



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
HARRISBURG, PENNSYLVANIA 17102-1810

ADULT RESIDENTIAL LICENSING
Central Region Field Office
1401 North 7th Street
Harrisburg, Pennsylvania 17102-1810

PHONE: (717) 772-4673
FAX: (717) 783-3956
Toll Free: 1-800-882-1885

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 7, 2011

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

Re: Reynolds Lane Specialized Personal Care
5250 Reynolds Lane
Harrisburg, Pennsylvania 17111

Dear Mr. Grier:

As a result of the Department of Public Welfare's licensing inspection on September 27, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Michele Strauser".

Michele Strauser
Regional Licensing Administrator

Enclosure
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME REYNOLDS LANE SPECIALIZED PERSONAL CARE, 5250 REYNOLDS LANE HARRISBURG, PA 17111		CURRENT LICENSE NUMBER 316580	
INSPECTION DATES (Include all dates of the inspection) 09/27/2010		REGIONAL REPRESENTATIVE Rebecca Riel, Lynn Loudenslager, Meriann O'Malley	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em; margin: 0;">Nancy Quarresima</p>			
SIGNATURE OF LEGAL ENTITY <p style="font-size: 1.2em; margin: 0;">Nancy Quarresima</p>	DATE 11/5/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <p style="font-size: 1.2em; margin: 0;">[Signature]</p>	DATE 2/2/11

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 BY
202 The following procedures are prohibited: (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited. (3) Pressure point techniques, defined as the application of pain for the purpose of achieving	On 9/15/2010, at approximately 9:15pm, Staff A placed Resident #1 in a manual restraint in order to keep both the staff and resident safe. The restraint was described as having the resident's back to the staff's stomach with the resident's arms held close to [redacted] stomach and the staff's knees bent into the back of the resident's knees. <div style="text-align: center; font-size: 0.8em; opacity: 0.5;"> PIA Training Central Region Field Office NOV 9 2010 RECEIVED [redacted] Office NOV 2010 </div>	12/1/10	The staff involved has been moved to a different location to avoid situations in which she and the Resident involved would be alone together. The staff involved will attend Non-Violent Crisis Intervention Training on November 11 th , 2010. The program Administrator will meet with her regularly to address her relationships with the Residents. The Regulation has also been reviewed with the staff members. At the next staff meeting the Program Director + mental Health Professional will retrain all staff on Safe Management Techniques. In addition the "Non Violent Crisis Intervention" trainer will present a ^{overview} refresh course for all staff. All staff will also be assigned scheduled for an initial or full refresher course of "Non Violent Crisis Intervention".	Steps have been taken to correct violation; full compliance is not verifiable 2/2/11 [Signature] Date Initials (DPW)

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compliance, is prohibited. (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or				

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reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.				