

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

July 22, 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 06/06/2024 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: *06/07/2025*
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: *09/18/2002* 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: *Incident* Exit Conference Date: *06/06/2024*

Inspection Dates and Department Representative

06/06/2024 - On-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: *4*
Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

06/06/2024 - Partial
Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/02/2024*

07/02/2024 - POC Submission
Submitted By: [REDACTED] Date Submitted: *07/18/2024*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/19/2024*

Inspections / Reviews (*continued*)

07/22/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/18/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

From Resident [REDACTED] admission until the time of the inspection on [REDACTED] the home failed to properly identify, provide or manage various needs and services related to [REDACTED] care, including:

- Failed to have the resident medically evaluated within 30 days prior to admission, to include a review and documentation of the resident's current medical needs.
- Failed to obtain or corroborate various medical orders relating to the care needed for the resident's wound care, compression socks, and compression leg pumps.
- Failed to assess the resident's needs and complete a support plan to ensure those needs are met.
- Failed to immediately seek emergency medical treatment upon staff recognizing Resident [REDACTED] open wound on [REDACTED] right leg oozing liquid, swelling, and eventually bleeding.
- After finally seeking medical treatment on [REDACTED], Resident [REDACTED] was admitted to the hospital and discharged on [REDACTED], suffering cellulitis of the right leg; a bacterial skin infection that can spread rapidly and cause serious complications.

Plan of Correction

Accept [REDACTED] - 07/02/2024)

Keystone Service Systems, Inc. (Keystone) acknowledges that timely and adequately procurement of medical services, devices and medical protocol implementation did not occur for Resident [REDACTED]. On or before [REDACTED], Resident [REDACTED] Resident Assessment and Support Plan (RASP) was updated by the Program Administrator, in conjunction with the agency nurse, to reflect Resident [REDACTED] medical condition, including protocols established by Resident [REDACTED] primary care physician (PCP) around using leg pumps, wearing compression stocking and cleaning/maintaining Resident [REDACTED] wounds. Proof of the updated RASP will be forthcoming. On or before [REDACTED], the Program Administrator and Agency Nurse trained all staff on Resident [REDACTED] updated RASP, all medical protocols in place and the body charts/daily digital task tracking required for Resident [REDACTED]. Proof of the training and the protocols reviewed will be 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 [REDACTED], 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 [REDACTED], the agency nurse will complete medical chart audit audits on a bi-weekly basis. Effective, [REDACTED] the Director of Nursing and Director of Residential Services will review the medical audits completed by the agency nurse monthly to ensure

42b - Abuse (continued)

accuracy in the review and follow up on findings occurs timely.

On 6/28/2024, the Associate Executive Director trained 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. Proof of this training can be found in Attachment #1

Licensee's Proposed Overall Completion Date: 07/12/2024

Implemented [REDACTED] - 07/22/2024)

141a - Medical Evaluation

2. 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.

Description of Violation

Resident [REDACTED] date of admission [REDACTED], received a medical evaluation on [REDACTED]

Plan of Correction

Accept [REDACTED] - 07/02/2024)

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 and/or exceeds the 60 days prior to the admission date. The medical evaluation is scheduled 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 completed within 60 days of the admission date and/or scheduled a medication evaluation within the first 30 days of admission due to the medication evaluation being out of compliance. As a result, on 6/28/2024, the Associate Executive Director trained 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 can be found in Attachment #2. The Program Administrator will audit all other resident records to ensure medical evaluation compliance with this standard on/or before 7/8/2024; proof of this audit will be maintained by the Program Administrator. Effective 7/1/2024, the Program Administrator will monitor all medical evaluation timeliness by completing monthly resident record reviews. Effective 7/1/2024, 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: 07/08/2024

Implemented [REDACTED] - 07/22/2024)

142a - Secure Medical Care

3. Requirements

2600.

142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

On [REDACTED] Resident [REDACTED] physician ordered treatment for the resident's open wound on their right leg. The physician's order summary reads, should you experience any significant changes in your wound(s) or have any questions regarding your home care instructions please contact the wound center, if after hours, contact your primary care physician or go to the hospital emergency room.

During the period of approximately [REDACTED] to the [REDACTED], staff witnessed the resident's right leg ooze clear liquid, swell, and start bleeding. One staff applied a bandage to the wound and wrapped the bandage around the resident's leg with medical tape, on or around [REDACTED]. The home did not contact the wound clinic or the resident's primary care physician. Over approximately a 3-day period, multiple staff witnessed Resident [REDACTED] worsening condition of their right leg and did not send the resident to the emergency room until approximately 11:30am on [REDACTED].

Plan of Correction

Accept [REDACTED] - 07/02/2024)

On or before [REDACTED], Resident [REDACTED] Resident Assessment and Support Plan (RASP) was updated by the Program Administrator, in conjunction with the agency nurse, to reflect Resident [REDACTED] medical condition, including protocols established by Resident [REDACTED] primary care physician (PCP). Proof of updated RASP will be forthcoming. On or before [REDACTED], the Program Administrator and Agency Nurse trained all staff on Resident [REDACTED] updated RASP and all medical protocols in place for Resident [REDACTED]. Proof of the training and the protocols reviewed will be 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 [REDACTED], 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 [REDACTED], the agency nurse will complete medical chart audit audits on a bi-weekly basis. Effective [REDACTED], 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 [REDACTED], the Associate Executive Director trained the Director, Director of Nursing, Program Administrator and agency nurse on regulation 2600.142(a) and the agency nurse roles and responsibilities around ensuring medical services, equipment and medications are arranged for/provided. Proof of this training can be found in Attachment #1. On [REDACTED], the Director trained all staff in this personal care home on regulation 2600.142(a), all residents specific needs, updated Resident Assessment and Support Plans as well as required documentation to track usage/implementation of medical devices/protocols. Proof of this training can be found in Attachment #6.

142a - Secure Medical Care (continued)

Licensee's Proposed Overall Completion Date: 07/12/2024

Implemented [REDACTED] - 07/22/2024)

142d - Secure Preventative Care

4. 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 [REDACTED] the home, Keystone Human Services, received referral information for Resident [REDACTED] that read, the resident is diagnosed with [REDACTED], has a physical health condition that requires specialized treatment of services, and the resident uses leg pumps (45 minutes a day) to reduce swelling and support removing of liquid from the body. On [REDACTED], Resident [REDACTED] physician ordered the resident to continue to use compression socks and compression pumps to help with leg edema. At the time of the [REDACTED] inspection, the home has not arranged for or assisted the resident to use their compression socks and compression pumps as ordered.

On [REDACTED], Resident [REDACTED] physician at the wound clinic ordered the resident to shower and wash their legs with mild soap and water, apply Woun'dres to open area to the outside of right leg, cover with bordered dressing, change daily for 1 week, or until wound stops bleeding, and has a return appointment scheduled for [REDACTED]. At the time of the [REDACTED] inspection, the home has not arranged for or assisted the resident to complete these treatments or return to the wound clinic.

Plan of Correction

Accepted [REDACTED] 07/02/2024)

On or before [REDACTED], Resident [REDACTED] Resident Assessment and Support Plan (RASP) was updated by the Program Administrator, in conjunction with the agency nurse, to reflect Resident [REDACTED] medical condition, including protocols established by Resident [REDACTED] primary care physician (PCP) around using leg pumps, wearing compression stocking and cleaning/maintaining Resident [REDACTED] wounds. Proof of updated RASP will be forthcoming. On or before [REDACTED], the Program Administrator and Agency Nurse trained all staff on Resident [REDACTED] updated RASP, all medical protocols in place and the body charts/daily digital task tracking required for Resident [REDACTED]. Proof of the training and the protocols reviewed will be 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 [REDACTED], 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.

142d - Secure Preventative Care (continued)

Additionally, effective [REDACTED], the agency nurse will complete medical chart audit audits on a bi-weekly basis. Effective, [REDACTED] 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 [REDACTED] the Associate Executive Director trained 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. Proof of this training can be found in Attachment #1.

Licensee's Proposed Overall Completion Date: 07/12/2024

Implemented [REDACTED] 07/22/2024)

144c1 - Smoking Area Guidelines

5. 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 in the gazebo in the backyard, next to the driveway. On [REDACTED], two fabric cushions were present on two, outdoor furniture chairs inside the gazebo. Neither cushion contained a label identifying their material as fire resistant. One resident was witnessed sitting on this cushion, while smoking, from 1pm-1:11pm, and another resident was smoking inside the gazebo as well.

At 1:13pm another resident entered the gazebo while already smoking their cigarette. The resident continued to smoke their entire cigarette, flicking the ashes onto the wooden floor and on top of the wooden table within the gazebo. The resident picked up a cigarette butt off the floor of the gazebo and disposed of it in the fireproof receptable.

Additionally, cigarette ashes were witnessed on approximately 1/3rd of the wooden floor of the gazebo and on the top of an outdoor table within the gazebo.

Repeated Violation - 2/15/24, et al.

Plan of Correction

Accept [REDACTED] - 07/02/2024)

On [REDACTED], the cushions in the gazebo has been discarded; proof of this remediation is found in Attachment #3. On/before [REDACTED] the 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 [REDACTED] the Program Administrator educated staff on prompting individuals to follow the house rules including smoking in the designated smoking area, using the fire proof containers for ashes and cigarette disposal. 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 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

144c1 - Smoking Area Guidelines (continued)

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 7/12/2024, the Director will provide training to the Program Administrator on regulation 2600. 144(c)(1) and completing the SCR Site Audit accurately; proof of this remediation will be forthcoming. Effective 7/1/2024, the Program Administrator will continue to use the SCR Site Audit to monitor compliance with this standard with oversight from the Director. Effective,7/8/2024, the Director, or designee, will complete a site audit quarterly to check efficacy of the SCR Site Audits.

Licensee's Proposed Overall Completion Date: 07/12/2024

Implemented (████) 07/22/2024)

144c2 - Smoking Area Distance

6. 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.

Description of Violation

The home's designated smoking area is in the gazebo in the backyard, next to the driveway. On █████ at 1:11pm a resident was witnessed smoking approximately 3 feet from the home, on the common sidewalk/back patio leading to the gazebo and was still approximately 10 feet from the gazebo. The resident was witnessed flicking their cigarette ashes into the grassy yard.

Plan of Correction

Accept (████) - 07/02/2024)

On █████ the cushions in the gazebo has been discarded; proof of this remediation is found in Attachment #4. On/before █████, the 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 █████, the Program Administrator educated staff on prompting individuals to follow the house rules including smoking in the designated smoking area, using the fire proof containers for ashes and cigarette disposal. 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 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 7/12/2024, the Director will provide training to the Program Administrator on regulation 2600. 144(c)(2) and completing the SCR Site Audit accurately; proof of this remediation will be forthcoming. Effective 7/1/2024, the Program Administrator will continue to use the SCR Site Audit to monitor compliance with this standard with oversight from the Director. Effective, 7/8/2024 the Director, or designee, will complete a site audit quarterly to check efficacy of the SCR Site Audits.

Licensee's Proposed Overall Completion Date: 07/12/2024

144c2 - Smoking Area Distance (continued)

Implemented [REDACTED] - 07/22/2024)

184a - Resident's Meds Labeled

7. Requirements

2600.

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

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

Description of Violation

The pharmacy label for Resident [REDACTED] ammonium lactate lotion no longer includes the resident's name, the name of the medication, the date the prescription was issued, and the prescribed dosage and instructions for administration.

Plan of Correction

Accept [REDACTED] - 07/02/2024)

On [REDACTED], a new pharmacy label was obtained for Resident [REDACTED] ammonium lactate lotion. The label was preserved using a piece of clear packing tape; proof of this remediation is found in Attachment #5. Keystone Service Systems, Inc. (Keystone) did not have a formalized process to audit all medical components of individuals supported, including medications. Therefore, effective [REDACTED], roles and responsibilities were defined for the agency nurse by the Associate Executive Director and Director of Nursing which includes weekly medication audits. Effective, [REDACTED] as part of the medication audit, the nurse is to evaluate if the medication label is in good condition and contains all regulatory required elements. If issues are found with the medication label, the nurse is responsible to contact the pharmacy or physician and complete remediation as required. Effective, 7/8/2024 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 6/28/2024, the Associate Executive Director trained 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. Proof of this training can be found in Attachment #1.

Licensee's Proposed Overall Completion Date: 07/08/2024

Implemented [REDACTED] 07/22/2024)

186a - Authorized Prescriber

8. 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

During the [REDACTED] inspection, the home had various [REDACTED] medication orders for Resident [REDACTED] and no records confirming the current orders. The following was in the resident's record:

- [REDACTED] outpatient visit summary: [REDACTED], take 1 tablet by mouth daily, with instructions to make

186a - Authorized Prescriber (continued)

increase to 2 tablets daily for increased lower extremity edema.

- [REDACTED] electronically transmitted prescription: [REDACTED], take 1 tablet by mouth daily for 90 day, instructions: make increase to 2 tablets for increased lower extremity edema.
- [REDACTED] medication label that read, 20mg tablet, take 1 tablet by mouth daily.
- [REDACTED] medication label that read, 40mg tablet, take 1/2 tablet (20mg) by mouth daily as needed for increased lower extremity edema (take in addition to 20mg daily dose to equal 40mg).
- May 2024 medication administration record: [REDACTED], take 1 tablet by mouth daily, and [REDACTED], take 1 tablet by mouth for increased lower edema.

Plan of Correction

Accepted [REDACTED] - 07/02/2024)

On [REDACTED], Resident [REDACTED] primary care physician (PCP) was contacted by Director of Nursing to clarify the dosage and frequency of the medication [REDACTED]. Proof of the updated clarification/medical prescription is found in Attachment #8. Additionally on [REDACTED], the agency nurse validated that the new prescription on file matched the electronic medication administration record (eMAR), found in Attachment #9. Agency Nurse will educate all staff on the change and the appropriate dosage/time and frequency to be administered on or before 7/12/2024. Proof of this education will be 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 7/1/2024, the agency nurse will complete medical chart audit audits on a bi-weekly basis. Effective, 7/8/2024, 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 6/28/2024, the Associate Executive Director trained the Director, Director of Nursing, Program Administrator and agency nurse on regulation 2600.186(a) and the agency nurse roles and responsibilities around ensuring medical services, equipment and medications are arranged for/provided. Proof of this remediation can be found in Attachment #1.

Licensee's Proposed Overall Completion Date: 07/12/2024

Implemented [REDACTED] - 07/22/2024)

187a - Medication Record

9. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

187a - Medication Record (continued)

- 6. Dose.
- 11. Special precautions, if applicable.
- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident [REDACTED] medication label reads do not crush. The precaution to not crush the medication was not recorded on the resident's May 2024 mar.

Resident #1 is prescribed ammonium lactate lotion for dry skin. However, the resident's May 2024 mar, reads the lotion is prescribed for rash.

Plan of Correction

Accept [REDACTED] - 07/02/2024)

On [REDACTED] Resident [REDACTED] electronic medication administration record (eMAR) was updated by LPN to reflect the direction do not crush for the medication metformin. Additionally, the purposes and diagnosis was changed in Resident [REDACTED] eMAR from rash to dry skin for the medication ammonium lactate lotion. 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 7/1/2024, as part of the medication audit, the nurse is to review the eMAR to ensure compliance with regulation 2600.187. 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. Effective 7/8/2024, the Director of Nursing and Director 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 6/28/2024, the Associate Executive Director will train the Director, Director of Nursing, Program Administrator and agency nurse on regulation 2600.187 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 can be found in Attachment #1. On/or before 7/12/2024, the Director of Nursing will audit all resident medications to ensure all each resident's eMAR contains all elements outlined in 2600.187. 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: 07/12/2024

Implemented [REDACTED] - 07/22/2024)

187d - Follow Prescriber's Orders

10. Requirements

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

Description of Violation

Per staff interview, Resident [REDACTED] date of admission [REDACTED], had physician's orders on [REDACTED] reading, patient needs to continue to use compression socks and compression pump to help with leg edema. Please allow patient to use these per my instructions. Per resident interview, they have not used compression pumps in the home and require assistance to use them. Per staff interviews, staff are not offering assistance, supervision, guidance, support, or monitoring of Resident [REDACTED] to use the compression pumps as ordered. Additionally, some staff have no knowledge of the resident's orders for compression pumps, are not aware the resident's compression pumps are in the resident's bedroom, and the specific orders were not produced by the home.

187d - Follow Prescriber's Orders (continued)

On [redacted] Resident [redacted] was prescribed [redacted] to open area to the outside of their right leg, cover with bordered dressing, and change daily for 1 wee, or until wound stops bleeding. The wound care clinic provided [redacted] on [redacted] but at the time of the 6/7/24 inspection, the home never applied the [redacted] ointment or bandages as prescribed.

Repeated Violation - 2/15/24, et al.

Plan of Correction

Accept [redacted] - 07/02/2024)

On or before [redacted] Resident [redacted] Resident Assessment and Support Plan (RASP) will be updated by the Program Administrator, in conjunction with the agency nurse, to reflect Resident [redacted] medical condition, including protocols established by Resident [redacted] primary care physician (PCP) around using leg pumps, wearing compression stocking and cleaning/maintaining Resident [redacted] wounds. Proof of this updated RASP will be forthcoming. On [redacted], the Program Administrator and Agency Nurse trained all staff on Resident [redacted] updated RASP, all medical protocols in place and the body charts/daily digital task tracking required for Resident [redacted]. Proof of the training and the protocols reviewed will be 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 7/1/2024 the agency nurse will complete medical chart audit audits on a bi-weekly basis. Effective, 7/8/2024, 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 6/28/2024, the Associate Executive Director trained 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. Proof of this training can be found in Attachment #1.

Licensee's Proposed Overall Completion Date: 07/12/2024

Implemented [redacted] 07/18/2024)

225a - Assessment 15 Days

11. Requirements

2600.

225a - Assessment 15 Days (continued)

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

Plan of Correction

Accept [redacted] - 07/02/2024)

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 6/24/2024, 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 6/28/2024, the Associate Executive Director will 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. Proof of this training can be found in Attachment #2. Additionally, the Program Administrator will audit all other resident records to ensure RASP timeliness compliance with this standard on/or before 7/8/2024; proof of this audit will be maintained by the Program Administrator. Effective 7/1/2024, 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: 07/08/2024

Implemented [redacted] 07/18/2024)

227d - Support Plan Medical/Dental

12. Requirements

2600.

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

Description of Violation

Resident [redacted] is ordered the use of compression stockings and leg pumps, and per resident interview has an additional compression leg wrap. The resident's [redacted] assessment and support plan does not include an assessment of the resident's medical devices and their orders, or the support plan documenting how their needs will be met.

Repeated Violation - 9/14/23.

Plan of Correction

Accept [redacted] 07/02/2024)

On or before [redacted] Resident [redacted] Resident Assessment and Support Plan (RASP) will be updated by the Program Administrator, in conjunction with the agency nurse, to reflect Resident [redacted] medical condition, including protocols established by Resident [redacted] primary care physician (PCP) around using leg pumps, wearing compression stocking and cleaning/maintaining Resident [redacted] wounds. Proof of this updated RASP will be forthcoming. On or before

227d - Support Plan Medical/Dental (continued)

7/12/2024, the Program Administrator and Agency Nurse trained all staff on Resident [REDACTED]'s updated RASP, all medical protocols in place and the body charts/daily digital task tracking required for Resident [REDACTED]. Proof of the training and the protocols reviewed will be 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 7/1/2024, the agency nurse will complete medical chart audit audits on a bi-weekly basis. Effective, 7/8/2024, 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 6/28/2024, the Associate Executive Director trained the Director, Director of Nursing, Program Administrator and agency nurse on regulation 2600.227(d) and the agency nurse roles and responsibilities around ensuring medical services, equipment and medications are arranged for/provided. Proof of this training can be found in Attachment #1.

Licensee's Proposed Overall Completion Date: 07/12/2024

Implemented [REDACTED] - 07/18/2024)

252 - Record Content

13. 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.

Description of Violation

Resident [REDACTED] record does not include identifying marks.

Repeated Violation - 9/14/2023

Plan of Correction

Accept [REDACTED] - 07/02/2024)

On [REDACTED] Resident [REDACTED] record was updated by the Director to include identifying marks. Proof of this remediation is found in Attachment #7. 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 7/12/2024, the Director will complete training with the Program Administrator on regulation 2600.252 and will audit all individual's records to

252 - Record Content (continued)

ensure the contents of record required in the regulations are complete and accurate. Proof of this training will be forthcoming. 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: 07/31/2024

Implemented [REDACTED] - 07/18/2024)