

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

November 21, 2024

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

RE: KHS MENTAL HEALTH SERVICES
MARKET ST SPECIALIZED COMM
RES
1926 EAST MARKET STREET
YORK, PA, 17402
LICENSE/COC#: 31238

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/10/2024 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 MARKET ST SPECIALIZED COMM RES License #: 31238 License Expiration: 03/14/2025

Address: 1926 EAST MARKET STREET, YORK, PA 17402

County: YORK Region: CENTRAL

Administrator

Name: [REDACTED]

Legal Entity

Name: KEYSTONE SERVICE SYSTEMS INC

Address: [REDACTED]

Certificate(s) of Occupancy

Type: R-3 Date: 03/07/2006 Issued By: Springett bury township

Staffing Hours

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

Inspection Information

Type: Full Notice: Unannounced BHA Docket #: 0

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

Inspection Dates and Department Representative

10/10/2024 - 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: 4

Diagnosed with Mental Illness: 7 Diagnosed with Intellectual Disability: 1

Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

10/10/2024 Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/26/2024

10/28/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 11/21/2024

Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/04/2024

Inspections / Reviews (*continued*)

11/06/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/20/2024

11/21/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 10/10/24 at 9:40 am, the hot water temperature in the second-floor bathroom measured 137.8 degrees Fahrenheit, and at 1:30 pm, it was 135.3 degrees Fahrenheit.

Plan of Correction

Accept [REDACTED] - 10/28/2024)

On 10/22/2024, the hot water heater regulator work order was put in by MH Director. Proof of this remediation is found in Attachment #1. Keystone Service Systems, Inc (Keystone) maintains a process in which program standards are assessed to ensure all faucets and bathroom maintain a hot water temperature that does not exceed 120 degrees Fahrenheit. This standard 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 being completed. However, this issue was not identified by the Program Administrator or Program Coordinator. As a result on 10/29/2024 the Director will re-train the Program Administrator on regulation 2600. 89(b), completing the SCR Site Audit accurately and ensuring when issues are non-compliant that they are marked as such and the Director is notified verbally for remediation instruction; proof of this remediation will be forthcoming. Effective, 11/15/2024, the Director, or designee, will complete a site audit quarterly to check efficacy of the SCR Site Audits completed by the Program Administrator. Effective 10/29/2024, the Program Administrator will continue to use the SCR Site Audit to monitor compliance with this standard with oversight from the Director.

Proposed Overall Completion Date: 11/15/2024

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented ([REDACTED] - 11/21/2024)

141a 1-10 Medical Evaluation Information

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. 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 2's initial medical evaluation, dated [REDACTED], does not include the resident's ability to self-administer medications.

141a 1-10 Medical Evaluation Information (continued)

Repeated Violation - 9/7/23

Plan of Correction

Accept (█) - 10/28/2024)

On 10/24/2024, the agency nurse contacted the primary care physician for Resident #2. The nurse reviewed the incomplete self-administration section of the medical evaluation dated 3/21/24 with the physician and updated the section based upon the conversation with the physician. Proof of this remediation will be forthcoming. On 9/16/2024, Keystone Service Systems, Inc. (Keystone) implemented the medical visit business process. The medical visit business process 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 medical evaluation documentation, how to upload completed documentation in the EHR and report monitoring of upcoming and completed medical appointments. In review of the citation, in context to the business process it was found that this citation pre-dates the current business process. To ensure ongoing compliance of regulation 2600.141(a), on 7/14/2024, all staff of this personal care home, including the Program Administrator were enrolled and completed the recorded training; proof of this remediation is found in Attachment #2. 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: 11/15/2024

Implemented (█) - 11/21/2024)

162c - Menus Posted

3. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 10/7/24 was posted. However, the following week's menu was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (█) - 10/28/2024)

On 10/22/2024 the program's menu for the week of 10/21/2024 and 10/28/2024 were posted by the Program Administrator; proof of this remediation is found in Attachment #4. Keystone Service Systems, Inc (Keystone) maintains a process in which program standards are assessed to ensure menus are posted for 2 weeks in advance (if not monthly). This standard 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

162c - Menus Posted (continued)

being completed. However, this issue was not identified by the Program Administrator or Program Coordinator. As a result on 10/29/2024 the Director re-trained the Program Administrator on regulation 2600. 162(c), completing the SCR Site Audit accurately and ensuring when issues are non-compliant that they are marked as such; proof of this remediation will be forthcoming. Effective, 11/15/2024, the Director, or designee, will complete a site audit quarterly to check efficacy of the SCR Site Audits completed by the Program Administrator. Effective 10/29/2024, the Program Administrator will continue to use the SCR Site Audit to monitor compliance with this standard with oversight from the Director.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented (█ - 11/21/2024)

183e - Storing Medications

4. 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

On █, Resident 5's █ contained a pill that was resealed in the package with tape.

Plan of Correction

Accept (█ - 11/06/2024)

On 10/22/2024, the re-sealed █ was removed and was appropriately discarded; proof of this remediation is found in Attachment #5. It should be noted that the medication was resealed as it was accidentally popped when popping the medication close to it on the blister pack. Keystone Service Systems, Inc. (Keystone) maintains a process in which all medications are pre-packaged from the pharmacy in blister packages by medication and individual. The staff administering the medication will follow the 15 step Department approved medication administration process. In review of this citation, it was found that there was a lack of knowledge by the staff on what to do when a medication is errantly popped from the blister pack. As a result, on or before 11/15/2024, the Director trained the Program Administrator and all staff of this personal care home on regulation 2600.183(e), proper disposal of a medication if errantly popped and how to document the error on the blister pack. Proof of this remediation is forthcoming. Finally, on/or before 11/11/2024, the agency nurse will complete medication cart audits bi-weekly to ensure all medication is stored in its original packaging and is administered as prescribed.

Proposed Overall Completion Date: 11/11/2024

Licensee's Proposed Overall Completion Date: 11/11/2024

Implemented (█ - 11/21/2024)

184a - Resident's Meds Labeled

5. 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.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

184a - Resident's Meds Labeled (continued)

Description of Violation

The pharmacy label for Resident 3's [redacted] cream does not include the resident's name, the date the prescription was issued, the prescribed dosage and instructions for administration or the name and title of the prescriber.

Plan of Correction

Accept [redacted] - 10/28/2024)

On 10/22/2024, labels were obtained from the pharmacy for Resident #3's [redacted] cream; proof of this remediation is found in Attachment #6. Keystone Service Systems, Inc. (Keystone) maintains 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 are to evaluate if all medications are present out documented on the eMAR by comparing the medication label to the eMAR. If during this audit, it is found that a medication label is missing or is illegible, 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 or medication label. 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, 10/24/2024, as part of the medication audit, the nurse is to evaluate if all medications are present in the home as outlined on the eMAR. If issues are found with the medications not being present within the home, labels are missing or illegible, then the nurse is responsible to contact the pharmacy and/or physician and complete remediation as required. Effective, 10/25/2024 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. 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 11/7/2024, the Director of Nursing will complete a medication audit to ensure all medications are present, within expiration and contain a legible label for all individuals as outlined on the eMAR. Finally, on 11/15/2024, the Director trained the Program Administrator, agency nurse and all staff of this personal care home on regulation 2600.184(a), the nightly MAR process, the bi-weekly medication audit and completion of each process in its efficacy. Proof of this training is forthcoming.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented [redacted] - 11/21/2024)

185a - Implement Storage Procedures

6. 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 3 is prescribed [redacted] and [redacted] as needed. However, on [redacted], these medications were not available in the home.

Resident 4 is prescribed [redacted] and [redacted] as needed. However, on [redacted], these medications were not available in the home.

185a Implement Storage Procedures (continued)

Plan of Correction

Accept (█ - 10/28/2024)

On or before █ the program nurse will contact the prescriber to request a refill order for the PRN █ and █ for Resident #3. Additionally, on or before 10/30/2024, the program nurse will contact the prescriber to request a discontinued order for the PRN █ and █ for Resident #4 as the prescriber has declined to refill the script. Proof of this remediation will be forthcoming. Keystone Service Systems, Inc. (Keystone) maintains 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 are 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, 10/24/2024, as part of the medication audit, the nurse is to evaluate if all medications are present in the home as outlined on 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, 10/25/2024 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. 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 11/7/2024, 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 11/15/2024, 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 completion of each process in its efficacy. Proof of this training is forthcoming.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented (█ - 11/21/2024)

227d - Support Plan Medical/Dental

7. 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 1 was hospitalized from █ due to █ concerns. The resident's current support plan, dated █, was not updated to reflect the change in the resident's behavioral and/or cognitive need.

Plan of Correction

Accept (█ - 11/06/2024)

On or before █ the Program Administrator completed an updated RASP for Resident #1; proof of this remediation is forthcoming. Keystone Service Systems, Inc. (Keystone) maintains a process in which the Resident Assessment and Support Plan (RASP) is completed by the Program Administrator within 15 days of admission, annually or when there is a significant change in an resident's status. The RASP is completed within the electronic health record (EHR) for the individual by the Program Administrator. Upon completion of the RASP, all participants

227d - Support Plan Medical/Dental (continued)

in the RASP process including the program Administrator and Resident will electronically sign the RASP. If the Resident refuses to sign or is unable to sign the RASP, this is documented in the signature piece of the electronic RASP. In review of this citation in context to the violation, it was found that there was a lack of knowledge by the Program Administrator around what constitutes a significant change in the resident's status. As a result, on 10/29/2024, the Director trained the Program Administrator on regulation 2600.227(d), the RASP process and the definition of a significant change in a resident's status. Proof of this training is forthcoming. On/or before 11/15/2024, the Director will complete an audit of all current resident's RASPs to ensure they accurately reflect the resident's current status (or any recent issues) and that they are signed (or documented proof of declination) and dated by the Program Administrator and resident. Finally, effective 11/11/2024, the Director will review RASPs completed for all residents as they are required to review the RASP and sign as the second signator on the RASP within the EHR.

Proposed Overall Completion Date: 11/15/2024

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented (████) - 11/21/2024)

227g -Support Plan Signatures

8. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 1 participated in the development of his/her support plan on ██████. However, the resident did not sign the support plan.

Plan of Correction

Accept (████) - 11/06/2024)

On or before 11/1/2024, the Program Administrator completed an updated RASP for Resident #1; proof of this remediation is forthcoming. Keystone Service Systems, Inc. (Keystone) maintains a process in which the Resident Assessment and Support Plan (RASP) is completed by the Program Administrator within 15 days of admission, annually or when there is a significant change in an resident's status. The RASP is completed within the electronic health record (EHR) for the individual by the Program Administrator. Upon completion of the RASP, all participants in the RASP process including the program Administrator and Resident will electronically sign the RASP. If the Resident refuses to sign or is unable to sign the RASP, this is documented in the signature piece of the electronic RASP. In review of this citation in context to the violation, it was found that the resident did not sign as the resident was hospitalized during the time in which the RASP was updated. The signature portion of the RASP dated 4/16/2024 indicates that the resident is unable to sign due to hospitalization. To ensure on going compliance, on 10/29/2024, the Director trained the Program Administrator on regulation 2600.227(g), the RASP process and process for documenting signatures. Proof of this training is forthcoming. On/or before 11/15/2024, the Director will complete an audit of all current resident's RASPs to ensure they accurately reflect the resident's current status (or any recent issues) and that they are signed (or documented proof of declination) and dated by the Program Administrator and resident. Finally, effective 11/11/2024, the Director will review RASPs completed for all residents as they are required to review the RASP and sign as the second signator on the RASP within the EHR.

Proposed Overall Completion Date: 11/15/2024

Licensee's Proposed Overall Completion Date: 11/15/2024

227g Support Plan Signatures *(continued)*

Implemented [REDACTED] - 11/21/2024)