

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to KEYSTONE SERVICE SYSTEMS, INC.
LEGAL ENTITY

To operate GARDNERS SPECIALIZED COMMUNITY RESIDENCE
NAME OF FACILITY OR AGENCY

Located at 221 OLD STATE ROAD, GARDNERS, PA 17324
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 8
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P. L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 16, 2010 until July 16, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 315070

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

JUL 12 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. Michael Grier, CEO
Keystone Service Systems, Inc.
3609 Derry Street
Harrisburg, Pennsylvania 17111

RE: Gardners Specialized Community Residence
221 Old State Road
Gardeners, Pennsylvania 17324

Dear Mr. Grier:

As a result of the Department of Public Welfare's licensing inspection on May 5, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.



Sincerely,

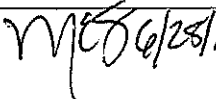
A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report


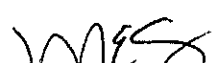
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Gardners Specialized Community Residence 221 Old State Road, Gardners, Pennsylvania 17324		CURRENT LICENSE NUMBER 315070	
INSPECTION DATE(S) (Include all dates of the inspection) May 5, 2010		REGIONAL REPRESENTATIVE Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 5/25/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6/28/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
22a1, 224a 22a1 The following admission document shall be completed for each resident - Preadmission screening completed prior to admission on a form specified by the Department. 224a A determination shall be made within 30 days prior to admission and documented on the	Resident #1, admitted 2/22/10, has a preadmission screening form dated 1/20/10 which is more than 30 days prior to admission. The same preadmission screening form is blank for the box, "The needs of this individual can be met by the services provided by this personal care home."	5/25/10	See Next page	 6/28/10



JUN 1 2010

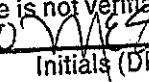
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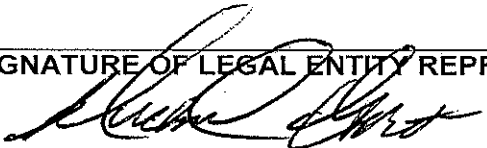

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Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.			This document was located in the consumers file behind the Support Plan. The document the inspector viewed was in the front cover of the Binder. The Pre admission was done correctly and in the correct time frame. In the future will have the inspector confirm the paper work he has found + where + Review the correct document was reviewed. Both documents are attached.	

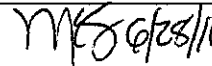
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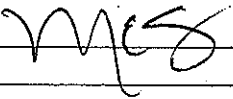
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25c1 The contract shall specify that each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure.	Resident #1's contract, dated 2/22/10, has the personal needs allowance listed as \$60.00. The current personal needs allowance is \$85.00 which was effective as of January 2009.	5/25/10	The resident accidentally signed an out dated Contract. Staff will Review and have the Resident sign an addendum, explaining what the correct personal care allowance is. In the future staff completely Admissions paperwork with a resident will confirm the most recent contract is being used. In additions Contracts no longer in use will be removed and archived from the main Computer file.	Steps have been taken to correct violation; full compliance is not verifiabl 6/28/10  Date Initials (DPW)

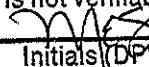
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25c4 The contract shall specify the party responsible for payment.	Resident #1's contract, dated 2/22/10, does not specify the party responsible for payment.	5/5/10	Attached you will find the Resident Contract in question. The person responsible for payment is on the contract 2(f). If you see on the last page of contract the Payee accidentally signed the designated person, but you can see he crossed out and wrote he was the payee. In the future we will make we understand more clearly what the inspector asks questioned and clearly explain the answer.	 6/28/10



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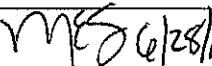
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89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	The hot water temperature for the sink in the master bath for room #6 measured 129° Fahrenheit.	5/17/10	Staff adjusted the temperature on the water heater. The temperature was checked daily for one week to ensure continued compliance. In the future the water temperature will be checked monthly. When the temperature needs to be adjusted in the future, staff will check the temperature after the adjustment to ensure continued compliance.	Steps have been taken to correct violation; full compliance is not verifiable. 6/28/10 Date  Initials (DPW)

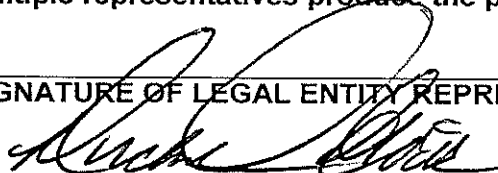

Please see attached tracker for water temp. checks.


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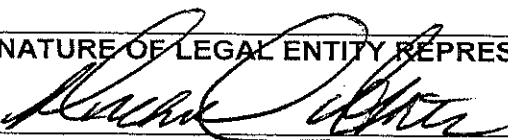

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95 Furniture and equipment shall be in good repair, clean and free of hazards.	There is a metal frame bench with wooden seating slats on the front porch. This bench had two unsecured slats which lifted easily from the metal frame. A third slat was lying on the floor of the porch underneath the bench.	5/6/10	The metal Bench was thrown out. In the future the program Administrator will complete Routine checks to ensure all furniture is in good Repair. When furniture is found to not be in good Repair the program administrator will make a decision as to whether it can be fixed. If it can not be fixed it will be disposed of. If it can be fixed it will be stored until it can be fixed.	 6/28/10


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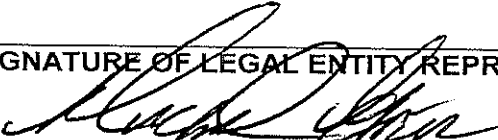
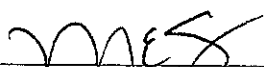
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100a The exterior of the building and the building grounds or yard shall be in good repair and free of hazards.	A corner of the concrete patio in the back of the house in front of the outside entrance to the storage room had broken off. This chunk of concrete measured approximately 6 by 6 inches and was a tripping/falling hazard for residents along with the depression in the ground.	6/30/10	<p>The area will be filled in with dirt to make it safe until the concrete can be repaired.</p> <p>In the future the PA will complete regular program checks identifying any repairs that need to be completed and schedule for those repairs immediately</p>	<p>Steps have been taken to correct violation; full compliance is not verified</p> <p>6/28/10  Date Initials (DPW)</p>


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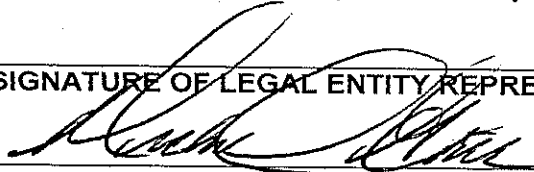
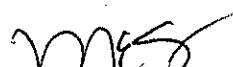
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103g Food shall be stored in closed or sealed containers.	There were three partial loaves of white "Great Value" bread that were unsealed and undated. The bread was located in the freezer in the storage room where bottled water was also stored. Another partial loaf of the same bread, unsealed and undated, was upstairs in the kitchen locked cabinet	5/5/10	The bread was thrown out. In a staff meeting, the Program Administrator reviewed with all staff the requirements for storing food, including sealing any open packaging and dating any open packaging. The program administrator will assign staff to do weekly checks for month confirming all food is stored properly. This will start on 5/14/10. The tracker is traced attached.	Steps have been taken correct violation; full compliance is not verified 6/28/10  Date Initials (D)

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109a The home rules shall specify whether the home permits pets on the premises.	The home rules included in Resident #1's contract, dated 2/22/10, did not state whether pets were permitted on the premises.	5/30/10	The posted home rules that are also given to the Residents states whether pets are allowed, however it isn't stated in the contract. Each of the Residents will sign an addendum confirming they are knowledgeable of the home Rule. The current Contract will be updated to include the statement.	 6/28/10


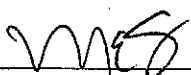
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183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	There was a plastic bag containing three prescription medications in the unlocked bathroom next to the kitchen. The medications were for Resident #2 and they were: <i>Selenium, 2.5 % - apply to scalp; Spectazole, 1% 30 gm – apply for dry skin and Lamisil, 1% - apply to soles and borders of feet.</i>	5/19/10	<i>The medications were returned to staff by the Resident after [redacted] finished [redacted] shower. In a Staff meeting the Program Administrator Reviewed the importance of monitoring Resident #2 when [redacted] has [redacted] medications for showering. And confirming that [redacted] does not leave them alone. The program Administrator will Review this regular with the Staff.</i>	

Steps have been taken to correct violation; full compliance is not verifiable
 Date 6/28/10 Initials DPW

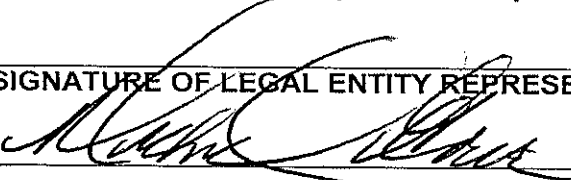
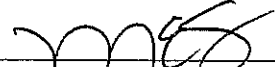
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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times.	Resident #1's May, 2010 medication administration record (MAR) for <i>Klonopin, Cogentin, Lactaid, Thorazine</i> and <i>Immodium</i> did not have the resident's name or drug allergies. A diagnosis was not listed for <i>Thorazine, 25 mg – 2 tabs by mouth daily</i> . Resident #2's MAR has <i>Hydrocortisone, 2.5%</i> recorded as being given twice daily for May 1-5, 2010. The medication was discontinued on 3/1/10 and	5/30/10	All corrections were the day of inspection. The Program Administrator reviewed in the staff meeting the process for new medications and attention to detail regarding diagnosis and discharged medications. In the future the program will complete a review of the MAR's at the change of each shift. Staff will report any errors to the Program Administrator, the errors will also be reported to the pharmacy.	

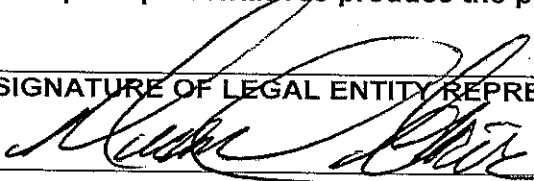
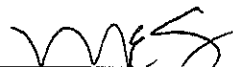
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(10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	changed to <i>Diprolene ointment</i> . This medication however, is crossed out and marked as discontinued for May 1-5, 2010. A review of the prescriber's orders showed that the resident is getting the correct medication however the information in the MAR is not being recorded properly. There is no diagnosis listed for any of the medications except for <i>Diprolene and Lorazepam</i> .			

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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
191 The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept.	The home could not verify or document that any of the residents have been educated on their right to question or refuse medications.	5/30/10	The Right to Refuse medications Addendum will be added to all Reviewed with all of the Residents. The addendum's will be added to the current cons residents file. An updated contract will confirm be made adding the Right to Refuse medications. Attached is the new contract.	MFS 6/28/10