

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to KEYSTONE COMMUNITY MENTAL HEALTH SERVICES

To operate MARKET STREET SPECIALIZED COMMUNITY RESIDENCE

Located at 1926 EAST MARKET STREET, YORK, PA 17402

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

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

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 January 26, 2011 until January 26, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 312380

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

FEB 03 2011

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

Mr. Michael Grier, CEO  
Keystone Community Mental Health Services  
3609 Derry Street  
Harrisburg, Pennsylvania 17111

RE: Market Street Specialized Community Residence  
1926 East Market Street  
York, Pennsylvania 17402

Dear Mr. Grier:

As a result of the Department of Public Welfare's licensing inspection on September 17, 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.

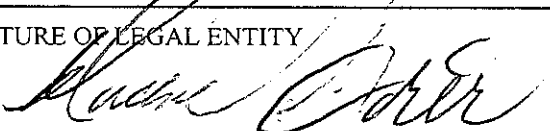
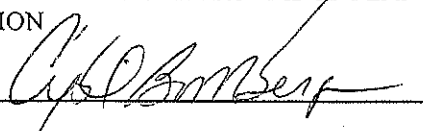
A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky".

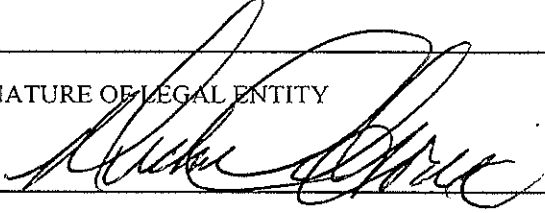
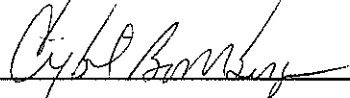
Ronald Melusky  
Acting Director


Enclosures  
License  
Violation Report

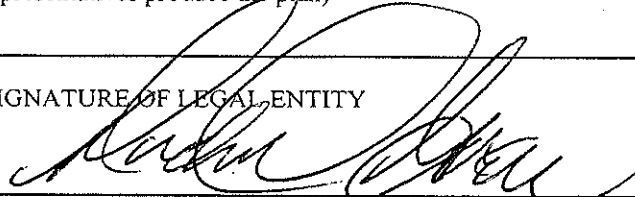

NAME AND ADDRESS OF PERSONAL CARE HOME MARKET STREET SPECIALIZED COMMUNITY RESIDENCE, 1926 EAST MARKET STREET YORK, PA 17402		CURRENT LICENSE NUMBER 312380	
INSPECTION DATES (Include all dates of the inspection) 09/17/2010		REGIONAL REPRESENTATIVE Denny Granahan	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Keystone Community Mental Health Services			
SIGNATURE OF LEGAL ENTITY 	DATE 10-19-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1/20/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED	Steps have been taken Correct violation; full compliance is not verified Initials (C)
26a The home shall establish and implement a quality management plan.	The home has not implemented its quality management plan as it has not conducted a quality management review since June of 2009.	11/10/10	The quality management review will be completed on the date of the next all staff training date. The program administrator and assistant program director will set an outlook reminder so that	1/20/11 Date	CB
132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	During the fire drill of 1/22/2010, 6 residents were present in the home but only 5 residents evacuated to a public thoroughfare or fire safe area because 1 resident refused to evacuate.  During the fire drill of 4/21/2010, 8 residents were in the home but only 6 resident evacuated. It is not known why 2 residents did not evacuate.	11/10/10  OCT 22 2010	Fire safety training will be conducted at the home on 11/10/10. Proper documentation will also be discussed regarding fire drills.  In the future, fire drills will be completed within 24 hours if all residents do not evacuate to the fire safe area.	1/20/11 Date	CB

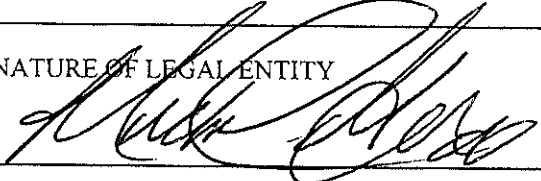

Adult Residential Licensing

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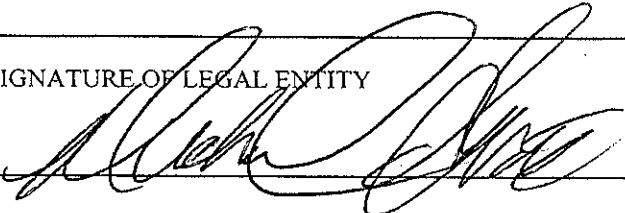
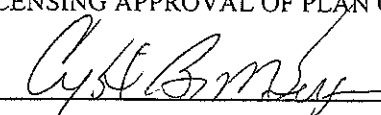
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<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/22/2010</td><td>01:07 PM</td><td>1:34</td><td>No</td></tr> <tr><td>Feb</td><td>02/08/2010</td><td>12:58 PM</td><td>1:28</td><td>No</td></tr> <tr><td>Mar</td><td>03/05/2010</td><td>04:28 PM</td><td>:59</td><td>No</td></tr> <tr><td>Apr</td><td>04/21/2010</td><td>11:10 PM</td><td>1:43</td><td>No</td></tr> <tr><td>May</td><td>05/17/2010</td><td>12:29 PM</td><td>1:38</td><td>No</td></tr> <tr><td>Jun</td><td>06/21/2010</td><td>12:27 AM</td><td>1:18</td><td>No</td></tr> <tr><td>Jul</td><td>07/23/2010</td><td>01:24 AM</td><td>:48</td><td>No</td></tr> <tr><td>Aug</td><td>08/18/2010</td><td>12:30 AM</td><td>1:04</td><td>No</td></tr> <tr><td>Sep</td><td>09/08/2010</td><td>10:22 AM</td><td>:40s</td><td>No</td></tr> <tr><td>Oct</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/22/2010	01:07 PM	1:34	No	Feb	02/08/2010	12:58 PM	1:28	No	Mar	03/05/2010	04:28 PM	:59	No	Apr	04/21/2010	11:10 PM	1:43	No	May	05/17/2010	12:29 PM	1:38	No	Jun	06/21/2010	12:27 AM	1:18	No	Jul	07/23/2010	01:24 AM	:48	No	Aug	08/18/2010	12:30 AM	1:04	No	Sep	09/08/2010	10:22 AM	:40s	No	Oct				No	Nov				No	Dec				No			<p style="text-align: right;"><u>Cont'd</u></p> <p>PER Administrator- All residents are evacuating during all drills. Staff are now educated in how to complete the fire drill log properly. 09/20/11</p>	<p>1/20/11 </p>
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
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. (10) Duration of therapy, if applicable. (11) Special precautions, if	The medication administration record for resident #1 does not include the daignosis for Flovent, Serevent, Multivitamin, Clozapic, Fevofibrate or Amoutacline syrup.  The medication administration record for resident #2 does not include the daignosis for Ammitadine, Clonazepam, Invega Systemna, and Fluocinodine.  <b>Repeated Violation-12/8/2009</b>	11/11/10	The daignosis for each medication was added to the MAR for Res. Ident #1, 2.  This will be done by the program LPN at the beginning of each month to ensure compliance.  In the future, staff members will not leave a doctor's appointment without knowing the daignosis for each prescribed medication	Steps have been taken to correct violation; full compliance is not verifiable 1/24/11 Date Initials (DPW)

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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.			<i>Cont'd</i>	

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187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	On 9/17/2010, at 8 am, resident #1's 325 mg Ferrous Sulfate, 5mg Oxybutynin, 40 mg Protonix, 81mg ASA, 10mg Lisinopril, and .1 mg Levothyroxine was administered. Staff person A did not initial or record the date and time of administration.  On 9/17/2010, at 8 am, resident #1's .05 mg Clonazepam was administered. Staff person A recorded the date and time of administration on the Home's controlled substance count sheet but did not initial the medication administration record.	11/10/10	MAR's will be checked daily to ensure that staff are documenting the date and time of medication monitoring.  Documentation will be reviewed by the program UPN during the next all staff training day on 11/10/10.	Steps have been taken to correct violation; full compliance is not verifiable 11/20/10 Date Initials (DPW)