

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

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

LEGAL ENTITY

To operate MCKINLEY ST. PCH

NAME OF FACILITY OR AGENCY

Located at 1280 MCKINLEY STREET, CHAMBERSBURG, PA 17201

(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
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 December 11, 2010 until December 11, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 320340

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

DEC 30 2010

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

Mr. Michael Grier, CEO
Keystone Service Systems, Inc.
3609 Derry Street
Harrisburg, Pennsylvania 17110

RE: McKinley St. Personal Care Home
1280 McKinley Street
Chambersburg, Pennsylvania 17111

Dear Mr. Grier:

As a result of the Department of Public Welfare's licensing inspection on October 6, 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.

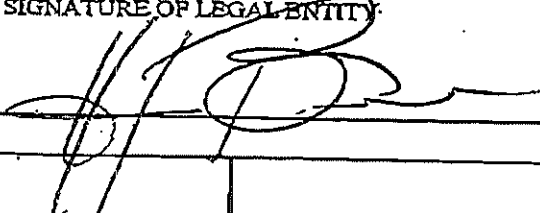
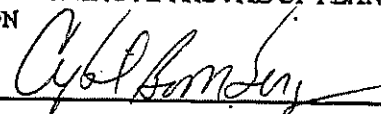
Sincerely,

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 MCKINLEY ST PCH, 1280 MCKINLEY STREET CHAMBERSBURG, PA 17201		CURRENT LICENSE NUMBER 320340	
INSPECTION DATES (Include all dates of the inspection) 10/06/2010		REGIONAL REPRESENTATIVE Rebecca Riel, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan). <i>JEFFERY BROWN - SERVICE AREA DIRECTOR</i>			
SIGNATURE OF LEGAL ENTITY 		DATE 10-29-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 12/2/10	

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
65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.	<ul style="list-style-type: none"> Direct Care Staff A did not receive training in emergency preparedness procedures, resident rights, the Older Adult Protective Services Act, or falls & accident prevention during training year 2009. Direct Care Staff B did not receive training in emergency preparedness procedures or falls & accident prevention during training year 2009. 	11/10	ADMINISTRATOR WILL ENSURE THAT ALL STAFF, INCLUDING STAFF A & B RECEIVE TRAINING IN EMERGENCY PREPAREDNESS, RESIDENT RIGHTS, THE OLDER ADULT PROTECTIVE SERVICES ACT OR FALLS & ACCIDENT PREVENTION FOR TRAINING YEAR 2010.	12/2/10 DPW
(2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these			Missing training for staff B was conducted after a staff meeting on 11/19/10. Staff A was trained on missed training the evening of 11/19/10. Documentation attached.	

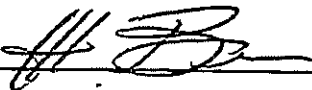

In future, if staff not present for training the PA or designee will ensure that training is covered on their next available shift.

No. 2553 P. 2

Dec. 2. 2010 11:13AM

07/11 10:07 AM

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

NAME AND ADDRESS OF PERSONAL CARE HOME MCKINLEY ST PCH, 1280 MCKINLEY STREET CHAMBERSBURG, PA 17201		CURRENT LICENSE NUMBER 320340	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>JEFFREY BROWN - Service Area Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 10-29-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/2/10

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
regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.				

No. 2553 P. 3

Dec. 2. 2010 11:13AM

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

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SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 10-29-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/2/10


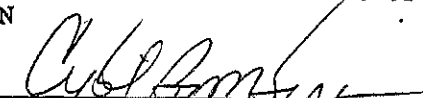
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
95 Furniture and equipment shall be in good repair, clean and free of hazards.	<ul style="list-style-type: none"> The knob on the 2nd dresser drawer in Resident #1's bedroom was broken. The cover of the first drawer of the night stand in Resident #1's bedroom was half way broken off. <p>Repeated Violations: 10/20/2009</p>	10-28-10	<p>Knobs on dresser drawer were replaced.</p> <p>New nightstand was purchased.</p> <p>Furniture and equipment will be maintained in good repair, clean and free of hazards.</p> <p>Photos emailed. Knobs replaced.</p> <p>Night stand was returned as the original was simply that drawer was pulled to far out.</p> <p>Plan of correction: Weekly task sheet will include that furniture be checked for condition, attached copy of task sheet.</p>	12/2/10

No. 2003

Dec. 2. 2010 11:13AM

No. 2003 1 4/20

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

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SIGNATURE OF LEGAL ENTITY 	DATE 10-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/2/10

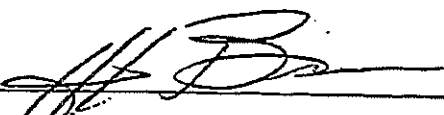
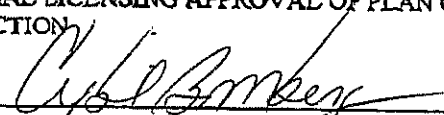
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101j5 Each resident shall have the following in the bedroom: A bedside table or a shelf.	There is no bedside table or shelf beside the bed in the bedroom of Resident #1.	10-28-10	<p>Bedside tables were placed beside all beds in residents' rooms.</p> <p>Nightstands were put beside all residents beds</p> <p>Plan of Correction: weekly task sheet to see that nightstands remain besides all beds.</p>	12/2/10 CB

No. 2553 P. 5

Dec. 2. 2010 11:13AM

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

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1010 Bedrooms shall have walls, floors and ceilings, which are finished, clean and in good repair.	The bedroom floors of Resident #'s 1, 3, 4 and 5 were covered with piles of clean and dirty laundry, creating a tripping hazard.	10-7-10	<p><i>All residents have clothing hampers in their rooms. Staff will ensure that clean & dirty clothing are not on floors - daily.</i></p> <p><i>Dirty laundry was removed from residents floors. Every</i></p> <p><i>resident has a hamper/laundry basket in their rooms.</i></p> <p><i>Ensuring that all soiled laundry is off of rooms floor is on staff's daily task sheet. Copy enclosed</i></p>	<p><i>Steps have been taken to correct violation; full compliance is not verifiable</i></p> <p><i>12/21/10</i></p> <p>Date _____ Initials (DPW) _____</p>

No. 2553 P. 6

Dec. 2. 2010 11:13AM

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

NAME AND ADDRESS OF PERSONAL CARE HOME MCKINLEY ST PCH, 1280 MCKINLEY STREET CHAMBERSBURG, PA 17201		CURRENT LICENSE NUMBER 320340	
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SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 10-29-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/2/10

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
103g Food shall be stored in closed or sealed containers.	<ul style="list-style-type: none"> The following items in the kitchen cupboards were opened and unsealed: Great Value buttermilk pancake and waffle mix, Giant all purpose flour, Great Value cornstarch, Bisquick pancake and baking mix, HoneyMaid graham cracker crumbs, and Kraft Minute tapioca. The following items in the kitchen's Whirlpool freezer were opened and unsealed: Van's All Natural Waffles and Morning Star Farms Grillers Chick'n. 	10-9-10	<p>All mentioned items were sealed and dated.</p> <p>PLAN of Correction: Staff will be responsible on every shift to ensure that food is sealed + dated.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>12/2/10 [Signature] Date Initials (DPW)</p>

Dec. 2. 2010 11:13AM

07/11/10

VIOLATION REPORT
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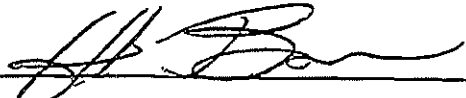

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132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	The fire drill record for the drills conducted on 2/25/2010, 3/17/2010, and 9/30/2010 does not include fire time of day (AM/PM). <table style="margin-left: 20px; border: none;"> <tr> <td>DATE</td> <td>TIME</td> <td>Evacuation</td> </tr> <tr> <td>2/25/2010</td> <td>12:25</td> <td>1:25</td> </tr> <tr> <td>3/17/2010</td> <td>11:40</td> <td>2:00</td> </tr> <tr> <td>5/16/2010</td> <td>03:00</td> <td>1:55</td> </tr> </table>	DATE	TIME	Evacuation	2/25/2010	12:25	1:25	3/17/2010	11:40	2:00	5/16/2010	03:00	1:55	10-7-10	Correction made to fire drill record indicating AM/PM. In the future all fire drills will be marked as either AM or PM.	12/2/10 <i>[Signature]</i>
DATE	TIME	Evacuation														
2/25/2010	12:25	1:25														
3/17/2010	11:40	2:00														
5/16/2010	03:00	1:55														

No. 2933

Dec. 2. 2010 11:14AM

No. 2933

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

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SIGNATURE OF LEGAL ENTITY 	DATE 10-23-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/2/10

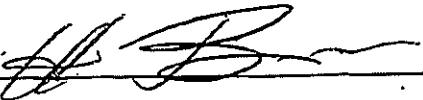
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NO. 2993

Dec. 2. 2010 11:14AM

NO. 2993

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


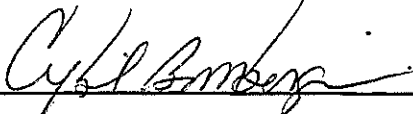
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SIGNATURE OF LEGAL ENTITY 	DATE 10-29-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cyst Bombardier</i>	DATE 12/2/10

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
141a The medical evaluation shall 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.	The medical evaluation for Resident #4, dated 5/26/2010, states "see list" under the medication section, but there is not a list attached. Repeated Violations: 08/12/2009	10-7-10	<i>LIST WAS ATTACHED. A monthly inspection will be done to ensure compliance Copy of audit sheet attached</i>	
(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				<i>Steps have been taken to correct violation; full compliance is not verifiable 12/2/10 Date Initials (DPW)</i>

Dec. 2. 2010 11:14AM

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME MCKINLEY ST PCH, 1280 MCKINLEY STREET CHAMBERSBURG, PA 17201		CURRENT LICENSE NUMBER 320340	
INSPECTION DATES (Include all dates of the inspection) 10/06/2010		REGIONAL REPRESENTATIVE Rebecca Riel, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>JEFFERY BRON</i> <i>SERVICE AREA DIRECTOR</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>10-29-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>12/2/10</i>

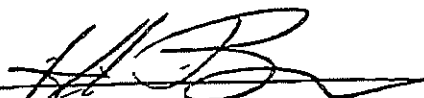
REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status.			<i>Cont'd</i>	
(10) Mobility assessment, updated annually or at the Department's request.				

No. 2553

Dec. 2. 2010 11:14AM

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

NAME AND ADDRESS OF PERSONAL CARE HOME MCKINLEY ST PCH, 1280 MCKINLEY STREET CHAMBERSBURG, PA 17201		CURRENT LICENSE NUMBER 320340	
INSPECTION DATES (Include all dates of the inspection) 10/06/2010		REGIONAL REPRESENTATIVE Rebecca Riel, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>JEFFERY BROWN Service Area Director</i>			
SIGNATURE OF LEGAL ENTITY 		DATE <i>10-23-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bombardieri</i>
			DATE <i>12/2/10</i>

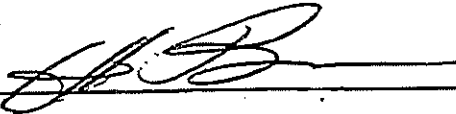

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
144d Smoking outside of the smoking room is prohibited.	The designated smoking area of the home is on the side patio. During the day of inspection, approximately 30 cigarette butts were found on the ground around the exit area at the back of the building. Approximately 30 more cigarette butts were found on the ground in the front of the building on the driveway and next to the front walkway.	<i>10-7-10</i>	<i>Signs are posted at the designated smoking. Discussed at Resident meeting regarding smoking areas.</i> <i>Plan of correction: signs are posted stating the designated smoking areas. Staff will also enforce this regulation by reminders to residents.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> <i>12/2/10</i> Date <i>CB</i> Initials (DPW)

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No. 2733

10/15/10 10:00 AM

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

NAME AND ADDRESS OF PERSONAL CARE HOME MCKINLEY ST PCH, 1280 MCKINLEY STREET CHAMBERSBURG, PA 17201		CURRENT LICENSE NUMBER 320340	
INSPECTION DATES (Include all dates of the inspection) 10/06/2010		REGIONAL REPRESENTATIVE Rebecca Riol, Sereca Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jeffery Brown Service Area Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 10-29-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/2/10

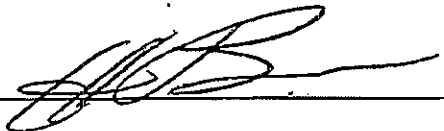
REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Two bottles of Humalog that expired in 7/2010 and 1 bottle of Humalog that expired 9/2/2010 belonging to Resident #7 were found in the medication refrigerator.	10-6-10	<i>Bottles of expired Humalog will be disposed of immediately. Only current medications will be kept in the home.</i>	12/2/10 OB

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

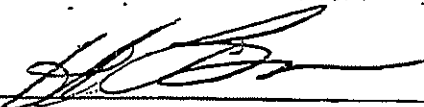
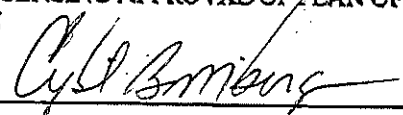
No. 2553 P. 15

NAME AND ADDRESS OF PERSONAL CARE HOME MCKINLEY ST PCH, 1280 MCKINLEY STREET CHAMBERSBURG, PA 17201		CURRENT LICENSE NUMBER 320340	
INSPECTION DATES (Include all dates of the inspection) 10/06/2010		REGIONAL REPRESENTATIVE Rebecca Riel, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>JEFFERY BROWN Service Area Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>10-29-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Barmby</i>	DATE <i>12/2/10</i>

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
183e 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.	<ul style="list-style-type: none"> Seven dark orange round pills and 1 white oblong pill were found loose in Resident #1's medication container. One white oblong pill and a 1/4 purple round pill were found loose in Resident #8's medication container. Two blue oblong pills, a 1/2 white oblong pill and a 1/4 white round pill were found loose in Resident #5's medication container. <p>Repeated Violations: 08/12/2009</p>	10-18-10	<p>A MEDICATION CART SYSTEM IS NOW IN PLACE. THIS SYSTEM WILL ENSURE ORGANIZATION.</p> <p>Additionally, a daily check will be conducted by staff at shift changes.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>12/2/10</i> Date Initials (DPW)</p>

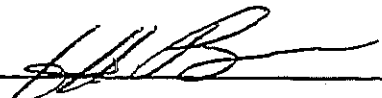

Dec. 2. 2010 11:15AM

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

NAME AND ADDRESS OF PERSONAL CARE HOME MCKINLEY ST PCH, 1280 MCKINLEY STREET CHAMBERSBURG, PA 17201		CURRENT LICENSE NUMBER 320340	
INSPECTION DATES (Include all dates of the inspection) 10/06/2010		REGIONAL REPRESENTATIVE Rebecca Riel, Serena Chorr	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>JEFFERY BROWN Service Area Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 10-25-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/2/10

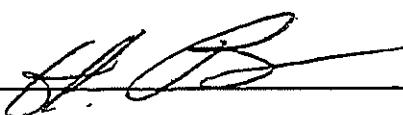
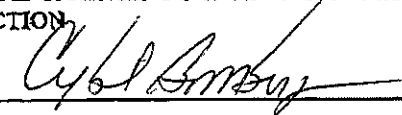
REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	<ul style="list-style-type: none"> • On 10/4/2010, at 8pm, Resident #5's Lorazepam (2mg) was not initialed that it was given. • On 10/5/2010, at 8am, Resident #8's Benzotropine, Clonazepam, Loratadine, Lithium Carbonate, Fluticasone, and Omeprazole were not initialed that they were given. • On 10/8/2010, at 8am, Resident #5's Risperidone Divalproex (250mg and 500mg) were not initialed that they were given. <p>Repeated Violations: 08/12/2009</p>	10-7-10	<p><i>Medication Administration Records will be checked by staff at all shift changes.</i></p> <p><i>This has been added to the shift task sheet. (attached).</i></p>	<p><i>Steps have been taken to correct violation; full compliance is not verifiable</i></p> <p><i>12/2/10</i> Date _____ Initials (DPW) _____</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME MCKINLEY ST PCH, 1280 MCKINLEY STREET CHAMBERSBURG, PA 17201		CURRENT LICENSE NUMBER 320540	
INSPECTION DATES (Include all dates of the inspection) 10/06/2010		REGIONAL REPRESENTATIVE Rebecca Riel, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jeffery Brown Service Area Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 10-29-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/2/10

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
187d The home shall follow the directions of the prescriber.	The medication, Yasmin was not available for Resident #8 from 10/2/2010 until the date of inspection, so the resident did not get this medication for 5 days. Repeated Violations: 08/12/2009	10-7-10	Medication was re-ordered on 10/7/10. Prescription will be changed to include a 3-month supply. <i>Daily/Monthly inspection will be done to ensure continuous compliance</i>	Steps have been taken to correct violation; full compliance is not verifiable. <i>12/2/10</i> Date Initials DPW

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

NAME AND ADDRESS OF PERSONAL CARE HOME MCKINLEY ST PCH, 1280 MCKINLEY STREET CHAMBERSBURG, PA 17201		CURRENT LICENSE NUMBER 520340	
INSPECTION DATES (Include all dates of the inspection) 10/06/2010		REGIONAL REPRESENTATIVE Rebecca Riel, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan). <i>Jeffery Brown Service Area Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 10-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/2/10

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
225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	Resident #3's medical evaluation dated 4/12/2010 indicates "walk 1-2 miles daily" and to follow a low carbohydrate diet. These needs are not addressed in the resident's assessment dated 4/13/2010.	10-7-10	<i>A revised/correction will be made to resident #3. To include needs to be addressed. In future, all new needs of the resident ordered by the Dr. will be addressed immediately onto the resident's assessment plan.</i>	12/2/10 <i>CS</i>

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