse monthly to ensure accuracy in the review and follow up on findings occurs timely.

On/or before 06/28/2024, the Associate Executive Director will train the Director, Director of Nursing, Program Administrator and agency nurse on regulation 2600.142(d) and the agency nurse roles and responsibilities around ensuring medical services, equipment and medications are arranged for/provided. On/or before 6/28/2024, the Director will train all staff in this personal care home on regulation 2600.142(d), all residents specific needs, updated Resident Assessment and Support Plans as well as required documentation to track usage/implementation of medical devices/protocols.

Licensee's Proposed Overall Completion Date: *06/28/2024*

Implemented (- 09/20/2024)

143b - Residents Medical Information

14. Requirements

2600.

143.b. The following current emergency medical and health information shall be available at all times for each resident and shall accompany the resident when the resident needs emergency medical attention:

2. The resident's Social Security number.

143b - Residents Medical Information *(continued)*

3. The resident's medical diagnosis.
4. The resident's physician's name and telephone number.
5. Current medication, including the dosage and frequency.
6. A list of allergies.
7. Other relevant medical conditions.
10. The resident's designated person with current address and telephone number.

Description of Violation

The following current emergency medical and health information was not sent with Resident #2 [redacted]

- *Social Security Number.*
- *A complete list of their medical diagnoses.*
- *Their physician's name and telephone number.*
- *A current list of all prescribed medications, including the dosage and frequency.*
- *A complete list of all their allergies.*
- *Other related medical conditions* [redacted].
- *The designated person with current address and telephone number.*

Plan of Correction ***Accept ([redacted] - 06/17/2024)***

On 06/13/2024, Resident #2's emergency medical and health information sheet was updated to include the individual's social security number, listing of medical diagnosis, physician name/telephone number, current medication listing including dosage and frequency, listing of allergies, other related medical conditions and the designated person with address and phone number. Proof of this remediation is found in Attachment #17. Keystone Service Systems, Inc. (Keystone) maintains an electronic health record (EHR) for each individual wherein the fields listed in 2600.143(b) must be completed in the EHR for the individual by the Program Administrator at the time of admission, annually and when changes occur to the required information. On/or before 07/31/2024, Keystone will complete an optimization to the EHR in which the fields outlined in 2600.143(b) will be required for completion and will be prompted for review annually. In the interim, on/or before 06/28/2024, the Director will complete training with the Program Administrator on regulation 2600.143(b) and will audit all individual's emergency medical and health information to ensure all fields are completed accurately. If issues are found, remediation actions will be taken to ensure the most up to date information is listed in the emergency medical and health information sheet.

Licensee's Proposed Overall Completion Date: *07/31/2024*

Implemented ([redacted] - 09/20/2024)

144c2 - Smoking Area Distance

15. 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:
2. 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: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

144c2 - Smoking Area Distance *(continued)*

Description of Violation

The home's designated smoking area outside the home is located on the patio in the back yard. However, per staff interviews, residents and staff also smoke at the bench at the end of the walkway, in the front of the home.

Plan of Correction ***Accept ([redacted] - 06/26/2024)***

On 05/15/24, the smoking receptacle located at the bench at the end of the walkway was removed, so this area is no longer allowed for smoking, proof of this remediation is found in Attachment #13. The bench at the end of the walkway remains for residents waiting for the bus. On/before 06/21/2024, new Program Administrator will provide education to all residents on the house rules and safe disposal of cigarettes at the next house meeting; proof of this remediation will be forthcoming. Additionally, on/before 06/28/2024, the Program Administrator will educate staff on requirements to smoke in the designated smoking section only during the staff meeting; proof of this remediation will be forthcoming. Keystone Service Systems, Inc (Keystone) maintains a process in which program standards, including but not limited to, ensuring smoking occurs at designated areas, cigarette butts are disposed of properly and cigarette disposal bins are regularly emptied are to be formally assessed and monitored 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 not being completed thoroughly or accurately by the Program Administrator. As a result on/before 06/28/24, the Director will provide training to the Program Administrator on regulation 2600. 144(c) and completing the SCR Site Audit accurately; proof of this remediation will be forthcoming. It should be noted that the Program Administrator received disciplinary action in accordance with Keystone's policy. The Program Administrator will continue to use the SCR Site Audit to monitor compliance with this standard with oversight from the Director. Effective, 6/11/2024, the Director, or designee, will complete a site audit quarterly to check efficacy of the SCR Site Audits. Effective 6/24/2024, the Program Administrator will continue to use the SCR Site Audit to monitor compliance with this standard.

Licensee's Proposed Overall Completion Date: *06/28/2024*

Implemented ([redacted] - 09/20/2024)

161d - Dietary Needs

16. Requirements

2600.
161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

On [redacted] Resident #2 was prescribed [redacted] However, per staff interviews, the home has never arranged for or assisted the resident to follow these [redacted]

Plan of Correction ***Directed ([redacted] - 06/26/2024)***

On 05/24/2024, Resident #2 had a follow up appointment with [redacted] PCP in which [redacted] were changed. The changed [redacted] needs now reflect [redacted]. Proof of the updated doctors [redacted] needs are found in Attachment #10. Resident #2's Resident Assessment and Service Plan will be

161d - Dietary Needs (continued)

updated by the Program Administrator on/before 06/18/2024, to reflect Resident #2's updated [redacted] proof of this remediation is forthcoming. Keystone Service Systems, Inc. (Keystone) does not have a good process in place to ensure medical services, medical equipment and medications are arranged for or provided at the time of admission, post hospitalization, diagnostic testing or after medical visits. In review of this process, it was found that there was not clarity in what role was responsible to complete follow up on medical services, medical equipment or medications at the time of admission and throughout service provision. As a result, effective 06/28/2024, roles and responsibilities have been drafted by the Associate Executive Director and Director of Nursing as it relates to medical services, medical equipment and medication responsibilities. At the time of admission, post hospitalization, diagnostic testing or after medical visits, the agency nurse is responsible to review the medical evaluation, discharge instruction or other supporting medical documentation received from the medical provider. The agency nurse will then schedule or coordinate follow up appointments in conjunction with the Program Administrator. The agency nurse will obtain medical devices and medications as needed. The agency nurse will enter medical tracking tasks and complete staff training on medical task tracking and/or medical precautions/protocols. The agency nurse will also be responsible to ensure accuracy in how the individual presents medically and will work with the Program Administrator to ensure services are provided to meet the medical needs of the individual. Additionally, effective 06/28/2024, the agency nurse will complete medical chart audit audits on a bi-weekly basis. The Director of Nursing and Director of Residential Services will review the medical audits completed by the agency nurse monthly to ensure accuracy in the review and follow up on findings occurs timely.
On/or before 06/28/2024, the Associate Executive Director will train the Director, Director of Nursing, Program Administrator and agency nurse on regulation 2600.161(d) and the agency nurse roles and responsibilities around ensuring medical services, equipment and medications are arranged for/provided.

(Directed)
In addition to the above, all staff in the home will receive education on Resident #2's [redacted] plans to ensure proper [redacted] is being followed. Training will be completed by the administrator or designee no later than 7/5/2024. Any residents found to have a [redacted] plan in place during the audits beginning 6/28/24 will be presented to all staff in the home for proper [redacted] education moving forward.

Proposed Overall Completion Date: 07/05/2024

Directed Completion Date: *07/05/2024*

Implemented ([redacted] - 09/20/2024)

183e - Storing Medications

17. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

[redacted] *tablet was removed from Resident #2's pharmacy-issued blister pack, and another similarly looking tablet was placed back in the blister pack. Masking tape was then placed on the exterior of the blister pack to hold the tablet in place.*

Plan of Correction ***Directed ([redacted] - 06/26/2024)***

On 05/23/2024, the pharmacy issued a new medication label for Resident #2 that reads [redacted]

183e - Storing Medications (continued)

tablets administer [redacted]. Proof of this remediation is found in Attachment #15. Keystone Service Systems, Inc. (Keystone) did not have a formalized process to audit all medical components of individuals supported, including medications. Therefore, effective 06/28/2024, roles and responsibilities were defined for the agency nurse by the Associate Executive Director and Director of Nursing which includes weekly medication audits. Effective, 6/20/2024, as part of the medication audit, the nurse is to evaluate if the medication label contains the dosage and instruction for administration. If issues are found with the medication label, the nurse is responsible to contact the pharmacy or physician and complete remediation as required. Effective, 7/5/2024, the Director of Nursing and Director of Residential Services will review the medical audits completed by the agency nurse bi-weekly to ensure accuracy in the review and follow up on findings occurs timely.
On/or before 06/28/2024, the Associate Executive Director will train the Director, Director of Nursing, Program Administrator and agency nurse on regulation 2600.184(a) and the agency nurse roles and responsibilities around medications are present, being administered as prescribed and in the original medication packaging.

Proposed Overall Completion Date: 06/28/2024

(Directed)

- *On 05/14/2024, a new blister packet was obtained for Resident #2; proof of this remediation is found in Attachment #14. Keystone Service Systems, Inc. (Keystone) did not have a formalized process to audit all medical components of individuals supported, including medications. Therefore, effective 06/28/2024, roles and responsibilities were defined for the agency nurse by the Associate Executive Director and Director of Nursing which includes weekly medication audits. As part of the medication audit, effective by 6/28/24, the nurse is to evaluate if the medication is housed in its original packaging and that there isn't any tampering of the packaging. If issues are found with the medication packaging, the nurse is responsible to contact the pharmacy and complete remediation as required. The Director of Nursing and Director of Residential Services will review the medical audits completed by the agency nurse bi-weekly, beginning no later than 7/5/24, to ensure accuracy in the review and follow up on findings occurs timely. On/or before 06/28/2024, the Associate Executive Director will train the Director, Director of Nursing, Program Administrator and agency nurse on regulation 2600.183(e) and the agency nurse roles and responsibilities around medications are present, being administered as prescribed and in the original medication packaging.*
- *All staff who administer medications will administer medications will receive education by 7/5/24 on what to do with a medication if the packaging is ripped or a pill was mistakenly dispensed by the Administrator or designee. Documentation will be kept by the home.*

Directed Completion Date: *07/05/2024*

Implemented ([redacted] - 09/20/2024)

184a - Resident's Meds Labeled

18. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label for 3, 30-day supply blister packs of Resident #2's [redacted] tablets does not

184a - Resident's Meds Labeled (continued)

include the current order to administer [redacted]

Plan of Correction ***Accept ([redacted] - 06/26/2024)***

On 05/23/2024, the pharmacy issued a new medication label for Resident #2 that reads [redacted] *tablets administer* [redacted]*. Proof of this remediation is found in Attachment #15. Keystone Service Systems, Inc. (Keystone) did not have a formalized process to audit all medical components of individuals supported, including medications. Therefore, effective 06/28/2024, roles and responsibilities were defined for the agency nurse by the Associate Executive Director and Director of Nursing which includes weekly medication audits. Effective, 6/20/2024, as part of the medication audit, the nurse is to evaluate if the medication label contains the dosage and instruction for administration. If issues are found with the medication label, the nurse is responsible to contact the pharmacy or physician and complete remediation as required. Effective, 7/5/2024, the Director of Nursing and Director of Residential Services will review the medical audits completed by the agency nurse bi-weekly to ensure accuracy in the review and follow up on findings occurs timely.*
On/or before 06/28/2024, the Associate Executive Director will train the Director, Director of Nursing, Program Administrator and agency nurse on regulation 2600.184(a) and the agency nurse roles and responsibilities around medications are present, being administered as prescribed and in the original medication packaging.

Licensee's Proposed Overall Completion Date: *06/28/2024*

Implemented ([redacted] - 09/20/2024)

185a - Implement Storage Procedures

19. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On [redacted]*, Resident #2's physician ordered* [redacted]*. At the time of the 5/14/24 inspection, the home has never obtained the* [redacted] *medication or had the medication available for Resident #2* [redacted] *Additionally, the home does not have orders to discontinue the medication.*

Plan of Correction ***Accept ([redacted] - 06/26/2024)***

On 05/22/2024, [redacted] *was obtained for Resident #2; proof of this remediation is found in Attachment #11. Keystone Service Systems, Inc. (Keystone) does not have a good process in place to ensure medical services, medical equipment and medications are arranged for or provided at the time of admission, post hospitalization, diagnostic testing or after medical visits. In review of this process, it was found that there was not clarity in what role was responsible to complete follow up on medical services, medical equipment or medications at the time of admission and throughout service provision. As a result, effective 06/28/2024, roles and responsibilities have been drafted by the Associate Executive Director and Director of Nursing as it relates to medical services, medical equipment and medication responsibilities. At the time of admission, post hospitalization, diagnostic testing or after medical visits, the agency nurse is responsible to review the medical evaluation, discharge instruction or other supporting medical documentation received from the medical provider. The agency nurse will then schedule or coordinate follow up appointments in conjunction with the Program Administrator. The agency nurse will obtain*

185a - Implement Storage Procedures (continued)

medical devices and medications as needed. The agency nurse will enter medical tracking tasks and complete staff training on medical task tracking and/or medical precautions/protocols. The agency nurse will also be responsible to ensure accuracy in how the individual presents medically and will work with the Program Administrator to ensure services are provided to meet the medical needs of the individual. Additionally, effective 06/28/2024, the agency nurse will complete medical chart audit audits on a bi-weekly basis. Effective, 7/5/2024, the Director of Nursing and Director of Residential Services will review the medical audits completed by the agency nurse monthly to ensure accuracy in the review and follow up on findings occurs timely.
On/or before 06/28/2024, the Associate Executive Director will train the Director, Director of Nursing, Program Administrator and agency nurse on regulation 2600.185(a) and the agency nurse roles and responsibilities around ensuring medical services, equipment and medications are arranged for/provided.

Licensee's Proposed Overall Completion Date: *06/28/2024*

Implemented (- 09/20/2024)

186a - Authorized Prescriber

20. Requirements

2600.
186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

Description of Violation

Resident #2's current, May 2024 medication administration record (mar) and medication labels contained 3 different orders for , 2 different orders for and 2 different orders for . During the 5/14/24 inspection, the home does not have the current, prescribed order for each medication.

Plan of Correction ***Accept (- 06/26/2024)***

On/before 05/24/2024, the medication were obtained and was discontinued for Resident #2; proof of this remediation is found in Attachment #16. Prescription orders for were obtained and are found in Attachment #X. Keystone Service Systems, Inc. (Keystone) did not have a formalized process to audit all medical components of individuals supported, including medications. Therefore, effective 06/28/2024, roles and responsibilities were defined for the agency nurse by the Associate Executive Director and Director of Nursing which includes weekly medication audits. Effective, 6/20/2024, as part of the medication audit, the nurse is to evaluate if prescription orders are present, within expiration, electronically filed in the individuals record and that the prescription order matches the electronic medication administration record. If issues are found with the prescription, the nurse is responsible to contact the physician obtain the correct prescription order. Effective, 7/5/2024, the Director of Nursing and Director of Residential Services will review the medical audits completed by the agency nurse bi-weekly to ensure accuracy in the review and follow up on findings occurs timely.
On/or before 06/28/2024, the Associate Executive Director will train the Director, Director of Nursing, Program Administrator and agency nurse on regulation 2600.184(a) and the agency nurse roles and responsibilities around medications having a valid prescription order. On/or before 6/20/2024, the Director of Nursing will audit all resident medications to ensure all prescription orders are present for each resident's medication. If issues are identified, the Director of Nursing will work with the agency nurse to obtain the prescriptions, as needed. Additionally, effective 06/28/2024, the agency nurse will complete medical chart audit audits on a bi-weekly basis. Effective 7/5/2024, the Director of Nursing and Director of Residential Services will review the medical audits completed by the agency nurse monthly to ensure accuracy in the review and follow up on findings occurs timely.

186a - Authorized Prescriber (continued)

Proposed Overall Completion Date: 07/05/2024

Licensee's Proposed Overall Completion Date: *07/05/2024*

Implemented (- 09/20/2024)

187a - Medication Record

21. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
2. Drug allergies.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #2 is ordered [redacted] are being removed from their blister packs; however, the home does not have a medication administration record (mar) for administration of this medication to Resident #2.

Resident #2's record lists the following environmental and medical [redacted] However, their current, May 2024 mar only documents their [redacted].

The medication labels on Resident #2's [redacted] medication blister packs read, do not crush. This precaution was not recorded on the resident's May 2024 mar for the corresponding medications.

The medication label on Resident #2's [redacted]. This precaution was not recorded on the resident's May 2024 mar.

Resident #2's May 2024 mar did not include the diagnosis or purpose for administering the following medications: [redacted]

Plan of Correction ***Accept (- 06/26/2024)***

O5/29/2024, Resident #2's electronic medication administration record (eMAR) was updated to include [redacted], do not crush was added to the medications [redacted] the medication [redacted] was updated to read [redacted] and a purpose and diagnosis is present for all prescribed medications. Proof of this remediation is found in Attachment #18. Keystone Service Systems, Inc. (Keystone) did not have a formalized process to audit all medical components of individuals supported, including medications. Therefore,

187a - Medication Record (continued)

effective 06/28/2024, roles and responsibilities were defined for the agency nurse by the Associate Executive Director and Director of Nursing which includes weekly medication audits. Effective 6/20/2024, as part of the medication audit, the nurse is to review the eMAR to ensure compliance with regulation 2600.187(a). If issues are identified during the audit, the agency nurse will work with the Program Administrator to update the eMAR to be in compliance with 2600.187(a). Effective 7/5/2024, the Director of Nursing and Director of Residential Services will review the medical audits completed by the agency nurse bi-weekly to ensure accuracy in the review and follow up on findings occurs timely. On/or before 6/28/2024, the Associate Executive Director will train the Director, Director of Nursing, Program Administrator and agency nurse on regulation 2600.187(a) and the agency nurse roles and responsibilities around medications being present, medication prescriptions/eMAR matching, medications being administered as prescribed and in the original medication packaging. Proof of this training will be forthcoming. On/or before 6/20/2024, the Director of Nursing will audit all resident medications to ensure all each resident's eMAR contains all elements outlined in 2600.187(a). If issues are identified, the Director of Nursing will work with the agency nurse or Program Administrator to update the eMAR as necessary based upon the audit findings.

Licensee's Proposed Overall Completion Date: *06/28/2024*

Implemented (- 09/20/2024)

187d - Follow Prescriber's Orders

22. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

On Resident #2's physician ordered . Per staff interview, at the time of the 5/14/24 inspection, the home has not arranged for or assisted the resident to complete since the resident's admission on

Resident #2 is prescribed multiple medications to be administered . The home's electronic medication administration record (MAR) designates administration times as . Between 5/1/24 and 5/14/24 staff failed to administer medications at the designated times in approximately 80 instances.

-

- *The 5/2/24 MAR reads that the as administered on 5/3/24 at*
- *The 5/5/24 MAR reads the documented as administered at*

-

- *The 5/2/24 MAR reads that the was documented as administered on 5/3/24 at*

-

- *The 5/2/24 MAR reads that the was documented as administered on 5/3/24 at*
- *The 5/5/24 MAR reads that the was documented as administered at*

-

- *The 5/5/24 MAR reads that the was documented as administered at .*
- *The 5/5/24 MAR reads that the was documented as administered at*
- *The 5/7/24 MAR reads that the was documented as administered on 5/8/24 at*

-

187d - Follow Prescriber's Orders (continued)

- *The 5/1/24 MAR reads that the [redacted] administration was documented as administered on 5/2/24 at [redacted]*
- *The 5/2/24 MAR reads that the [redacted] administration was documented as administered on 5/3/24 at [redacted]*
- *The 5/8/24 MAR reads that the [redacted] administration was documented as administered at [redacted]*
- *The 5/5/24 MAR reads that the [redacted] administration was documented as administered at [redacted]*

Plan of Correction ***Accept ([redacted] - 06/26/2024)***

On 05/24/24, primary care provider documented on the medical evaluation to discontinue [redacted]; proof of this remediation is found in Attachment #10. Keystone Service Systems, Inc. (Keystone) does not have a good process in place to ensure medical services, medical equipment and medications are arranged for or provided at the time of admission, post hospitalization, diagnostic testing or after medical visits. In review of this process, it was found that there was not clarity in what role was responsible to complete follow up on medical services, medical equipment or medications at the time of admission and throughout service provision. As a result, effective 06/28/2024, roles and responsibilities have been drafted by the Associate Executive Director and Director of Nursing as it relates to medical services, medical equipment and medication responsibilities. At the time of admission, post hospitalization, diagnostic testing or after medical visits, the agency nurse is responsible to review the medical evaluation, discharge instruction or other supporting medical documentation received from the medical provider. The agency nurse will then schedule or coordinate follow up appointments in conjunction with the Program Administrator. The agency nurse will obtain medical devices and medications as needed. The agency nurse will enter medical tracking tasks and complete staff training on medical task tracking and/or medical precautions/protocols. The agency nurse will also be responsible to ensure accuracy in how the individual presents medically and will work with the Program Administrator to ensure services are provided to meet the medical needs of the individual. Additionally, effective 06/28/2024, the agency nurse will complete medical chart audits on a bi-weekly basis. During the medical chart audit, the nurse will review the eMAR to ensure staff are signing for administration times within the designated timeframes. If issues are identified, the agency nurse will immediately report the issues to the Program Administrator and Director for follow up. Effective 7/5/2024, the Director of Nursing and Director of Residential Services will review the medical audits completed by the agency nurse monthly to ensure accuracy in the review and follow up on findings occurs timely. On/or before 06/28/2024, the Associate Executive Director will train the Director, Director of Nursing, Program Administrator and agency nurse on regulation 2600.187(d) and the agency nurse roles and responsibilities around ensuring medical services, equipment and medications are arranged for/provided.

On 06/13/2024, an incident report was filed for the medication errors found between 5/1/2024-5/14/2024 during the inspection; proof of this report being filed in found in Attachment #1. In review of the medication errors it was found that staff were not administering medications as outlined in the Department approved training nor were staff documenting upon administering medications. Further it was found that the Program Administrator was overriding the electronic medication administration record (eMAR) to document for medications not administered. Additional due diligence will be completed by the Compliance Department into this matter. As an interim remediation step, on/or before 06/28/2024, all staff at the program will be re-trained by the Director of Nursing and/or Education Consultant on the Department approved medication administration training. Proof of this training will be forthcoming. Disciplinary action will be issued, as applicable, to employees once additional due diligence is completed by the Compliance Department in accordance with Keystone's policy.

Licensee's Proposed Overall Completion Date: *06/28/2024*

Implemented ([redacted] - 09/20/2024)

225a - Assessment 15 Days

23. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #2 was admitted on [redacted] however, the resident's assessment was not completed until [redacted]

Plan of Correction ***Accept ([redacted] - 06/17/2024)***

Keystone Service Systems, Inc (Keystone) maintains a process wherein the initial assessment is prompted for completion as part of the initial intake documentation to be completed by the Program Administrator within Keystone's electronic health record (EHR). Additionally through reporting functionality, the Program Administrator (or designee) will monitor initial assessment timeliness to ensure it is completed within 15 days of the admission date. Through review of this citation in context to the business process, it was found that the Program Administrator did not complete the business process and there was no oversight of the business process from anyone above the Program Administrator. Effective 07/01/2024, Keystone has amended this business process to require a Director review and sign off on all RASPs. Additionally, all reporting on completed RASPs will be sent to all Directors and the Associate Executive Director in order to additional oversight and follow up with the Program Administrator to occur. On/or before 6/28/2024, the Associate Executive Director educate the Program Administrator and Director on regulation 2600.225(a), the intake process, the required documentation for completion and the business process, and oversight responsibilities of the business process. Additionally, the Program Administrator will audit all other resident records to ensure RASP timeliness compliance with this standard on/or before 07/05/2024; proof of this audit will be maintained by the Program Administrator. Effective 07/01/2024, the Program Administrator will monitor all initial assessments by completing monthly resident record reviews. The Director will provide oversight of these reviews and ensure any identified remediation is completed by the Program Administrator (or designee).

Licensee's Proposed Overall Completion Date: *07/05/2024*

Implemented ([redacted] - 09/20/2024)

227a - Support Plan 30 Days

24. Requirements

2600.
227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #2 was admitted on [redacted]; however, the resident's initial support plan was not completed until [redacted].

Plan of Correction ***Accept ([redacted] - 06/17/2024)***

Keystone Service Systems, Inc (Keystone) maintains a process wherein the support plan is prompted for completion as part of the initial intake documentation to be completed by the Program Administrator within Keystone's electronic health record (EHR). Additionally through reporting functionality, the Program Administrator (or designee) will monitor initial assessment timeliness to ensure it is completed within 30 days of admission. Through review of this citation in context to the business process, it was found that the Program Administrator did not complete the business process and there was no oversight of the business process from anyone above the Program

227a - Support Plan 30 Days (continued)

Administrator. Effective 07/01/2024, Keystone has amended this business process to require a Director review and sign off on all RASPs. Additionally, all reporting on completed RASPs will be sent to all Directors and the Associate Executive Director in order to additional oversight and follow up with the Program Administrator to occur. On/or before 06/28/2024, the Associate Executive Director educate the Program Administrator and Director on regulation 2600.227(a), the intake process, the required documentation for completion and the business process, and oversight responsibilities of the business process. Additionally, the Program Administrator will audit all other resident records to ensure RASP timeliness compliance with this standard on/or before 07/05/2024; proof of this audit will be maintained by the Program Administrator. Effective 07/01/2024, the Program Administrator will monitor all support plans by completing monthly resident record reviews. The Director will provide oversight of these reviews and ensure any identified remediation is completed by the Program Administrator (or designee).

Licensee's Proposed Overall Completion Date: *07/05/2024*

Implemented ([redacted] - 09/20/2024)

251a - Record for Each Resident

26. Requirements

2600.
251.a. A separate record shall be kept for each resident.

Description of Violation

Resident #1's 5/8/24 RASP (Resident Assessment and Support Plan) contains another resident's medical diagnoses, prescribed medications, and the type of assistance the other resident needs related to the other resident's medical diagnoses and medications.

Plan of Correction ***Accept ([redacted] - 06/26/2024)***

On/before 6/18/2024, Resident #1's Resident Assessment and Support Plan (RASP) will be updated by the Director to remove all contents not related to Resident #1; proof of this remediation is forthcoming. Keystone Service Systems, Inc. (Keystone) maintains the RASP in the electronic health record for each resident. The RASP is to be completed by the Program Administrator and must address all sections accurately based upon the individual's assessed need prior to reviewing with the individual and having all parties electronically sign the RASP. Through review of this citation in context to the business process, it was found that Program Administrator did not complete the RASP accurately, including ensuring the record reflected on Resident #1's information. Effective 07/01/2024, Keystone has amended this business process to require a Director review and sign off on all RASPs. Prior to signing the RASP, the Director will audit the RASP to ensure that all regulatory requirements are present and the record doesn't contain other resident's information. Additionally, all reporting on completed RASPs will be sent to all Directors and the Associate Executive Director in order to additional oversight and follow up with the Program Administrator to occur. On/or before 6/28/2024, the Associate Executive Director educate the Program Administrator and Director on regulation 2600.251(a), the intake process, the required documentation for completion and the business process, and oversight responsibilities of the business process. Additionally, the Program Administrator will audit all other resident records to ensure RASP timeliness compliance with this standard on/or before 07/05/2024; proof of this audit will be maintained by the Program Administrator. Effective 07/01/2024, the Program Administrator will monitor all support plans by completing monthly resident record reviews. The Director will provide oversight of these reviews and ensure any identified remediation is completed by the Program Administrator (or designee).

Licensee's Proposed Overall Completion Date: *07/05/2024*

Implemented ([redacted] - 09/20/2024)

252 - Record Content

27. Requirements

2600.
252. Content of Resident Records - Each resident's record must include the following information:
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
23. If the resident dies in the home, a copy of the official death certificate.

Description of Violation

Resident #2's record doesn't include their hair color, identifying marks, and race.

Resident #2's record doesn't include the name, address, telephone number and relationship of a designated person to be contact in case of an emergency.

Resident #4 passed away in the home on [redacted] Their record does not include a copy of their death certificate.

Plan of Correction ***Accept ([redacted] - 06/26/2024)***

On 06/13/2024, Resident #2's record was updated to include hair color, identifying marks, race and the name, address, phone number and relationship of the designated person in the event of an emergency. Proof of this remediation is found in Attachment #17. The family for Resident #4 was contacted on 7/20/2023 and 7/27/2023 by the Associate Executive Director. The coroner's office was contacted on/or around 6/29/2023 by the Program Administrator; however, the coroner refused to release the death certificate to Keystone Service Systems, Inc. (Keystone) as a copy had already been provided to the family. Keystone maintains an electronic health record (EHR) for each individual wherein the fields listed in 2600.252 must be completed in the EHR for the individual by the Program Administrator at the time of admission, annually and when changes occur to the required information. On/or before 07/31/2024, Keystone will complete an optimization to the EHR in which the fields outlined in 2600.252 will be required for completion and will be prompted for review annually. In the interim, on/or before 6/28/2024, the Director will complete training with the Program Administrator on regulation 2600.252 and will audit all individual's records to ensure the contents of record required in the regulations are complete and accurate. If issues are found, remediation actions will be taken to ensure the most up to date information is listed.

Licensee's Proposed Overall Completion Date: *06/28/2024*

Implemented ([redacted] - 09/20/2024)

254a - Records Discharge/Active

28. Requirements

2600.
254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 5/14/24, at approximately 9:15am, the medical records for all 8 residents residing in the home were unlocked, unattended, and accessible in a binder in the laundry room and in the unlocked staff office. Additionally, Resident #3's medication list and medical appointment form was unlocked and stored on a cabinet in the kitchen, and the resident coding document was attached to the 5/16/23 and 8/25/22 License Inspection Summaries in the dining room.

254a - Records Discharge/Active (continued)

Plan of Correction ***Accept ([redacted] - 06/26/2024)***

On 05/14/2024, all records were locked in the staff office by the Program Administrator. Resident #3's medication list and medical appointment form were filed in the individual's record. Finally, all Privacy Coding Documents on the Licensing Inspections Summary have been removed. Keystone Service Systems, Inc (Keystone) maintains a process in which program standards, including but not limited to ensuring PHI is locked, is to be formally assessed and monitored 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 not being completed thoroughly or accurately by the Program Administrator. As a result on/before 06/28/2024, the Director will provide training to the Program Administrator on regulation 2600. 254(a) and completing the SCR Site Audit accurately; proof of this remediation is found in will be forthcoming. It should be noted that the Program Administrator received disciplinary action in accordance with Keystone's policy. The Program Administrator will continue to use the SCR Site Audit to monitor compliance with this standard with oversight from the Director. Effective, 6/11/2024, the Director, or designee, will complete a site audit quarterly to check efficacy of the SCR Site Audits. Effective 6/24/2024, the Program Administrator will continue to use the SCR Site Audit to monitor compliance with this standard. On/or before 6/28/2024, the Director will train all staff on regulation 2600.254(a) and the need to maintain records confidentially. Proof of this training will be forthcoming.

Licensee's Proposed Overall Completion Date: *06/28/2024*

Implemented ([redacted] - 09/20/2024)