

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

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

To operate GARDNERS SPECIALIZED COMMUNITY RESIDENCE

Located at 221 OLD STATE ROAD, GARDNERS, PA. 17324

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

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 June 6, 2011 until June 6, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 315070

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.



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

ADULT RESIDENTIAL LICENSING

JUN 09 2011

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

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

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

Dear Mr. Grier:

As a result of the Department of Public Welfare's licensing inspection on April 25, 2011 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 be 'R' followed by 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 GARDNERS SPECIALIZED COMMUNITY RESIDENCE, 221 OLD STATE ROAD GARDNERS, PA 17324		CURRENT LICENSE NUMBER 315070	
INSPECTION DATES (Include all dates of the inspection) 04/25/2011		REGIONAL REPRESENTATIVE Lori Gensil	
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>Nancy Jurek</i> <i>Area Director</i>	DATE 5/20/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Enoch</i>	DATE 6/01/11

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
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	The medication administration record (MAR) for all residents does not include administration times, only listing "AM" or "PM."  <p align="center">PCH Division Central Region Field Office</p> <p align="center">MAY 23 2011</p>	5/19/11	The specific time of the dose was added to the <del>current</del> current MAR, for example "Am" was changed to "8 Am". In situation when this was not utilized staff are writing the specific time that the medication was taken beneath the staff initials. In the future the administrator will review the MAR prior to them being used to ensure the MARs have been printed out to include the above changes. In addition the administrator will also do weekly checks for the next six <del>weeks</del> months to ensure staff are making their entries in the MAR correctly.	Steps have been taken to correct violation; full compliance is not verifiable Date 6/01/11 Initials (DPW) <i>SE</i>

**RECEIVED**

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

NAME AND ADDRESS OF PERSONAL CARE HOME GARDNERS SPECIALIZED COMMUNITY RESIDENCE, 221 OLD STATE ROAD GARDNERS, PA 17324		CURRENT LICENSE NUMBER 315070	
INSPECTION DATES (Include all dates of the inspection) 04/25/2011		REGIONAL REPRESENTATIVE Lori Gensil	
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>Rony Zoussena Nurse Director</i>	DATE 5/20/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JGE</i>	DATE 6/01/11

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
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.			<u>Cont'd.</u> 	