

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

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

LEGAL ENTITY

To operate MCKINLEY ST. PCH

NAME OF FACILITY OR AGENCY

Located at 1280 MCKINLEY STREET, CHAMBERSBURG, PA 17201

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 8
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P. L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from December 12, 2011 until December 12, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **320340**

Robert E. Robinson

ISSUING OFFICER

R. C. [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

DEC 16 2011

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

Mr. Jeffery Brown, Service Area Director
Keystone Service Systems, Inc.
3609 Derry Street
Harrisburg, Pennsylvania 17111

RE: McKinley Street Personal Care Home
1280 McKinley Street
Chambersburg, Pennsylvania 17201

Dear Mr. Brown:

As a result of the Department of Public Welfare's licensing inspection on October 21, 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 read 'R. Melusky', with a long horizontal stroke extending to the right.

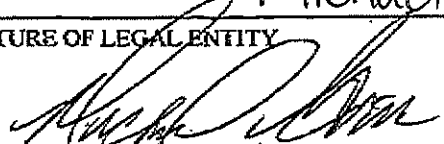
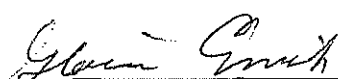
Ronald Melusky
Director

Enclosures
License
Violation Report

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

Page 1 of 5

No. 3236 P. 2

NAME AND ADDRESS OF PERSONAL CARE HOME MCKINLEY ST PCH, 1280 MCKINLEY STREET CHAMBERSBURG, PA 17201		CURRENT LICENSE NUMBER 320340	
INSPECTION DATES (Include all dates of the inspection) 10/21/2011		REGIONAL REPRESENTATIVE Lori Gensil, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Michael Grier, CEO</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 11-17-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11-22-11

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
95 Furniture and equipment shall be in good repair, clean and free of hazards.	The corner lower cabinet door in the kitchen next to the stove is falling off of the hinges. PCH Division Central Region Field Office NOV 18 2011 RECEIVED	11-11-11	The lower cabinet door has been removed until a permanent replacement is located. All future equipment issues will be reported to the Program Admin & Fixed within a timely manner.	Steps have been taken to correct violation; full compliance is not verifiable 11/22/11 Date Initials (DPW)

Nov. 14. 2011 3:45PM

2011-11-09 15:10

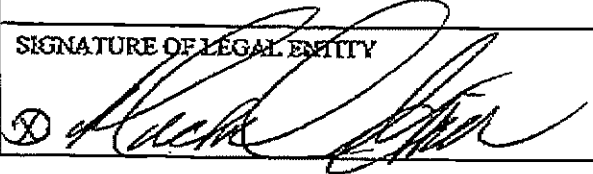
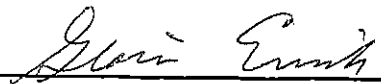
Keystone Services

410 875 4699 >>

P 2/7

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

No. 3236 P. 3

NAME AND ADDRESS OF PERSONAL CARE HOME MCKINLEY ST PCH, 1280 MCKINLEY STREET CHAMBERSBURG, PA 17201		CURRENT LICENSE NUMBER 320340	
INSPECTION DATES (Include all dates of the inspection) 10/21/2011		REGIONAL REPRESENTATIVE Lori Gensil, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 11-24-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11-22-11

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
123b Copies of the emergency procedures 107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.	The home's emergency procedures are not posted in a conspicuous and public place in the home. PCH Division Central Region Field Office NOV 18 2011 RECEIVED	10-23-11	Copies of the homes emergency procedures have been placed in a conspicuous public area, (kitchen) & Residents have been advised of the plan & its location.	11-22-11 <i>SG</i>

Nov. 14. 2011 3:45PM

2011-11-09 15:10

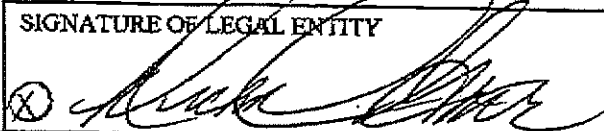
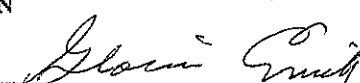
Keystone Services

410 875 4699 >>

P 3/7

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

No. 3236 P. 4

NAME AND ADDRESS OF PERSONAL CARE HOME MCKINLEY ST PCH, 1280 MCKINLEY STREET CHAMBERSBURG, PA 17201		CURRENT LICENSE NUMBER 320340	
INSPECTION DATES (include all dates of the inspection) 10/21/2011		REGIONAL REPRESENTATIVE Lori Gensil, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Michael Grier, CEO</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>11-14-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>11-22-11</i>

REGULATION	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
55 Pa.Code §2600				
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner	The medical evaluation for resident #1, dated 4/20/11, does not include a medical history, medication treatment/therapies and body positioning.	<i>10/24/11</i>	<i>Resident #1 med eval was completed by Dr. [redacted] at followup visit</i>	<i>[redacted]</i>
(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		<i>Ongoing</i>	<i>All future med evals will be checked for completion prior to leaving after the appointment. The LPN and administrator will verify that form is completed at time of visit with the Doctor.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> <i>11-22-11</i> <i>[redacted]</i> Date Initials (DPW)

Nov. 14. 2011 3:45PM

RECEIVED

RECEIVED

RECEIVED

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

Page 4 of 5

NAME AND ADDRESS OF PERSONAL CARE HOME MCKINLEY ST PCH, 1280 MCKINLEY STREET CHAMBERSBURG, PA 17201		CURRENT LICENSE NUMBER 320340	
INSPECTION DATES (Include all dates of the inspection) 10/21/2011		REGIONAL REPRESENTATIVE Lori Gensil, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Michael Grier, CEO</i>			
SIGNATURE OF LEGAL ENTITY <i>Michael Grier</i>	DATE <i>11-14-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>LG</i>	DATE <i>11-23-11</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
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>Contd.</i>	

No. 3236 P. 5

Nov. 14. 2011 3:46PM

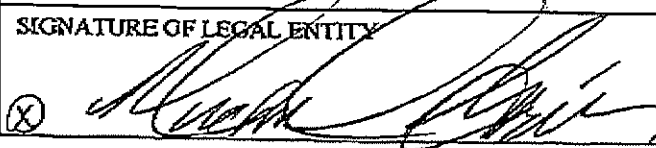
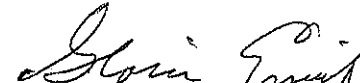
2011-11-09 15:10 Keystone Services

410 875 4699 >>

P 5/7

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

Page 5 of 5

NAME AND ADDRESS OF PERSONAL CARE HOME MCKINLEY ST PCH, 1280 MCKINLEY STREET CHAMBERSBURG, PA 17201		CURRENT LICENSE NUMBER 320340	
INSPECTION DATES (Include all dates of the inspection) 10/21/2011		REGIONAL REPRESENTATIVE Lori Gensil, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 11-14-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11-22-11

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
227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	Resident #2's support plan does not address the resident's allergies to Codeine, Depakote, Tegretol, Lithium, Amoxicillin and Erythromycin.	10-29-11	The Support plan for Resident #2 has been revised to indicate all allergies. Future plans will be audited on a quarterly basis by the Program admin & recorded in the program's monthly operating report.	11-22-11 BG

No. 3236 P. 6

Nov. 14. 2011 3:46PM

2011-11-09 15:10 Keystone Services

410 875 4699 >>

P 6/7