

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 11, 2012 until June 11, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127970

Robert E. Robinson

ISSUING OFFICER

[Signature]

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



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

ADULT RESIDENTIAL LICENSING

JUN 13 2012

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

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 licensing inspection on October 18, 2011, October 19, 2011, October 21, 2011, January 4, 2012 and February 16, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

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

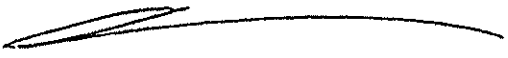
Sincerely

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

Ronald Melusky
Director

Enclosures
License
Violation Report

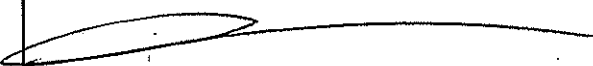
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME KEYSTONE HOSPICE, 8765 STENTON AVENUE WYNDMOOR, PA 19038		CURRENT LICENSE NUMBER 127971	
INSPECTION DATES (Include all dates of the inspection) 10/18/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Andrea Kurtz	
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 1/19/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION M. Muskalczyk	DATE 2/16/12

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
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).	<p>On 8/17/11, resident #1 reported to direct care staff person A that her left arm was painful because a staff person had been rough with her. On 8/18/11 at 7:00 am, a staff person leaving her shift reported a bruise on resident #1's left arm. This alleged abuse was investigated by the home, but not reported to the Department.</p> <p>On 8/18/11 at 11:00am, resident #2 attempted to ambulate without assistance, had a fall, and was transported via ambulance to the emergency room for an evaluation which resulted in a diagnosis of a fractured femoral neck of the right hip. The home did not submit an incident report to the Department.</p>	1/19/12	<p>Allegations of any abuse or other reportable incidents will continue to be investigated by the home following our patient complaint process. The ED or her designee will comply with regulation 55 Pa. code § 2600.16c's timely report within DPW regulated timeframe.</p> <p>The VP, Business Development who is recipient of all safety reports & complaint reports will continue to monitor all reports.</p> <p>The VP, Business Development will inform ED of all reportable incidents and said will be filed timely with the state.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 2/16/12 Initials (DPW): [Signature]</p>

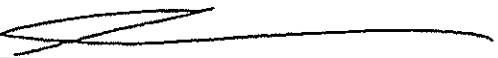
All staff will be reminded at regular meetings to report any incidents to

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SIGNATURE OF LEGAL ENTITY 	DATE 2/16/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION M. Nowakowski	DATE 2/16/12

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
15a The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.	On 8/17/11, an allegation of abuse against resident #1 was reported to staff person A. The home did not report the allegation to the local area on aging.	2/16/12	<p>Patient with terminal cancer and psychotic family notified - assessment revealed no signs of abuse - immediate 2:1 staff supervision started through entire length of stay.</p> <p>Any and all incidents of allegations of abuse will be reported in accordance with the Older Adult Protective Services Act.</p> <p>Administrator or designee will monitor for ongoing compliance.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 2/16/12 Initials (DPW): [Signature]</p>

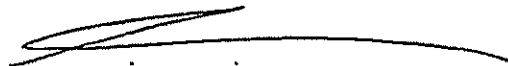
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME KEYSTONE HOSPICE, 8765 STENTON AVENUE WYNDMOOR, PA 19038		CURRENT LICENSE NUMBER 127971	
INSPECTION DATES (Include all dates of the inspection) 10/18/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Andrea Kurtz	
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SIGNATURE OF LEGAL ENTITY 	DATE 1/19/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mofialczyk</i>	DATE 2/16/12

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
15b If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.	On 8/17/11, an allegation of abuse was made against staff person B regarding resident #1. The home did not develop and implement a plan of supervision or suspend staff person B.	1/19/12	<p>Plan of supervision has been in place. Nurses aides are supervised by RN on duty.</p> <p>Based on home's allegations of abuse or other report incidences, a written counseling form will be filled out & reviewed w/ involved staff persons and a corrective action plan implemented. Appropriate discipline will be implemented including suspension, termination if appropriate.</p>	<p>Steps have been taken to correct violation; full compliance not verifiable (initials: DFW)</p>

2/16/12
[Signature]
 Administrator or designee will monitor for compliance


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PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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INSPECTION DATES (include all dates of the inspection) 10/18/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Andrea Kurtz	
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SIGNATURE OF LEGAL ENTITY 	DATE 1/19/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moshkowitz</i>	DATE 2/16/12

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
15d The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.	On 8/17/11, the home received a report of suspected abuse involving resident #1. The home did not notify resident #1's designated person of the report until 8/18/11.	1/19/12	Allegations of any abuse or other reportable incidences will continue to be investigated by the home following our patient complaint process. Staff will be retrained on procedure. The VP, Business Development, who is recipient of complaints & safety reports will continue to monitor all reports to make sure that the resident's designated person is notified of the report of suspected abuse or neglect involving resident, immediately.	

Steps have been taken to correct violation until compliance is not verifiable
 Date: 2/16/12
 Initials (DPW): *AM*

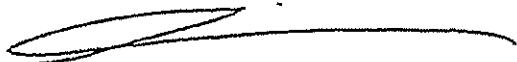
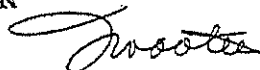
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME KEYSTONE HOSPICE, 3765 STENTON AVENUE WYNDMOOR, PA 19038		CURRENT LICENSE NUMBER 127971	
INSPECTION DATES (include all dates of the inspection) 10/18/2011		REGIONAL REPRESENTATIVE Kimberly A. Foulkes, Andrea Kuntz	
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 1/29/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Jwoster	DATE 1/11/12

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
19 19- (a) A home may submit a written request for a waiver of a specific requirement contained in this chapter. The waiver request must be on a form prescribed by the Department. The Secretary, or the Secretary's appointee, may grant a waiver of a specific requirement of this chapter if the following conditions are met: (1) There is no jeopardy to the residents. (2) There is an alternative for providing an	<p>-On 3/17/08, the home received a waiver of 2600.22(a)(1) regarding preadmission screenings. The waiver required that the following screening forms would be completed in place of the Department's Personal Care Home Preadmission Screening form prior to admission:</p> <p>a. Pre-admission TB Screen b. Personal Care Home Standardized Screening Instrument-Part II c. Home Health Aide Plan d. Physician and Interdisciplinary Team Treatment Plan and Certification</p> <p>The home has revised the Pre-admission TB Screen and the Home Health Aide Plan. The forms has the same or similar content to the approved forms, but were never submitted to the Department for approval prior to implementation in regards to the approved waiver.</p> <p>The home is no longer utilizing the Physician and Interdisciplinary Team Treatment Plan and Certification form as part of the screening process.</p> <p>-On 3/17/08, the home received a waiver of</p>	1/19/12	<p>Keystone utilizes forms that come from our IT vendor</p> <p>The information req: by DPW is embro within the We receive with th that wo:</p> <p>Please See Attached for Plan of Correction</p> <p>- ms standing - m.s. - accepted - accurate - electronic - cm's stored electronically.</p> <p>A new waiver request is being submitted.</p> <p>a. Preadmission TB screen see Exhibit A. This form is in every resident's chart as part of routine admission paperwork</p>	

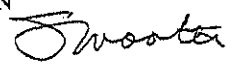
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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME KEYSTONE HOSPICE, 8765 STENTON AVENUE WYNDMOOR, PA 19038		CURRENT LICENSE NUMBER 127971	
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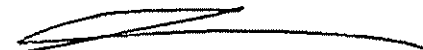

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
<p>equivalent level of health, safety and well-being protection of the residents. (5) Residents will benefit from the waiver of the requirement. (b) The scope, definitions, applicability or residents' rights under this chapter may not be waived. (c) At least 30 days prior to the submission of the completed written waiver request to the Department, the home shall provide a copy of the completed written waiver request to the affected resident and designated</p>	<p>2600.22(a)3 regarding resident assessments. The waiver required that the following assessment forms would be completed in place of the Department's Personal Care Home Assessment form within 15 days after admission: a. Patient Assessment (9 pages) b. Fall Assessment c. Patient Assessment (2 pages).</p> <p>The home has replaced the Patient Assessment (9 pages) and the Patient Assessment (2 pages) with a computerized version of the form titled Keystone House SN Admission. This form does not have the same content as the original forms approved by the waiver.</p> <p>The home has replaced the Fall Assessment with a computerized version of the form. This form has the same content, however there is no date on the form to tell when it is completed, and it was not submitted to the Department for approval prior to implementation in regards to the approved waiver.</p> <p>-On 3/17/08, the home received a waiver of 2600.227(a) regarding resident support plans. The waiver required that the Interdisciplinary Care</p>	1/19/12	<p>a. Patient Assessment See form Keystone House SN Admission Assessment which contains all the data from the 9 page patient form. b. Fall Assessment See Risk Assessment</p> <p>Please See Attached for Plan of Correction - exhibit B - exhibit E - 2 page of this - dit show 2 contact dates 3/25 & 3/27/2011 which are the dates of the 2 Fall Risk Assessments done once on admission & once post fall. There was a date on the form over →</p>	

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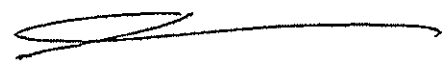
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<p>person to provide the opportunity to submit comments to the Department. The home shall provide the affected resident and designated person with the name, address and telephone number of the Department staff person to submit comments.</p> <p>(d) The home shall discuss the waiver request with the affected resident and designated person upon the request of the resident or designated person.</p> <p>(e) The home shall notify the affected resident and designated person</p>	<p>Plan would be completed in place of the Department's Personal Care Home Support Plan. The Interdisciplinary Care Plan will be developed and implemented within 30 days of admission to the home.</p> <p>The home is no longer utilizing the Interdisciplinary Care Plan. The home uses a form titled Hospice Certification and Plan of Treatment which has some elements of the approved form, but not all.</p>			

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of the approval or denial of the waiver. A copy of the waiver request and the Department's written decision shall be posted in a conspicuous and public place within the home. (f) The Department will review waivers annually to determine compliance with the conditions required by the waiver. The Department may revoke the waiver if the conditions required by the waiver are not met. (g) A waiver granted prior to October 24, 2005, is no longer in effect as of October			- Cont. from previous page.	

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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
24, 2006.			- Cont. from previous page	

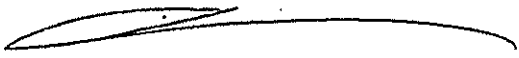
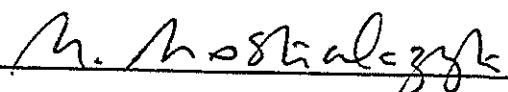
**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**


NAME AND ADDRESS OF PERSONAL CARE HOME Keystone Hospice, 8765 Stenton Avenue, Wyndmoor, PA 19038		CURRENT LICENSE NUMBER 1279971
ON-SITE INSPECTION DATE(S) October 18, 2011	DEPARTMENT REPRESENTATIVES ONSITE Kimberly Foulkes, Andrea Kurtz	

1 REGULATION 55 Pa.Code § 2600.	2 DESCRIPTION OF VIOLATION	3 PLAN OF CORRECTION (POC) Include steps to correct the violation in Column 2 and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed. Attach pages as necessary. Sign and date any attached pages.	4 DEPARTMENT USE ONLY POC STATUS AS OF 6/1/12 (DATE)
19 – See previous page	See previous page	<p>Keystone Hospice utilizes multiple, comprehensive forms to assess residents before and after admission, to create plans of care for residents during their residency at the Hospice, and to ensure timely and accurate medical evaluations. Keystone Hospice intends to seek a waiver of the requirements to use Department forms to reduce the administrative burden of duplicative work.</p> <p>Plan of Correction: Between March 13, 2012 and March 30, 2012: Keystone Hospice will comply with the provisions of the March 17, 2008 waiver and/or will use the Department's forms where required.</p> <p>On or Before April 1, 2012 Representatives from Keystone Hospice will meet with the Department to review the forms Keystone desires to use and receive technical assistance in requesting a waiver for their use.</p> <p>Upon Approval of the Waiver(s): The home will use their own forms in accordance with the conditions of the waiver(s)</p>	<p>Fully Implemented</p> <p><i>CFJ</i></p> <p>Partially Implemented</p> <p>Adequate progress</p> <p>Inadequate progress</p> <p>Not Implemented</p>

Printed Name and Title of Legal Entity Representative (Required on FIRST PAGE only unless multiple representatives complete the POC)	Signature of Legal Entity Representative (Required on EVERY page)	Date
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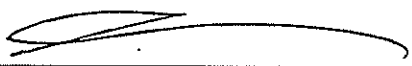
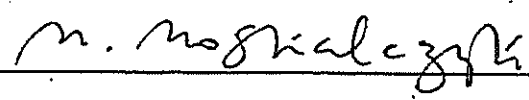
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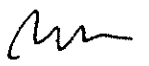
NAME AND ADDRESS OF PERSONAL CARE HOME KEYSTONE HOSPICE, 8765 STENTON AVENUE WYNDMOOR, PA 19038		CURRENT LICENSE NUMBER L27971	
INSPECTION DATES (Include all dates of the inspection) 10/18/2011	REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Andrea Kurtz		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 2/19/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2/16/12

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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 #6 does not include all of the resident's rights as defined by Chapter 2600. Repeated Violations: 04/08/2011	1/19/12	upon investigation, this open chart had the older version of the agreement at time of admission. Director of Social Services will review w/pt/family and monitor that the correct forms are in pt's chart. Director of QA/PI will review & incorporate by monitoring state websites for any changes or updates to patient rights. Please refer to - Exhibit H - Patient & Family Handbook, particularly pg 4 & 5 " Hospice Patient Bill of Rights and - Exhibit I - Admission Agreement for Personal	 2/16/12

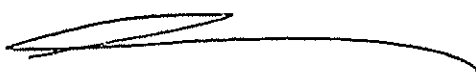
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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME KEYSTONE HOSPICE, 8765 STENTON AVENUE WYNDMOOR, PA 19038		CURRENT LICENSE NUMBER 127971	
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SIGNATURE OF LEGAL ENTITY 	DATE 2/16/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2/16/12

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
44a Prior to admission, the home shall inform the resident and the resident's designated person of the right to file and the procedure for filing a complaint with the Department's personal care home regional office, local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc. or law enforcement agency.	The home has not informed resident #3, admitted 3/25/11, resident # 4, admitted 10/12/11, resident #5, admitted 8/15/11, resident #6, admitted 6/1/11, resident #7, admitted 3/11/11 and their designated persons, about the resident's right to file and the procedure for filing a complaint with the Department's personal care home regional office, Disability rights Network of Pennsylvania, or law enforcement agency.	2/16/12	<p><i>Contract was older version and all contracts now currently have all resident rights listed. All current resident contracts were audit to assure new contract was in place.</i></p> <p><i>The Administrator or her designee will monitor for compliance going forward</i></p>	 2/16/12

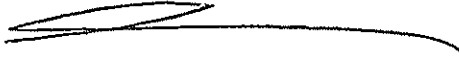
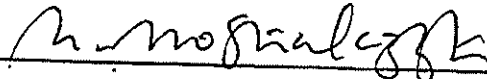
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME KEYSTONE HOSPICE, 8765 STENTON AVENUE WYNDMOOR, PA 19038		CURRENT LICENSE NUMBER 127971	
INSPECTION DATES (include all dates of the inspection) 10/18/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Andrea Kurtz	
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 1/19/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mognalozyk</i>	DATE 2/16/12

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
51/52 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults). Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102) and 6 Pa. Code Chapter 15	Direct care staff person D, hired 4/30/07, lived out of state from 1995-2007. This staff person did not have an FBI criminal background check completed.	1/19/12	Staff care person D was immediately sent to her local police dept. for fingerprinting & FBI clearance application. Home has since received FBI clearance form & there is a clean record w/ no violations. This procedure is in place for all staff who live or lived out of state for the specified time in accordance w/ Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102) and 6 Pa. Code Chapter 15)	Steps have been taken to correct violation; full compliance is not verifiable Date _____ Initials (DPW) _____

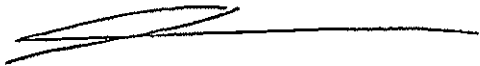
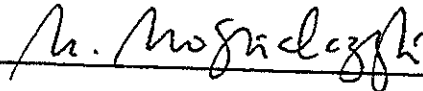
Act (35 P. S. §§ 10225.101-10225.5102) and 6 Pa. Code Chapter 15)

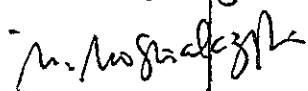
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME KEYSTONE HOSPICE, 8765 STENTON AVENUE WYNDMOOR, PA 19038		CURRENT LICENSE NUMBER 127971	
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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
(relating to protective services for older adults) and other applicable regulations.			- Cont. from previous page.	

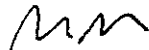
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME KEYSTONE HOSPICE, 8765 STENTON AVENUE WYNDMOOR, PA 19038		CURRENT LICENSE NUMBER 127971	
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65e Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	Direct care staff person F received only 8 hours of annual training in training year 2010.	1/19/12	<p>Staff person F received counseling on the importance of attending all mandatory company trainings.</p> <p>Counseling placed in permanent personnel file.</p> <p>Mechanism/tracking in place to monitor attendance to scheduled training classes.</p> <p>2/16/12 - Human Resources Dept. to monitor for ongoing compliance - </p>	<p>MM 2/16/12</p>

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

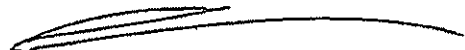
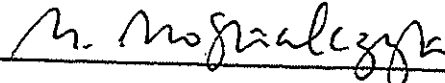
NAME AND ADDRESS OF PERSONAL CARE HOME KEYSTONE HOSPICE, 8765 STENTON AVENUE WYNDMOOR, PA 19038		CURRENT LICENSE NUMBER 127971	
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65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be 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	Direct care staff person D did not receive training in The Older Adult Protective Services Act during training year January 2010 to December 2010. Direct care person F did not receive training in emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, The Older Adult Protective Services Act, and falls and accident prevention during training year January 2010 to December 2010. Repeated Violations: 04/08/2011	2/16/12	Employee was on schedule to cover shift and did not attend mandatory company in-service. Staff person was given handouts and trained immediately on the Older Adult Protective Services Act. Human Resources Dept will audit personnel files for inclusion of all mandatory trainings of the employees annually.	 2/16/12

2/16/12

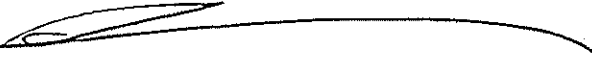
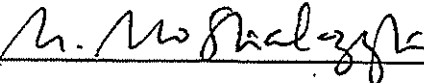
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

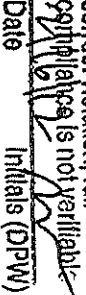
Page 17 of 37

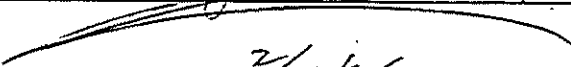
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regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.			- cont. from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

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

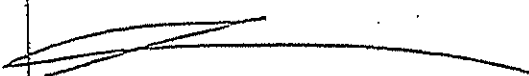
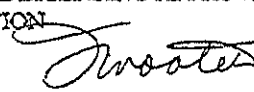
NAME AND ADDRESS OF PERSONAL CARE HOME KEYSTONE HOSPICE, 8765 STENTON AVENUE WYNDMOOR, PA 19038		CURRENT LICENSE NUMBER 127971	
INSPECTION DATES (Include all dates of the inspection) 10/18/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Andrea Kurtz	
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REGULATION 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
65i A record of training including the direct care staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.	The home's record of direct care staff training for direct care staff person E, date of hire 10/11/11, and direct care staff person G, date of hire 10/3/11, does not include the date of completion on the record for this staff persons training in resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, and reporting of reportable incidents and conditions.	2/16/12	<p>Training records were updated for direct care staff to include staff person trained, date, source, content, length of each course and copies of any certificates received will be kept in the personnel file.</p> <p>Human Resources Dept. will monitor & audit personnel files for complete documentation of training.</p>	<p>Steps have been taken to correct violation: full compliance is not verifiable</p> <p> Date: 2/16/12 Initials (DPW)</p>

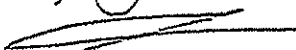

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME KEYSTONE HOSPICE, 8765 STENTON AVENUE WYNDMOOR, PA 19038		CURRENT LICENSE NUMBER 127971	
INSPECTION DATES (include all dates of the inspection) 10/18/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Andrea Kurtz	
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 2/14/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6-1-12

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
55d Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.	<p>The trash can in the bathroom of room #5 does not have a lid. This bathroom is shared by two occupants.</p> <p>The trash can in the bathroom of room #11 does not have a lid. This bathroom is shared by two occupants.</p> <p>Repeated Violations: 04/03/2011</p>	2/16/12	<p>The population we serve in our community are terminally ill and are not the lids.</p> <p>Trash - Please See Attached for Plan of Correction if sorted (3x/day) or other materials.</p> <p>We keep staff monitors waste disposal as do the resident care aides.</p> <p>Trash cans are empty emptied more than required by regulations.</p>	


2/14/12

**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 1279971
ON-SITE INSPECTION DATE(S) October 18, 2011	DEPARTMENT REPRESENTATIVES ONSITE Kimberly Foulkes, Andrea Kurtz	

1 REGULATION 55 Pa.Code § 2600.	2 DESCRIPTION OF VIOLATION	3 PLAN OF CORRECTION (POC) Include steps to correct the violation in Column 2 and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed. Attach pages as necessary. Sign and date any attached pages.	4 DEPARTMENT USE ONLY POC STATUS AS OF 6/1/12 (DATE)
85(d) - See previous page	See previous page	<p>Plan of Correction: Between March 13, 2012 and March 30, 2012: Keystone Hospice will comply with the requirements of this regulation and equip the identified trash cans with lids that can be easily opened by residents.</p> <p>On or Before April 1, 2012 Representatives from Keystone Hospice will meet with the Department to discuss alternatives to trash can lids and receive technical assistance in requesting a waiver for their use.</p> <p>Upon Approval of the Waiver(s): The home will use their own forms in accordance with the conditions of the waiver(s) <i>with private parties</i>.</p> <p><i>Resident rooms # 6 + 11 are now single occupancy. Should these rooms increase occupancy a trash can with a lid will be maintained.</i></p> <p><i>Any room with two or more residents will have a trash can with a lid. The nursing staff will instruct housekeeping to place the lid on the trashcan should the occupancy of any room increase to two or more.</i></p> <p><i>The housekeeping staff will empty the single occupancy bathroom trash cans several times a shift to prevent any infestation. (per telephone call 5/14/12)</i></p>	<p align="center">Fully Implemented</p> <p align="center"><i>ckj</i></p> <p>Partially Implemented</p> <p>Adequate progress</p> <p>Inadequate progress</p> <p>Not Implemented</p>

Printed Name and Title of Legal Entity Representative (Required on FIRST PAGE only unless multiple representatives complete the POC)	Signature of Legal Entity Representative (Required on EVERY page)	Date
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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 127971	
INSPECTION DATES (Include all dates of the inspection) 10/18/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Andrea Kurtz	
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	2/16/12		2/16/12


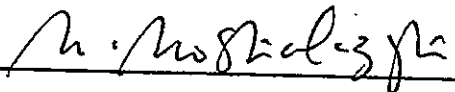
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
91 Telephone numbers for the nearest hospital, police 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.	<p>The emergency numbers posted near the phone in room #5 and #10 do not include the phone numbers for the municipal emergency management agency or personal care home complaint hotline.</p> <p>The telephones in room #1 by the bed near the window and room #6 do not have emergency numbers posted nearby.</p> <p>The emergency numbers posted near the phone in room #11 do not include the phone number for the personal care home complaint hotline.</p> <p>Repeated Violations: 04/08/2011</p> <p><i>Housekeeping to monitor phone lists in patient drawers daily</i></p>	2/16/12	<p><i>Our default emergency phone line will be 911 as Township phone (215) 836-7600 number is not answered after hours as is the Montco Co Emergency Management phone number. These two numbers monitored 8:30-6pm only 911 is safest number for our residents and staff. Personal Care Complaint phone number is included in phone list.</i></p>	<p><i>Steps have been taken to correct violation; full compliance is not verifiable</i></p> <p>Date: <i>2/16/12</i> Initials (DPW): <i>[Signature]</i></p>


2/16/12

2/16/12

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

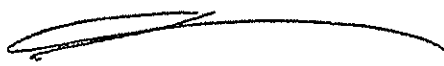
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NAME AND ADDRESS OF PERSONAL-CARE HOME KEYSTONE HOSPICE, 8765 STENTON AVENUE WYNDMOOR, PA 19038		CURRENT LICENSE NUMBER 127971	
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96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aid kit in room #9 does not include a breathing shield or eye coverings. Repeated Violations: 04/08/2011	1/19/12	Refer to Exhibit M - Emergency Kit The items that were cited as missing (breathing shield & eye coverings) are routinely in the kit, and are presently in the kit. It is important to note that at the time of inspection, there was major construction going on @ Keystone House & it is possible that these items were borrowed by an outside contractor or similar for use. The clinical supervisor for Keystone House nursing staff has assigned a House staff RN to check the kits weekly for correct content.	 2/16/12

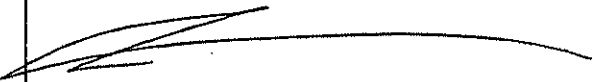
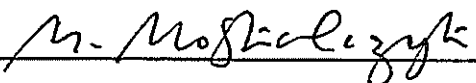
staff is aware to replace and contents used.

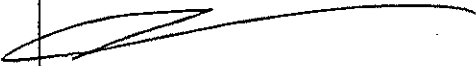
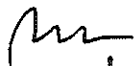
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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107d The written emergency procedures shall be reviewed, updated and submitted annually to the municipal emergency management agency.	The home's written emergency procedures have not been submitted to the municipal emergency management agency since they were updated in May 2011.	1/19/12	The Executive Directors Administrative Assistant has provided this information to the municipal emergency management agency on 1/12/12 and will provide this annually to the agency. See attached letter and copy of policy.	<i>mm</i> 2/16/12


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 127971	
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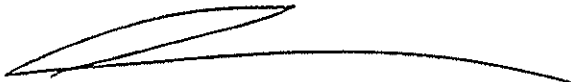
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
109b Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.	On 10/18/11, two dogs were present at the home. The home did not have a current certificate of rabies vaccination kept at the home.	2/16/12	<p><i>All current vaccinations are on record for dogs that visit the facility.</i></p> <p><i>The Director of Volunteers will monitor compliance with this regulation and keep all vaccination records current.</i></p> 	 2/16/12

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 127971	
INSPECTION DATES (Include all dates of the inspection) 10/18/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Andrea Kurtz	
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 3/5/12

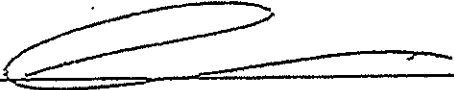
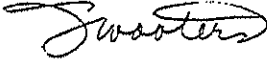
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141a The medical evaluation shall include the following: (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. (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	<p>The medical evaluation for resident #3, dated 3/30/11, does not include immunization history and medication regimen.</p> <p>The medical evaluations for resident #4, dated 10/14/11, resident #6, dated 6/1/11, and resident #7, dated 3/17/11, do not include immunization history, medication regimen, and a mobility assessment.</p> <p>The medical evaluation for resident #5, dated 8/25/11, does not include immunization history.</p>	<p>3/19/12</p> <p>4/15/12</p>	<p>Beginning 3/19/12, the home will use the Department's standardized medical evaluation form for all residents. The Administrator or designee will audit all residents' medical evaluations upon receipt to check for completeness and ensure that all of the required information on the medical evaluations.</p> <p>By 4/15/12, the home will obtain new medical evaluations that include the required content for residents #3, #4, #5, #6, and #7.</p>	<p> 5-10-2012</p>

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 127971	
INSPECTION DATES (Include all dates of the inspection) 10/18/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Andrea Kurtz	
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 7/25/11	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
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. (10) Mobility assessment, updated annually or at the Department's request.			<i>- cont. from previous page.</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 19058		CURRENT LICENSE NUMBER 127971	
INSPECTION DATES (include all dates of the inspection) 10/18/2011		REGIONAL REPRESENTATIVE Kimberli A. Foukkes, Andrea Kurtz	
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 12/16/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6/1/12

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.	Residents #3, #4, #5, #6, and #7, had medical evaluations completed but the home did not use the Department's medical evaluation form.	2/16/12	<p style="font-size: 1.2em; margin: 0;">This issue is under legal review.</p> <p style="font-size: 1.5em; margin: 0;">Docu</p> <p style="font-size: 0.8em; margin: 0;">Please See Attached for Plan of Correction</p> <p style="font-size: 0.8em; margin: 0;">Director of Training - DWJ Harrisburg, PA on Jan. 19, 2012.</p>	


**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 1279971
ON-SITE INSPECTION DATE(S) October 18, 2011	DEPARTMENT REPRESENTATIVES ONSITE Kimberly Foulkes, Andrea Kurtz	

1 REGULATION 55 Pa.Code § 2600.	2 DESCRIPTION OF VIOLATION	3 PLAN OF CORRECTION (POC) Include steps to correct the violation in Column 2 and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed. Attach pages as necessary. Sign and date any attached pages.	4 DEPARTMENT USE ONLY POC STATUS AS OF 6/4/12 (DATE)
141(a)– See previous page	See previous page	<p>Keystone Hospice utilizes multiple, comprehensive forms to assess residents before and after admission, to create plans of care for residents during their residency at the Hospice, and to ensure timely and accurate medical evaluations. Keystone Hospice intends to seek a waiver of the requirements to use Department forms to reduce the administrative burden of duplicative work.</p> <p>Plan of Correction: Between March 13, 2012 and March 30, 2012:</p> <ul style="list-style-type: none"> - The home will submit documentation from a physician showing: <ul style="list-style-type: none"> - Resident #3's immunization history and medication regimen. - Residents #4, #6, and #7's immunization histories, medication regimens, and mobility assessments. - Resident #5's immunization history. - - Keystone Hospice will comply with the provisions of the March 17, 2008 waiver and/or will use the Department's forms where required. <p>On or Before April 1, 2012 Representatives from Keystone Hospice will meet with the Department to review the forms Keystone desires to use and receive technical assistance in requesting a waiver for their use.</p> <p>Upon Approval of the Waiver(s): The home will use their own forms in accordance with the conditions of the waiver(s).</p>	<p align="center">Fully Implemented</p> <p align="center"><i>[Signature]</i></p> <p>Partially Implemented</p> <p>Adequate progress</p> <p>Inadequate progress</p> <p>Not Implemented</p>

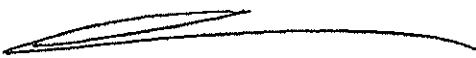
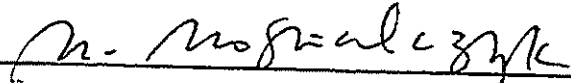
Printed Name and Title of Legal Entity Representative (Required on FIRST PAGE only unless multiple representatives complete the POC)	Signature of Legal Entity Representative (Required on EVERY page)	Date
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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME KEYSTONE HOSPICE, 8765 STENTON AVENUE WYNDMOOR, PA 19038		CURRENT LICENSE NUMBER 127971	
INSPECTION DATES (Include all dates of the inspection) 10/18/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Andrea Kurtz	
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 2/16/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION M. Moshalcyz	DATE 2/16/12

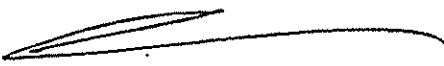
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
144c2 The location of a smoking room or outside smoking area shall be a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.	The home's smoking area is located on the side porch away from the entrance and there is an urn located there. On 10/18/11, 10/19/11 and 10/21/11 a metal ashtray was observed sitting on the window sill above the bench located immediately outside the exit near the blue room leading to the side porch. On 10/21/11 at 1:12pm a female in scrubs was observed sitting there smoking and the smell of smoke was noticeable in the blue room and hallway as the door was opening and closing. Repeated Violations: 04/08/2011	2/16/12	The patient designated smoking area is not a common entrance. All smoking materials are maintained in this one area. Smoke does not enter the home from this location. Staff + resident's were reoriented to the policy and compliance will be monitored by the staff daily.	<div style="border: 1px solid black; padding: 2px; transform: rotate(-90deg); transform-origin: left top; position: absolute; left: -40px; top: -20px;"> Date: 2/16/12 Initials (DPW): </div> Steps have been taken to correct violation; full compliance is not verifiable Date: 5-10-2012 Initials: <i>cyf</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 127971	
INSPECTION DATES (Include all dates of the inspection) 10/18/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Andrea Kurtz	
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 1/19/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2/16/12

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 127971	
INSPECTION DATES (include all dates of the inspection) 10/18/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Andrea Kurtz	
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SIGNATURE OF LEGAL ENTITY 	DATE 1/19/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Magkalyzka</i>	DATE 2/16/12

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
184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	The label for resident #3's Senna tablets does not include the strength of medication. The medication cart on the 2nd floor had a box with Albuterol Sulfate without a label.	1/19/12	<u>There is only one strength of Senna tablets (8.6mg)</u> From this point forward, labels will include strength of Senna tablets. Pharmacy notified. <u>Albuterol Sulfate:</u> All house nurses have been notified that if they consolidate or discard boxes containing medication that labels on them must be transferred onto the remaining package. In this case, the box was taking up needed space. The remaining foil	Steps have been taken to correct violation; full compliance is not verifiable Date: _____ Initials (DPW): _____

OVER →

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184a

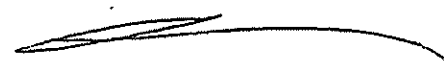
foil package
was placed behind
the correct patient
in that room/bed.
All vials were intact
and contain an
imprint of the plastic
vial itself as well
identifying that
medication.

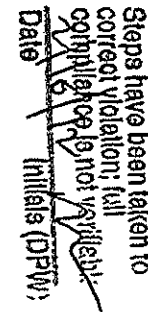
Steps have been taken to
correct violation; full
compliance is not verifiable

Date

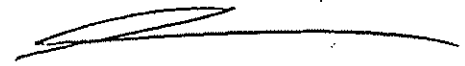
4/6/12
Initials (DPW)

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 127971	
INSPECTION DATES (Include all dates of the inspection) 10/18/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Andrea Kurtz	
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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
186b Prescription medications shall be used only by the resident for whom the prescription was prescribed.	<p>On 10/20/11, resident #8 was administered 1.0ml Morphine oral solution prescribed for and belonging to resident #3. Per direct care staff person H, when a resident comes in in horrible pain they have to "borrow" the medications from someone else.</p> <p>On 9/2/11 and 9/7/11, Morphine oral solution prescribed for resident #5 was "borrowed" and administered to a resident in 6A.</p> <p>On 10/6/11, at 9am and 9pm, Morphine 15mg tablets prescribed for resident #5 was "borrowed" and administered to a resident in room 3A, on 10/10/11 at 9pm a resident in room 1A, and on 10/16/11 at 9pm a resident in room 6B.</p>	1/19/12	<p>Nursing Clinical Supervisor counseled direct care staff person "H" on administration of controlled substances & associated policies. All staff nurses were educated in the same policies.</p> <p>The Administrator to monitor for ongoing compliance</p> <p align="right">M. Mognialczyk</p>	<p>Steps have been taken to correct violation; full compliance is not verified.</p> <p>Date: 2/16/12 Initials (DPW): </p>

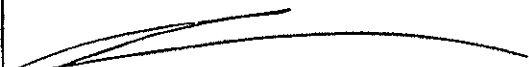
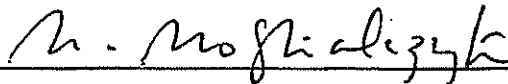
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600


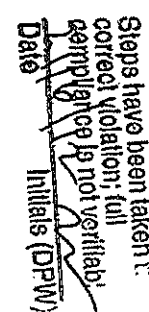
NAME AND ADDRESS OF PERSONAL CARE HOME KEYSTONE HOSPICE, 8765 STENTON AVENUE WYNDMOOR, PA 19038		CURRENT LICENSE NUMBER 127971	
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REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	<p>The home does not have procedures for the safe use of medications and medical equipment.</p> <p>Resident #3 is prescribed the following medications as needed: Albuterol Sulfate, Furosemide, Haliperidol, and Biscodyl. On 10/21/11, these medications were not available in the home.</p> <p>Resident #4 is prescribed the following medications as needed: Albuterol Sulfate, BDR Suppository, Furosemide, Compazine oral tablets, and Solu Medrol IM. On 10/21/11, these medications were not available in the home.</p> <p>Resident #7 is prescribed the following medications as needed: Valium suppository, Fleets enema, Furosemide, and Loperamide. On 10/21/11, these medications were not available in the home.</p>	1/19/12	<p>We have access to all medications 24 hours a day, 7 days a week. Based on demand and need, medication can be delivered immediately.</p> <p>The home will develop and implement procedures for the safe use of medications and medical equipment. Medication are only administered by licensed staff (Registered Nurses).</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p><i>M. Moghale</i> Date</p>

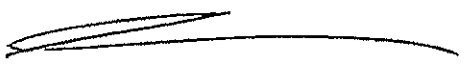
M. Moghale
5-10-2012

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 127971	
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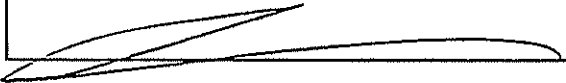
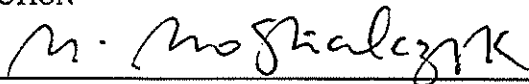
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
<p>187a</p> <p>A medication record shall be kept to include the following for each resident for whom medications are administered:</p> <ol style="list-style-type: none"> (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 	<p>The medication administration record for resident #3, #4, and #7 does not include the diagnosis or purpose for all of the standard medications on the October 2011 medication administration record. Direct care staff person H stated that all the residents have the diagnosis or purpose for the medication only listed for the PRN medications and not routine medications.</p> <p>The medication administration record for resident #3 does not include the strength for Senna tablets.</p>	<p>2/16/12</p>	<p>All medications were audited and include diagnosis and purpose of its use.</p> <p>All RN staff members will monitor for ongoing compliance</p> <p style="text-align: center;"></p>	<p>Staps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">Date  Initials (DPW)</p>

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 127971	
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SIGNATURE OF LEGAL ENTITY 	DATE 1/19/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mogkalyzk</i>	DATE 2/16/12

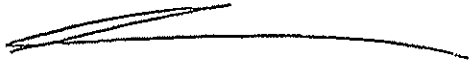

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
precautions, if applicable. (12) Diagnosis or purpose 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.			- Cont. from previous page -	

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 127971	
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	2/16/12		2/16/12

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
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	On 10/21/11, at 2:10pm, resident #3 and resident #4's 9:00am medications were administered. Staff person H did not initial the residents' medication administration records at the time the medications were administered.	2/16/12	Staff has been retrained on signing out MAR's after administering medication(s) to the residents. RN's will self monitor and sign off on each medication when given. The Sr. V.P. of Prof. Svcs will monitor for ongoing compliance.	Steps have been taken to correct violation; full compliance is not verifiable Date: 2/16/12 Initials (DPW):

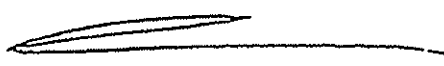
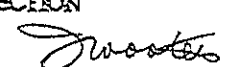
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME KEYSTONE HOSPICE, 8765 STENTON AVENUE WYNDMOOR, PA 19038		CURRENT LICENSE NUMBER 127971	
INSPECTION DATES (include all dates of the inspection) 10/18/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Andrea Kurtz	
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 1/19/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6-1-12

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
223a The home shall have a current written description of services and activities that the home provides including the following: (1) The scope and general description of the services and activities that the home provides. (2) The criteria for admission and discharge. (3) Specific services that the home does not provide, but will arrange or coordinate.	The home's current written description of services and activities at the home does not include the criteria for admission and discharge or the services the home will arrange and coordinate. Violation Withdrawn MAC 2/23/12	1/19/12	We do have the current written descriptions of services and activities that the home provides in accordance w/ regulation 55 Pa. Code § 2600.223a • See Exhibits H - Patient & Family Handbook - I (Admission Agreement) These documents refute this violation.	

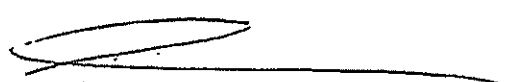
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

5/11/12

NAME AND ADDRESS OF PERSONAL CARE HOME KEYSTONE HOSPICE, 8765 STENTON AVENUE WYNDMOOR, PA 19388		CURRENT LICENSE NUMBER 127971	
INSPECTION DATES (include all dates of the inspection) 10/18/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Andrea Kurtz	
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 5/19/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6/1/12

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
224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	<p>On 3/17/08, the home received a waiver of regarding preadmission screenings. The waiver required that the following screening forms would be completed in place of the Department's Personal Care Home Preadmission Screening form prior to admission:</p> <ul style="list-style-type: none"> a. Pre-admission TB Screen b. Personal Care Home Standardized Screening Instrument-Part II c. Home Health Aide Plan d. Physician and Interdisciplinary Team Treatment Plan and Certification <p>The preadmission screening for resident #3, admitted 3/25/11, does not include a Personal Care Home Standardized Screening Instrument-Part II.</p> <p>The preadmission screening for resident #4, admitted 10/12/11, does not include a Personal Care Home Standardized Screening Instrument-Part II.</p> <p>The preadmission screening for resident #5, admitted 8/15/11, does not include a Personal Care Home Standardized Screening</p>	11/19/12	<p>We believe the content of the department forms is wrong in Keystone. electronic records will be entered.</p> <p>Please See Attached for Plan of Correction. our request is being submitted with this plan of correction.</p>	

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 127971	
INSPECTION DATES (Include all dates of the inspection) 10/18/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Andrea Kurtz	
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 1/19/12	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
	<p>Instrument-Part II.</p> <p>The preadmission screening for resident #6, admitted 6/1/11, does not include a Personal Care Home Standardized Screening Instrument-Part II and Home Health Aide Plan.</p> <p>The preadmission screening for resident #7, admitted 3/11/11, does not include a Personal Care Home Standardized Screening Instrument-Part II and Home Health Aide Plan.</p>		<p>- cont. from previous page -</p>	

**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 1279971
ON-SITE INSPECTION DATE(S) October 18, 2011	DEPARTMENT REPRESENTATIVES ONSITE Kimberly Foulkes, Andrea Kurtz	

1 REGULATION 55 Pa.Code § 2600.	2 DESCRIPTION OF VIOLATION	3 PLAN OF CORRECTION (POC) Include steps to correct the violation in Column 2 and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed. Attach pages as necessary. Sign and date any attached pages.	4 DEPARTMENT USE ONLY POC STATUS AS OF 6/1/12 (DATE)
224(a)– See previous page	See previous page	<p>Keystone Hospice utilizes multiple, comprehensive forms to assess residents before and after admission, to create plans of care for residents during their residency at the Hospice, and to ensure timely and accurate medical evaluations. Keystone Hospice intends to seek a waiver of the requirements to use Department forms to reduce the administrative burden of duplicative work.</p> <p>Plan of Correction: Between March 13, 2012 and March 30, 2012: Keystone Hospice will comply with the provisions of the March 17, 2008 waiver and/or will use the Department's forms where required.</p> <p>On or Before April 1, 2012 Representatives from Keystone Hospice will meet with the Department to review the forms Keystone desires to use and receive technical assistance in requesting a waiver for their use.</p> <p>Upon Approval of the Waiver(s): The home will use their own forms in accordance with the conditions of the waiver(s)</p>	<p align="center">Fully Implemented <i>[Signature]</i></p> <p>Partially Implemented</p> <p>Adequate progress</p> <p>Inadequate progress</p> <p>Not Implemented</p>

Printed Name and Title of Legal Entity Representative (Required on FIRST PAGE only unless multiple representatives complete the POC)	Signature of Legal Entity Representative (Required on EVERY page)	Date
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