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

October 28, 2024

[redacted]
KEYSTONE SERVICE SYSTEMS INC
[redacted]

RE: KHS MENTAL HEALTH SERVICES - BEAVER CREEK SCR
676 BEAVER CREEK ROAD
HANOVER, PA, 17331
LICENSE/COC#: 33480

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/19/2024 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 BEAVER CREEK SCR* **Licen e #**: *33480* **Licen e Expiration**: *06/11/2025*

Address: *676 BEAVER CREEK ROAD, HANOVER, PA 17331*

County: *ADAMS* **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: *R 3* **Date**: *12/24/2018* **I ued By**: *Berwick Township*

Staffing Hours

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

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *09/19/2024*

Inspection Dates and Department Representative

09/19/2024 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: *8* **Are 60 Years of Age or Older**: *3*

Diagnosed with Mental Illness: *7* **Diagnosed with Intellectual Disability**: *2*

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

Inspections / Reviews

09/19/2024 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/10/2024*

10/11/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *10/25/2024*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *10/25/2024*

Inspections / Reviews *(continued)*

10/28/2024 - **Document Submission**

Submitted By: [redacted] **Date Submitted**: *10/25/2024*

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

141b1 - Annual Medical Evaluation

1. Requirements

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

Description of Violation

Resident [redacted] most current medical evaluation, dated [redacted] does not include the resident's special health or dietary needs nor ability to self-administer medication.

Plan of Correction ***Accept ([redacted] 10/11/2024)***

On 10/9/2024 Resident [redacted] annual physical dated 6/3/2024 was sent back to the doctor to review and sign off on the resident's special health, dietary needs and ability to self-administer medications. Proof of this remediation is found in Attachment #1. On 9/16/2024, the medical visit business process was formalized and includes preparation of the medical evaluation form by the Program Administrator or Program Coordinator prior to the medical visit. A standard, formalized training was developed and recorded that reviewed scheduling of medical appointments in the electronic health record (EHR), completion of required documentation, how to upload completed documentation in the EHR and report monitoring of upcoming and completed medical appointments. All staff of this personal care home, including the Program Administrator were enrolled and completed the recorded training by 7/14/2024; proof of this remediation is found in Attachment #2. Finally, effective 8/2/2024, the Associate Executive Director (AED) holds bi-weekly Medical Visit Status (MVS) Leadership Meetings with all Program Administrators, Directors and Agency Nurses. The MVS meetings review all completed initial and annual medical evaluations for timeliness, completion and accuracy. If issues are identified during the MVS meeting, then guidance is given by the AED to the Program Administration on remediation actions required. All remediation actions issued are reviewed at the next bi-weekly meeting to ensure follow up occurs as directed. In addition, during the bi-weekly MVS meeting, any initial or annual medical evaluations scheduled for the upcoming week are reviewed to ensure the medical evaluation forms are prepped accurately by the Program Administrator or Program Coordinator prior to the appointment and include completion of all sections (with the exception of the Medical Professional Information section). Proof of the most recent bi-weekly MVS Meeting is found in Attachment #3.

Licensee's Proposed Overall Completion Date: *10/10/2024*

Implemented [redacted] 10/28/2024)

185a - Implement Storage Procedures

2. 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

Resident [redacted] is prescribed [redacted] – instill 2 drops into both eyes twice daily as needed for dry eyes. On [redacted] at 5:00PM, this medication was not available in the home.

Repeated Violation - 7/25/2024

Plan of Correction ***Accept ([redacted] - 10/11/2024)***

On the evening of 9/19/2024, the [redacted] were delivered and checked into the medication inventory by the Program Administrator. Proof of the medication being on-site is found in Attachment #4. Keystone Service Systems, Inc. (Keystone) mains a business process referred to as the nightly medication administration record (nightly MAR) review. This process prompts the overnight staff through the electronic medication administration

185a - Implement Storage Procedures (continued)

record (eMAR) system to complete an audit of the resident's medications. In this process, the staff is to evaluate if there is at least a 7 day supply of all medication(s). If during this audit, it is found that there is less than a 7 day supply of the medication, then the staff completing the nightly MAR review would note this within the audit and contact the pharmacy and/or the Program Administrator to re-order the medication. Additionally, effective 6/28/2024, roles and responsibilities were defined for the agency nurse by the Associate Executive Director and Director of Nursing which includes bi-weekly medication audits. Effective, 6/20/2024, as part of the medication audit, the nurse is to evaluate if all medications are present in the home as outlined in the eMAR. If issues are found with the medications not being present within the home, the nurse is responsible to contact the pharmacy and/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. In review of this process in context to business process, it was found that for non-oral medications it was difficult to discern a 7 day supply for the audit process. Therefore, for all non-oral medications, when the medication is at approximately half full, will have a replacement ordered. Finally, on 10/24/2024, the Director trained the Program Administrator, agency nurse and all staff of this personal care home on regulation 2600.185(a), the nightly MAR process, the bi-weekly medication audit and the updated guidance for when to order non-oral medications. Proof of this re-training will be forthcoming.

Licensee's Proposed Overall Completion Date: *10/24/2024*

Implemented [redacted] 10/28/2024)

186b Medication Used by Resident

3. Requirements

2600.
186.b. Prescription medications shall be used only by the resident for whom the prescription was prescribed.

Description of Violation

On [redacted] at 11:30AM, Resident [redacted] was administered [redacted] and [redacted] by staff, which was prescribed for Resident [redacted]

Plan of Correction ***Accept [redacted] - 10/11/2024)***

On [redacted], Resident [redacted] was having a medical emergency of which required transportation to the hospital via ambulance. The staff on shift at this time was attempting to give Resident [redacted] medications prior to the resident being transported for medical evaluation. An incident report was filed for this medication error on [redacted] by the Program Administrator; proof of this incident report is found in Attachment #5. Keystone Service Systems, Inc. Keystone) maintains a business process wherein all staff are trained on the Department approved- medication administration process. The medication administration process, includes but is not limited to, verifying that the correct medication (including dosage) is given to the correct individual. All staff are trained on the medication administration process, including observed practicums, at the time of hire, annually and as needed during the course of their employment. In review of this process in context to the business process, it was found that the staff on shift did not follow the medication administration process during the medical emergency for Resident [redacted]. As a result on 9/10/2024, the Program Administrator completed training with the staff who errantly administered the medications on regulation 2600.186 (b). On 10/9/2024, the Program Administrator re-trained the staff who committed the error on the medication administration process and completed observed medication administrations for this staff for 3 consecutive medication passes. Proof of these remediations is found in Attachment #6.

Licensee's Proposed Overall Completion Date: *10/10/2024*

Implemented [redacted] - 10/28/2024)

186b - Medication Used by Resident *(continued)*

187d - Follow Prescriber's Orders

4. Requirements

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

Description of Violation

Resident [redacted] is prescribed [redacted] – take 1 tablet by mouth twice daily. This medication was not administered per prescriber's orders on 8/24/2024 and 8/25/2024 as the medication was not available in the home.

Resident [redacted] is prescribed [redacted] – take 1 one and a half tablets by mouth at 8PM. This medication was not administered per prescriber's orders on 9/15/2024 at 8:00PM as the medication was not available in the home.

Resident [redacted] is prescribed [redacted] – take 1 tablet by mouth twice daily. This medication was not administered per prescriber's orders between 8/20/2024-8/28/2024 as the medication was not available in the home.

Plan of Correction ***Accept [redacted] 10/11/2024)***

On 8/29/2024 & 9/16/2024 incident reports were submitted to the Department for Resident [redacted], Resident [redacted] and Resident [redacted] by the Program Administrator; proof of this remediation is found in Attachment #7. Keystone Service Systems, Inc. (Keystone) mains a business process referred to as the nightly medication administration record (nightly MAR) review. This process prompts the overnight staff through the electronic medication administration record eMAR) system to complete an audit of the resident's medications. In this process, the staff is to evaluate if there is at east a 7 day supply of all medication(s). If during this audit, it is found that there is less than a 7 day supply of the medication, then the staff completing the nightly MAR review would note this within the audit and contact the pharmacy and/or the Program Administrator to re-order the medication. Additionally, effective 6/28/2024, roles and responsibilities were defined for the agency nurse by the Associate Executive Director and Director of Nursing which ncludes bi-weekly medication audits. Effective, 6/20/2024, as part of the medication audit, the nurse is to evaluate if all medications are present in the home as outlined in the eMAR. If issues are found with the medications not being present within the home, the nurse is responsible to contact the pharmacy and/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. In review of this process in context to business process, it was found that the overnight staff and agency nurse were not completing the nightly MAR review and/or bi-weekly medication audit accurately. As a result, on/or before 10/21/2024, the Director of Nursing will complete a medication audit to ensure all medications are present and within expiration for all individuals as outlined on the eMAR. Finally, on 10/24/2024, the Director trained the Program Administrator, agency nurse and all staff of this personal care home on regulation 2600.187(d), the nightly MAR process, the bi-weekly medication audit and completion of each process in its efficacy. Proof of this re-training will be forthcoming.

Licensee's Proposed Overall Completion Date: *10/24/2024*

Implemented [redacted] - 10/28/2024)

225c - Additional Assessment

6. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [redacted] most current assessment and support plan, dated 4/18/2024, indicates "B - Minimal Problems" for decisions that are harmful to self or others, hearing or seeing things that are not there, and inability to express needs or desires. The plan does not include updates to reflect the resident's maladaptive behavioral need manifested through consistent calls to EMS for hospital transport over the last two months, for which the resident has been informed by EMS that [redacted] will be cited with trespassing if it continues. Per resident interview and incident reports, the resident calls EMS because [redacted] just doesn't feel well. The plan does not include updates to reflect Administrator reports that the resident questions whether [redacted] too much due to auditory [redacted] telling [redacted] to do so. Per resident interview, [redacted] hears people and can't function. The plan indicates that the resident struggles with a language barrier; however, during a resident interview, the resident was noted to be verbally fluent and expressive, coherent in thought processes and answered questions in contextually-appropriate ways. The resident reports that he just has difficulty expressing what is on [redacted] mind, rather than a language barrier as the need. The plan does not address how the resident's behavioral needs will be met through staff supports.

Plan of Correction ***Accept [redacted] - 10/11/2024)***

On [redacted], Resident [redacted] Resident Assessment and Support Plan (RASP) was updated by the Program Administrator to address decisions that are harmful to self or others, hearing or seeing things that are not there, and the inability to express needs or desires. Proof of the updated RASP for Resident [redacted] is found in Attachment #10. Keystone Service Systems, Inc. (Keystone) maintains the RASP in the electronic health record (EHR) for each resident. The RASP is to be completed by the Program Administrator and must address all sections prior to reviewing with the ndividual and having all parties electronically sign the RASP. Effective 2/1/2023, the Quality Manager runs a report out of the EHR on a monthly basis that outlines those assessment and support plans that are coming due for annual completion and provides this report to all Program Administrators and Directors so that planning occurs for completion of these documents prior to the due date. Effective 10/13/2023, an optimization occurred in the EHR wherein all fields had to be complete on the RASP before it could be signed by the staff completing. Finally, effective 7/1/2024, the RASP requires a secondary signatory by the Director so that the RASP can be reviewed to accuracy and thoroughness. Through review of this citation in context to the business process, it was found that the RASP was not updated timely upon a spike in behavioral issues by the Program Administrator. As a result, on 10/7/2024, the Director trained the Program Administrator on regulation 2600.225(c)(2) as well as updating of the RASP upon change in an individuals behavioral or medical status; proof of this training is found in Attachment #11. Additionally, the Program Administrator will audit all other resident records to ensure assessment and support plan compliance with this standard on/or before 10/24/2024; proof of this audit is will be forthcoming. Effective 10/8/2024, the Program Administrator will monitor all annual 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: *10/24/2024*

Implemented [redacted] - 10/28/2024)