

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to KEYSTONE HOSPICE

LEGAL ENTITY

To operate KEYSTONE HOSPICE

NAME OF FACILITY OR AGENCY

Located at 8765 STENTON AVENUE, WYNDMOOR, PA 19038

(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 20  
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 June 29, 2011 until December 29, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127971

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

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

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

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: JUN 29 2011**

Ms. Gail A. Inderwies, President & Executive Director  
Keystone Hospice  
8765 Stenton Avenue  
Wyndmoor, Pennsylvania 19038

Dear Ms. Inderwies:

As a result of the Department of Public Welfare's (Department) licensing inspection on April 8, 2011 and June 3, 2011 of the above personal care home, the violations specified on the enclosed Violation Reports were found.

A PROVISIONAL license is being issued based on the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the 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.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

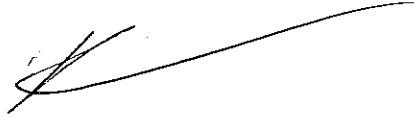
Jacob Herzing, Enforcement Manager  
Adult Residential Licensing  
Department of Public Welfare  
423 Health and Welfare Building  
Seventh and Forster Streets  
Harrisburg, Pennsylvania 17120

Ms. Gail A. Inderwies

2

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

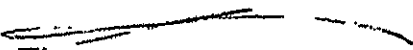
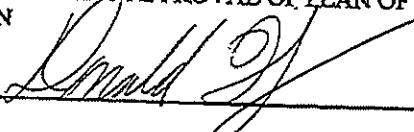
Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", written over a horizontal line.

Ronald Melusky  
Acting Director

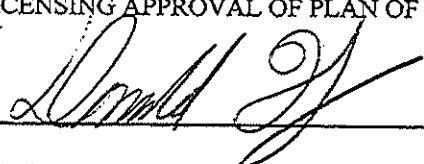
Enclosures  
License  
Violation Report


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

NAME AND ADDRESS OF PERSONAL CARE HOME Keystone Hospice, 8765 Stenton Avenue Wyndmoor, PA 19038		CURRENT LICENSE NUMBER 127970	
INSPECTION DATES (include all dates of the inspection) 04/08/2011		REGIONAL REPRESENTATIVE Roslyn Brewer, Sandra Wooters	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Gail A. Inderwies, President &amp; Executive Director.</i>			
SIGNATURE OF LEGAL ENTITY 		DATE 5/19/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 6/14/11	

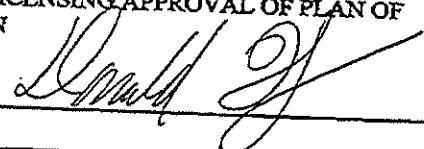
REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
20b1 The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.	The home manages the finances for resident #1. The home is representative payee for the resident and does not maintain a record of financial transactions.	5/18/11	<i>20b.1</i> Effective 5-18-11, all new admissions to Keystone House that are paying with monthly income will have records maintained on a Quarterly Financial Summary Form pursuant to 55 Pa. Code § 2600.20(b)(8) sample attached.	Steps have been taken to correct violation; full compliance is not verifiable <del>6/14/11</del> Date / Initials (DPW)
25c13 (13) Written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of rights and complaint procedures).	The contract for resident # 1, 2, 3, and 4, does not include the current resident's rights.	Added - 5/18/11	Records will be reviewed monthly by the CFO for accuracy. The Admission Agreement for Personal Home Care has been updated to include Resident's Rights specified in § 2600.41. sample attached.	Steps have been taken to correct violation; full compliance is not verifiable <del>6/14/11</del> Date / Initials (DPW)
		Added -	The Administrator will oversee all future admissions for compliance.	

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SIGNATURE OF LEGAL ENTITY <i>Legal Entity did not sign. JH 6/28/11</i>	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>5/25/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
26b The quality management plan shall address the periodic review and evaluation of the following: (1) The reportable incident and condition reporting procedures. (2) Complaint procedures. (3) Staff person training. (4) Licensing violations and plans of correction, if applicable. (5) Resident or family councils, or both, if applicable.	The homes quality management plan does not address the review of:  1. Reportable incidents and procedures 2. Licensing Violations	<i>5/16/11</i>	The "Keystone Performance Improvement Committee Policy (7.1) has been revised to include Licensing Violations as a Data Collection Tool. Reportable incidents were included when survey took place. Wording has been revised from Reportable Events to "Reportable Events/Incident Reports" see attached policy.	<i>5/25/11</i> 

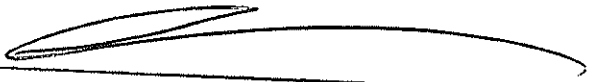
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42s A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.	The home video records the common areas, nurses' stations, key clinical areas as well as the entrances and exits of the home. The home maintains the recordings for 30 days.	6/3/11 Addended	At no time are videos in any patient areas and cannot video personal care, use of bathroom facilities, or personal privacy. The intent is purely for the protection & safety of residents and staff in the event of unauthorized entry. Keystone House is on a public street where several facilities have been robbed in day light as ours was entered at night. We will apply for a Waiver see letter attached dated 6/7/11	Steps have been taken to correct violation; full compliance is not verifiable Date: 6/14/11 Initials: (DPW)

*Home must comply with this regulation if request for waiver is denied.*

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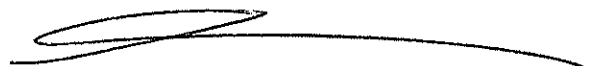
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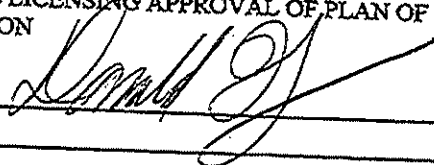
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54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care	Direct care staff person A hired 10/26/05, did not have documentation of a high school diploma or an active registration status on the Pennsylvania nurse aide registry.	5/18/11  Addended	Staff person A has provided a copy of her high school diploma for her personnel file.  Copy of documentation is attached. The Director of Human Resources will oversee all future hires and assure all personnel files are in compliance and copies are maintained.	6/14/11

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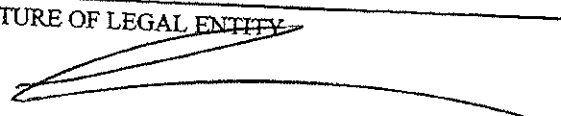
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06/23/2011 03:08

From:

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

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64c An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.	Staff person B, the home's administrator, only completed 10 hours of annual training in the 2010 training year.	2011 upcoming months.	Administrator had 12.50 hours of internal inservices not included in 10 hrs noted by Surveyor. Administrator attended National Assoc of Hospice & Home Care Meeting from April 12 to April 14, 2010. Administrator was registered for Oct. 27, 2010 Training scheduled by DPW in King of Prussia that was cancelled by DPW (3hr CEUs) and was also registered for Feb 23, 2011 meeting but could not attend due to important conference call.	Steps have been taken to correct violation; full compliance is not verifiable <i>6/14/11</i> Date:                      Initials (DPW)
	Added - Administrator will receive required hours in the future. Administrator completed several CEU courses for 2011 - copies attached.			

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65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency	-There was no documentation that staff person C, the nursing supervisor, received training in fire safety prior to or during the first day of work on 11/22/06.  -There was no documentation that staff person D, a direct care staff person, received orientation training in, Emergency Preparedness prior to or during the first day of work on 9/2/10.  -There was no documentation that staff person E, a direct care staff person, received orientation training in, Emergency Preparedness prior to or during the first day of work on 9/30/10.	5-16-11	The Human Resource Orientation Schedule has been revised to include Fire Safety, Emergency Preparedness training on day one of a new hire's orientation/ date of hire. See attached schedule. Fire Safety and Emergency Preparedness training is done annually - all employees received training.	Steps have been taken to correct violation; full compliance is not verifiable Date <del>6/14/11</del> Initials (DPW)
		Added: The Director of Human Resources		

Cont

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		Added:	The Director of Human Resources	Con't

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*[Handwritten Signature]*

6/14/11

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location if applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.		Addended	is the responsible person to oversee future compliance.	

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
location if applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.		Addended	is the responsible person to oversee future compliance.	

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

Page 9 of 32-29

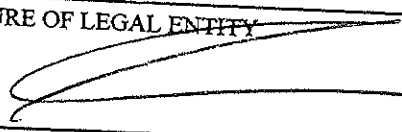
NAME AND ADDRESS OF PERSONAL CARE HOME Keystone Hospice, 8765 Stenton Avenue Wyndmoor, PA 19038		CURRENT LICENSE NUMBER 127970	
INSPECTION DATES (Include all dates of the inspection) 04/08/2011		REGIONAL REPRESENTATIVE Roslyn Brewer, Sandra Wooters	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

*[Handwritten Signature]*

6/14/11

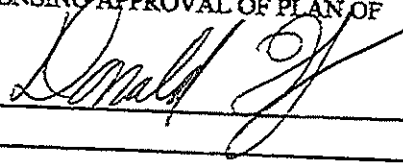
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102). (4) Reporting of reportable incidents	-There was no documentation that staff person C, a nursing supervisor, hired 11/22/06, received training in Resident Rights and Older Adult Protective Service Act within 40 scheduled working hours.  - There was no documentation that staff persons A, hired 10/26/05, D, hired 9/2/10, and E, hired 3/30/10, received any of the required orientation training in this regulation within 40 scheduled working hours.	4/28/11 and 5/11/11	Training on Resident Rights and Older Adult Protective Services Act was completed by all staff on 2 semi-annual training sessions held on April 28th & May 11, 2011. Training going forward on both topics will be done by the Human Resources Dept. on Day 1 & Day 2 of our new employee orientation at hire (see schedule & sample training materials attached)	Steps have been taken to correct violation; full compliance is not verifiable Date: 6/14/11 Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME Keystone Hospice, 8765 Stenton Avenue Wyndmoor, PA 19038		CURRENT LICENSE NUMBER 127970	
INSPECTION DATES (Include all dates of the inspection) 04/08/2011		REGIONAL REPRESENTATIVE Roslyn Brewer, Sandra Wooters	
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 		DATE 6-7-11 ROC	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION DATE


REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
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**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Keystone Hospice, 8765 Stenton Avenue Wyndmoor, PA 19038		<b>CURRENT LICENSE NUMBER</b> 127970	
<b>INSPECTION DATES (Include all dates of the inspection)</b> 04/08/2011		<b>REGIONAL REPRESENTATIVE</b> Roslyn Brewer, Sandra Wooters	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>			
<b>SIGNATURE OF LEGAL ENTITY</b>		<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 
			<b>DATE</b> 6/14/11

REGULATION 55 Pa.Code §2600 and conditions.	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
		Added:	The Director of Human Resources is responsible for future orientation and training of new employees and ongoing annual training of mandatory inservices on Resident Rights, Emergency Medical Plan, Older Adult Protective Service Act to be in compliance with Reg. 2600.65b.	

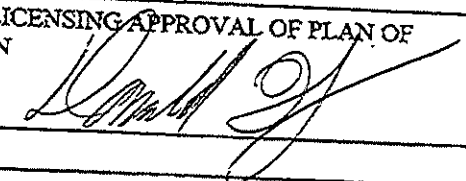
VIOLATION REPORT  
 PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600


NAME AND ADDRESS OF PERSONAL CARE HOME Keystone Hospice, 8765 Stenton Avenue Wyndmoor, PA 19038		CURRENT LICENSE NUMBER 127970	
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SIGNATURE OF LEGAL ENTITY 	DATE 6-7-11 poc	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

REGULATION 55 Pa.Code §2600 and conditions.	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
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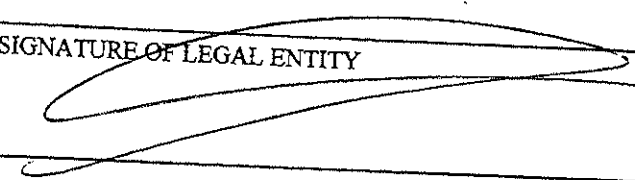
**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

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NAME AND ADDRESS OF PERSONAL CARE HOME Keystone Hospice, 8765 Stenton Avenue Wyndmoor, PA 19038		CURRENT LICENSE NUMBER 127970	
INSPECTION DATES (Include all dates of the inspection) 04/08/2011		REGIONAL REPRESENTATIVE Roslyn Brewer, Sandra Wooters	
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SIGNATURE OF LEGAL ENTITY		DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
			DATE 6/14/11

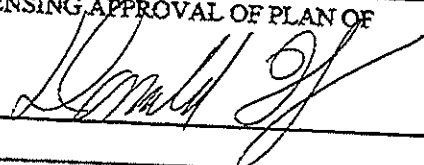
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
65g Direct care staff persons, ancillary staff persons, 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. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these	The following staff persons did not receive the annual training in Residents rights and Older Adult Protective Services during the 2010 training year, A, C, F, G.	4/28/11 and 5/11/11  Addended	see response and attachments to pg 9 & pg 10 Regulation 65b.  The Director of Human Resources is designated as the responsible position for annual and ongoing training to be in compliance with Reg. 2600.65g	6/14/11 

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

NAME AND ADDRESS OF PERSONAL CARE HOME Keystone Hospice, 8765 Stenton Avenue Wyndmoor, PA 19038		CURRENT LICENSE NUMBER 127970	
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SIGNATURE OF LEGAL ENTITY 		DATE 6-7-11 pdc	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  
			DATE  

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
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**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Keystone Hospice, 8765 Stenton Avenue Wyndmoor, PA 19038		CURRENT LICENSE NUMBER 127970	
INSPECTION DATES (Include all dates of the inspection) 04/08/2011		REGIONAL REPRESENTATIVE Roslyn Brewer, Sandra Wooters	
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			6/14/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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.				

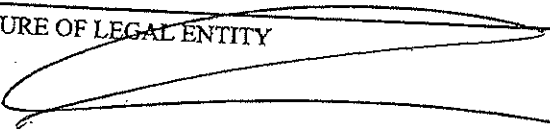
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06/23/2011 03:24

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

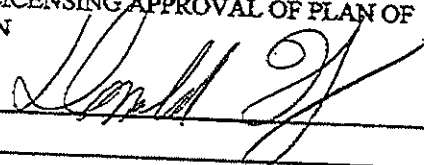
Page 12A of 29  
~~Page 12 of 32~~


NAME AND ADDRESS OF PERSONAL CARE HOME Keystone Hospice, 8765 Stenton Avenue Wyndmoor, PA 19038		CURRENT LICENSE NUMBER 127970	
INSPECTION DATES (Include all dates of the inspection) 04/08/2011		REGIONAL REPRESENTATIVE Roslyn Brewer, Sandra Wooters	
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SIGNATURE OF LEGAL ENTITY 		DATE 6-7-11 pvc	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
			DATE

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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Page 15 of 32

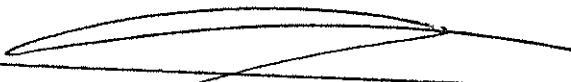
NAME AND ADDRESS OF PERSONAL CARE HOME Keystone Hospice, 8765 Stanton Avenue Wyndmoor, PA 19038		CURRENT LICENSE NUMBER 127970	
INSPECTION DATES (Include all dates of the inspection) 04/08/2011		REGIONAL REPRESENTATIVE Roslyn Brewer, Sandra Wooters	
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			DATE 6/17/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
85d Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.	The trash cans in the main kitchen and bathrooms located in bed rooms #3 and #4 were not covered.	5-18-11	<p>New trash cans with lids have been purchased for kitchen and bedrooms #3 and #4.</p> <p><i>Added:</i> The Chef will check daily to make sure kitchen cans are covered as required. The bedroom and bathroom trash cans are emptied daily in every room and do not require covers. (see Housekeeping Daily Check list)</p>	4/3/11 

06/23/2011 03:24 #722 P.008/030

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

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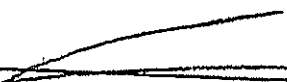
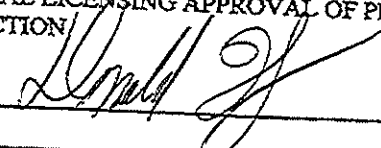
NAME AND ADDRESS OF PERSONAL CARE HOME Keystone Hospice, 8765 Stenton Avenue Wyndmoor, PA 19038		CURRENT LICENSE NUMBER 127970	
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			DATE  


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From:

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

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<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Keystone Hospice, 8765 Stenton Avenue Wyndmoor, PA 19038		<b>CURRENT LICENSE NUMBER</b> 127970	
<b>INSPECTION DATES (Include all dates of the inspection)</b> 04/08/2011		<b>REGIONAL REPRESENTATIVE</b> Roslyn Brewer, Sandra Wooters	
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<b>DATE</b>		<b>DATE</b> 6/13/11	

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	The telephone in resident bedroom #3 and #4 did not have the required emergency service telephone numbers posted near or on the phones.	4/8/11	Labels were immediately placed on the telephones in the resident rooms #3 and #4 with the required emergency telephone numbers.	6/3/11 
		Added:	The direct care staff will call all patient telephones daily and make an immediate correction to be in compliance if needed.	

06/23/2011 03:25 #722 P.010/030

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

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 Page 16 of 32

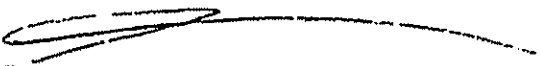

NAME AND ADDRESS OF PERSONAL CARE HOME Keystone Hospice, 8765 Stenton Avenue Wyndmoor, PA 19038		CURRENT LICENSE NUMBER 127970	
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From:

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

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Page N of 32

NAME AND ADDRESS OF PERSONAL CARE HOME Keystone Hospice, 8765 Stenton Avenue Wyndmoor, PA 19038		CURRENT LICENSE NUMBER 127970	
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			DATE 6/14/11 <del>1/19/11</del>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aid kit in the 2nd floor nursing station does not include antiseptic, thermometer, scissors, breathing shield and tweezers.  <u>Addendum:</u> The RN designated to order medical supplies will check the first aid kits weekly for ongoing compliance.	4/11/11	The first aid kit in the 2nd floor nursing station was stocked with antiseptic, thermometer, scissors, tweezers. The breathing shield was in the kit at time of inspection - both cloth masks as well as one dozen N95 respirator masks (in several sizes) were in the kit on 4/8/11. An "emergency kit list" was also posted on the outside of the kits. See sample attached.	6/3/11 


#722 P.011/030

06/23/2011 03:25

From:

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

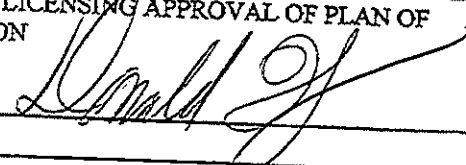
Page 15A of 29  
Page 17 of 32


NAME AND ADDRESS OF PERSONAL CARE HOME Keystone Hospice, 8765 Stenton Avenue Wyndmoor, PA 19038		CURRENT LICENSE NUMBER 127970	
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME Keystone Hospice, 8765 Stenton Avenue Wyndmoor, PA 19038		CURRENT LICENSE NUMBER 127970	
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103g Food shall be stored in closed or sealed containers.	There were open plastic containers cayenne pepper and poppy seeds in the storage area not covered.	4/8/11	Both containers were immediately disposed of in the presence of the surveyor. All kitchen employees were immediately informed to place lids on containers at all times.	6/3/11 
		Added:	The Chef will check spice containers daily to insure compliance.	

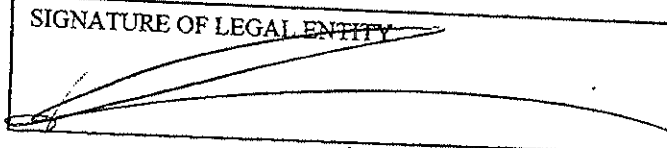
#722 P.012/030

06/23/2011 03:25

From:

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

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~~Page 18 of 32~~

NAME AND ADDRESS OF PERSONAL CARE HOME Keystone Hospice, 8765 Stenton Avenue Wyndmoor, PA 19038		CURRENT LICENSE NUMBER 127970	
INSPECTION DATES (Include all dates of the inspection) 04/08/2011		REGIONAL REPRESENTATIVE Roslyn Brewer, Sandra Wooters	
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 		DATE 6/29/11 RJC	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION DATE

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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.	There were open plastic containers cayenne pepper and poppy seeds in the storage area not covered.	4/8/11	Both containers were immediately disposed of in the presence of the surveyor. All kitchen employees were immediately informed to place lids on containers at all times.	
		Added:	The Chef will check spice containers daily to insure compliance.	

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

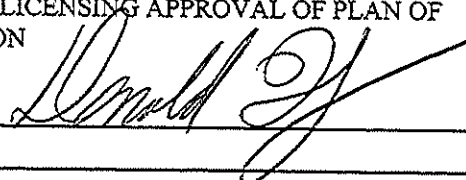
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Page 12 of 32

NAME AND ADDRESS OF PERSONAL CARE HOME Keystone Hospice, 8765 Stenton Avenue Wyndmoor, PA 19038		CURRENT LICENSE NUMBER 127970	
INSPECTION DATES (Include all dates of the inspection) 04/08/2011		REGIONAL REPRESENTATIVE Roslyn Brewer, Sandra Wooters	
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SIGNATURE OF LEGAL ENTITY <i>Legal Entity did not sign. JH 6/28/11</i>	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald J</i>	DATE <i>6/3/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
103i Outdated or spoiled food or dented cans may not be used.	Two dented cans were found in the storage area in the dry storage area; 1 can of Campbells chicken soup and 1 can of Coco Lopez drink.	<i>4/8/11</i>	<p><i>Two dented cans were immediately disposed of in the presence of the surveyor.</i></p> <p><i>All Kitchen staff were immediately informed to discard any broken or dented cans.</i></p> <p><i>Kitchen staff inspect all cans at purchase &amp; upon placement on shelves and at purchase when stock is rotated.</i></p>	<i>6/3/11</i> <i>D</i>

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

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NAME AND ADDRESS OF PERSONAL CARE HOME Keystone Hospice, 8765 Stenton Avenue Wyndmoor, PA 19038		CURRENT LICENSE NUMBER 127970	
INSPECTION DATES (Include all dates of the inspection) 04/08/2011		REGIONAL REPRESENTATIVE Roslyn Brewer, Sandra Wooters	
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SIGNATURE OF LEGAL ENTITY <i>Legal Entity did not sign. JH 6/28/11</i>	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>6/3/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
107b The home shall have written emergency procedures that include the following: (1) Contact information for each resident's designated person. (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality. (3) Contact telephone numbers of municipal and state emergency management agencies and local resources for housing and	The homes written emergency procedures do not include:  1. Contact information for each resident's designated person.  2. The homes plan to provide confidentiality of the emergency medical information.  3. Contact telephone number of local and State emergency management agencies and local resources for housing and emergency care of residents  4. Duties and responsibilities of staff persons during evacuation, transportation and at emergency location.	<i>4/8/11</i>	<p><i>107b</i></p> <p><i>#1) As explained during the exit interview, scanned copies of the Resident's Intake form including contact information is retained on-line under Caregiver Resources in Home Works, computerized resident documentation system. Information is also part of the initial Psycho Social assessment in the Roadnotes computerized documents.</i></p> <p><i>#2) All employees are trained under HIPAA guidelines which covers confidentiality of patient information.</i></p>	<i>6/3/11</i> <i>A</i>



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

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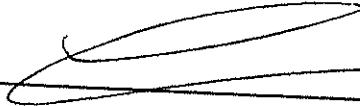
NAME AND ADDRESS OF PERSONAL CARE HOME Keystone Hospice, 8765 Stenton Avenue Wyndmoor, PA 19038		CURRENT LICENSE NUMBER 127970	
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SIGNATURE OF LEGAL ENTITY		DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
			DATE 6/14/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
121b Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.	The first floor exits, second floor back stairwell exit and third floor back stairwell exit has key pad operated locks and the instructions, for the key pad codes are not posted. All residents are not capable of using the key pad locking devices in order to exit from the home.	4/8/11  Addended	Signs with the egress code were immediately posted at each keypad while the surveyors were on the premises.  We will apply for a Waiver - see letter attached to page 3 Home must comply with this regulation if request for waiver is denied at 4/14/11	Steps have been taken to correct violation; full compliance is not verifiable 6/14/11 Date / Initials (DPW)

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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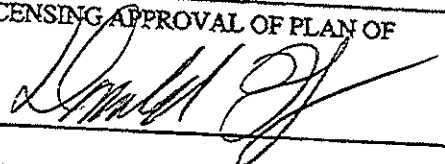
NAME AND ADDRESS OF PERSONAL CARE HOME Keystone Hospice, 8765 Stenton Avenue Wyndmoor, PA 19038		CURRENT LICENSE NUMBER 127970	
INSPECTION DATES (Include all dates of the inspection) 04/08/2011		REGIONAL REPRESENTATIVE Roslyn Brewer, Sandra Wooters	
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SIGNATURE OF LEGAL ENTITY 		DATE 6-7-11 <i>pac</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
			DATE

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From:

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

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NAME AND ADDRESS OF PERSONAL CARE HOME Keystone Hospice, 8765 Stanton Avenue Wyndmoor, PA 19038		CURRENT LICENSE NUMBER 127970	
INSPECTION DATES (Include all dates of the inspection) 04/08/2011		REGIONAL REPRESENTATIVE Roslyn Brewer, Sandra Wooters	
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			6/14/11

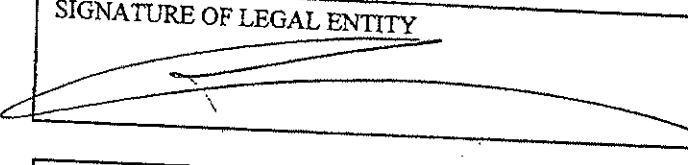
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123d If the home serves one or more residents with mobility needs above or below grade level of the home there shall be a fire-safe area, as specified in writing within the past year by a fire safety expert, on the same floor as each resident with mobility needs.	There are residents with mobility needs on the 2nd and 3rd floor and the home does not have documentation of a fire safe area on those floors.  <i>Added:</i> Letter dated 6/3/11 from local Fire Marshall. On 6/14/11 telephone conversation with D.M. Home has secured funding for & will proceed with construction of required fire areas and obtain necessary certifications. On the instance the home has requested a waiver of this regulation. Do I have as demand has...	<i>anticipated 3-6 mos.</i>	<i>See attached letter and grant from PA DCED (Dept of Community &amp; Economic Development) and plans of Keystone Hospice for fire/safety modifications. Grant received Jan 2011. State walk through with Architects occurred week of May 16th with Engineers, as well... 200k in grant funds have been received and work will begin with final approval from the State.</i>	Steps have been taken to correct violation; full compliance is not verifiable  <i>6/14/11</i> Date Initials (DPW)

*Added:  
 Letter dated 6/3/11 from local Fire Marshall.  
 On 6/14/11 telephone conversation with D.M. Home has secured funding for & will proceed with construction of required fire areas and obtain necessary certifications. On the instance the home has requested a waiver of this regulation. Do I have as demand has...*

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06/23/2011 03:26

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

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NAME AND ADDRESS OF PERSONAL CARE HOME Keystone Hospice, 8765 Stenton Avenue Wyndmoor, PA 19038		CURRENT LICENSE NUMBER 127970	
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SIGNATURE OF LEGAL ENTITY 		DATE 6/24/11 pac	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION DATE

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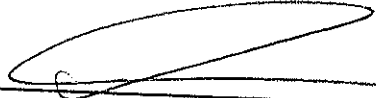
**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600**

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NAME AND ADDRESS OF PERSONAL CARE HOME Keystone Hospice, 8765 Stenton Avenue Wyndmoor, PA 19038		CURRENT LICENSE NUMBER 127970	
INSPECTION DATES (Include all dates of the inspection) 04/08/2011		REGIONAL REPRESENTATIVE Roslyn Brewer, Sandra Wooters	
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124 The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.	The home does not have documentation of notification sent to the fire department of the address of the home, location of bedrooms and assistance needed to evacuate during an emergency.	5-16-11  Addended:	Attached letter and supporting documents were sent to the Fire Marshall of Springfield Township  The Chair of the Safety Committee will monitor annually for compliance and letter will be updated as required.	6/3/11 <i>[Signature]</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Keystone Hospice, 8765 Stenton Avenue Wyndmoor, PA 19038		CURRENT LICENSE NUMBER 127970	
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**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

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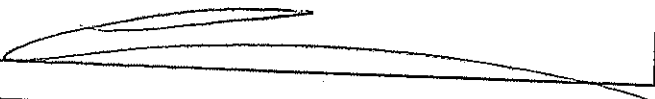
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			<i>[Signature]</i>
			6/14/11

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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 home is required by the 11/4/10 waiver to simulate the evacuation of a fire drill or removal to a safe area of all incapacitated residents. The homes does not document on the written fire drill record the exit route used during the simulated evacuation or removal of incapacitated residents to a safe area.	5-16-11	Maintenance Coordinator who runs monthly fire drills was provided with PCH Fire Drill Record Sheets for §2600.132(c) and Fire Drill Record Addendum forms for §2600.14(a) and will begin documenting exit routes and resident data.  See attached forms  The Executive Director / Administrator will review monthly fire drill logs for compliance.  See attached:	Steps have been taken to correct violation; full compliance is not verifiable  Date: 6/14/11 Initials: (DPW)

06/23/2011 03:27 #722 P.017/030

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

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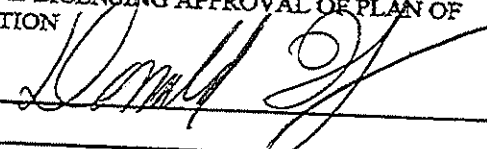
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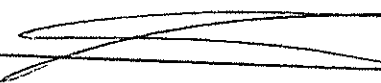
**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

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<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Keystone Hospice, 8765 Stenton Avenue Wyndmoor, PA 19038		<b>CURRENT LICENSE NUMBER</b> 127970	
<b>INSPECTION DATES (Include all dates of the inspection)</b> 04/08/2011		<b>REGIONAL REPRESENTATIVE</b> Roslyn Brewer, Sandra Wooters	
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<b>SIGNATURE OF LEGAL ENTITY</b>		<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 
			<b>DATE</b> 6/24/11

REGULATION 55 Pa.Code §2600	VIOLATION					DATE BY WHICH CORRECTION WILL BE COMPLETED	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
	Mont	Date	Time	Evac. Time	FSE			
	Jan				No			
	Feb				No			
	Mar				No			
	Apr				No			
	May				No			
	Jun				No			
	Jul				No			
	Aug				No			
	Sep				No			
	Oct				No			
	Nov				No			
	Dec				No			


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

NAME AND ADDRESS OF PERSONAL CARE HOME Keystone Hospice, 8765 Stenton Avenue Wyndmoor, PA 19038		CURRENT LICENSE NUMBER 127970	
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	Sep				No			
	Oct				No			
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	Dec				No			

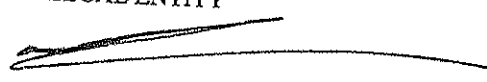
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME Keystone Hospice, 8765 Stenton Avenue, Wyndmoor, PA 19038		CURRENT LICENSE NUMBER 127970	
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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 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.	Resident #1 was admitted on 4/1/11. The resident's medical evaluation was not dated at the time of completion by the physician.	4-14-11	Medical Director was serviced on importance of dating documentation. At time of survey, the Admission History and Physical Assessment form attached to the medical evaluation was dated by our Medical Director.	6/14/11 Ⓟ
		Added:	The RN admitting the resident is responsible to oversee the signing and dating of the required medical documentation on an ongoing basis for compliance.	

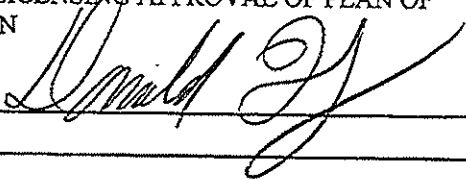
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600


NAME AND ADDRESS OF PERSONAL CARE HOME Keystone Hospice, 8765 Stenton Avenue Wyndmoor, PA 19038		CURRENT LICENSE NUMBER 127970	
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			DATE

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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 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.	Resident #1 was admitted on 4/1/11. The resident's medical evaluation was not dated at the time of completion by the physician.	4-14-11	Medical Director was inserviced on importance of dating documentation. At time of survey, the Admission History and Physical Assessment form attached to the medical evaluation was dated by our Medical Director.	
		Added:	The RN admitting the resident is responsible to oversee the signing and dating of the required medical documentation on an ongoing basis for compliance.	

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

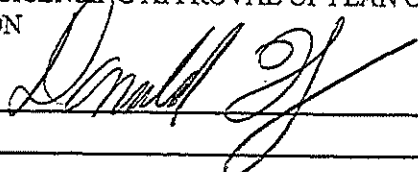
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NAME AND ADDRESS OF PERSONAL CARE HOME Keystone Hospice, 8765 Stenton Avenue Wyndmoor, PA 19038		CURRENT LICENSE NUMBER 127970	
INSPECTION DATES (Include all dates of the inspection) 04/08/2011		REGIONAL REPRESENTATIVE Roslyn Brewer, Sandra Wooters	
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 <i>Legal Entity did not sign. JH 6/28/11</i>	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>6/3/11</i>

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143a The home shall have a written emergency medical plan that includes the following: (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible. (2) Emergency transportation to be used. (3) An emergency-staffing plan.	The home does not have an emergency medical plan.	<i>5-16-11</i>	<p><i>The Keystone Emergency Preparedness Plan has been revised to include the hospital that will be used in an emergency, the emergency transportation and staffing plan.</i></p> <p><i>See attached policy 9.9 "The Keystone Hospice House Emergency Preparedness Plan."</i></p>	<i>6/3/11</i> 

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

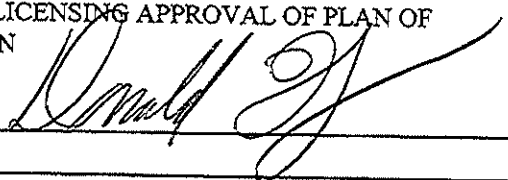
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144c A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures. The written fire safety policy and procedures shall include proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including extinguishing procedures.	Visitors were observed smoking in the side porch of the home. The home's written policy states that the home is a non-smoking facility.	<i>5-16-11</i>	<i>No Smoking policy was revised on 4-8-11 and given to surveyor. Issue at exit interview was that the policy did not include extinguishing of the cigarettes. Smoking policy was revised again to include this information. See attached. Note: Home is fully sprinklered on all floors and alarm system directly monitored to 911 County System</i>	<i>6/3/11</i> 

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

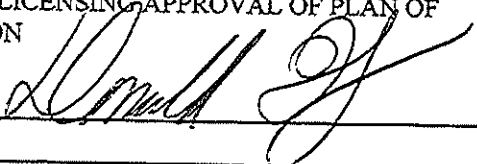
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185b At a minimum, the procedures must include: (1) Documentation of the receipt of controlled substances and prescription medications. (2) A process to investigate and account for missing medications and medication errors. (3) Limited access to medication storage areas. (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive	The home's procedures for the safe storage, access, security, distribution and use of medications and medical equipment do not include:  1. Documentation of the receipt of controlled substances.  2. A process to investigate and account for missing medications and medications errors.  3. Limited access to medication storage area.	5-16-11	The "Safeguard of Controlled Drugs" policy has been revised.  The surveyor did not ask about this process during the survey.  See attached policy	6/3/11 

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medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.				