

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to KEYSTONE SERVICE SYSTEMS INC

LEGAL ENTITY

To operate GREEN STREET SPECIALIZED COMMUNITY RESIDENCE

NAME OF FACILITY OR AGENCY

Located at 2900 GREEN STREET, HARRISBURG, PA 17110

(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 June 21, 2012 until June 21, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 328780

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

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

PW 628 - 01/11



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

ADULT RESIDENTIAL LICENSING

JUL 12 2012

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

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

RE: Green Street Specialized Community Residence
2900 Green Street
Harrisburg, Pennsylvania 17110

Dear Mr. Grier:

As a result of the Department of Public Welfare's licensing inspection on May 23, 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 'R. Melusky', written over a horizontal line.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 32878 - 05/23/2012 - Riel, Becky
 PCH Name: GREEN STREET SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted on 9/19/2011 from another personal care home under the same legal entity. An addendum to the previous resident-home contract, dated 10/12/2010 was not completed to note the change in location.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above 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.

- 1) Resident # 1 will sign an addendum acknowledging the current location (5/31/12).
- 2) When residents are transferred from one program to another, a new contract or addendum to the contract will be in place prior to admission or within 24 hours.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6/21/12</u> (Date)	Plan of correction implementation status as of <u>6/22/2012</u> (Date)
The above plan of correction was approved by <u>NSC</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32878 - 05/23/2012 - Riel, Becky
 PCH Name: GREEN STREET SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.25(d) SOPa - The resident-home contract is to include whether or not the home collects a portion of a resident's rebate under § 2600.25(d) (relating to resident-home contract).

2a. DESCRIPTION OF VIOLATION
 The resident-home contract for Resident #1 does not indicate whether the home collects a portion of the resident's rent rebate benefit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above 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.

- 1) An addendum was created by the program Director indicating whether the home collects a portion of the residents rent rebate benefit. These were reviewed and signed by all residents on 5/31/12.
- 2) In the future, the created addendum will be reviewed and signed by the resident during intake.

See Attachment A

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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The above plan of correction was approved by <u>NJC</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <u>6/22/2012 LR</u> <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32878 - 05/23/2012 - Riel, Becky
 PCH Name: GREEN STREET SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.28(f)(2) - Refunds shall be made within 30 days of the resident's discharge.

2a. DESCRIPTION OF VIOLATION

Resident #2 was discharged on 10/6/2011. The home did not provide the required refund until 12/18/2011.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above 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.

- 1) The Program Administrator will process all discharge paperwork within 24 hours of discharge date. The Assistant Program Director will monitor this completion. In situations when the discharge date is known in advance, the paperwork will be started immediately and the individual's rent will be prorated in advance so no refund is required.
- 2) The Program Director will work with the agency accountant to develop processes with the accounts receivable department to ensure long term compliance with this regulation. This will be developed by 8/31/12.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
	6-14-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6/21/12</u> (Date)	Plan of correction implementation status as of <u>6/22/2012</u> (Date)
The above plan of correction was approved by <u>NSC</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32878 - 05/23/2012 - Riel, Becky
 PCH Name: GREEN STREET SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.109(b) - 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.

2a. DESCRIPTION OF VIOLATION
 On 5/23/2012, 2 cats were present at the home. The home does not have current certificates of rabies vaccination for the 2 cats.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above 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.

1) An appointment will be made so that the 2 cats present in the home will have current rabies vaccinations by 8/31/12.

2) The date of the current vaccination will be added to the monthly report which is reviewed by the Program Director, Assistant Program Director, and Program Administrator on a monthly basis.

3) In the future, the cats will be vaccinated according to state vaccination requirements.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Debra Riel

Date 6-14-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6/26/12
 (Date)

Plan of correction implementation status as of 6/22/2012
 (Date) *MR*

The above plan of correction was approved by NSC
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32878 - 05/23/2012 - Riel, Becky
 PCH Name: GREEN STREET SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

On 5/23/2012, at approximately 12pm, the exit doors leading to the fire escape from the 2nd and 3rd floors were difficult to open due to sticking. The residents would not be able to easily open the doors and escape in an emergency situation.

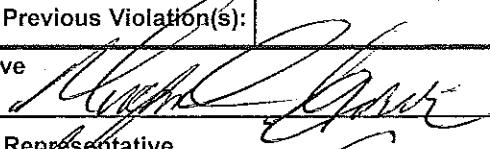
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above 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.

- 1) The program administrator will contact maintenance personnel to fix the doors on the 2nd and 3rd floors so that they can easily open in an emergency situation. 8/31/12
- 2) Monthly program walk throughs will be completed by the program administrator and assistant program director to ensure that exit doors leading to fire escapes can easily open.
- 3) In the future, if an exit door is discovered to stick, the program administrator will arrange for it to be fixed as soon as possible.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
William Carter	6-14-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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Violation Report: 32878 - 05/23/2012 - Riel, Becky
 PCH Name: GREEN STREET SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
 The fire drill record for the drill conducted on 4/11/2012 does not include the time of day that the drill was conducted (i.e. AM/PM). The fire drill record for the drills conducted on 1/25, 2/29, 3/26, and 4/11/2012 do not indicate whether the smoke detector was operative.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above 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.

- 1) The assistant program director will audit the fire drill log monthly to ensure that the correct time, day, and whether the smoke detectors were operable are recorded appropriately.
- 2) In the future, if the fire log is not documented appropriately, the assistant program director will talk to the staff responsible for the fire drill to validate the correct time and whether the smoke detectors were operable.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
 Victoria Caron	6-14-12

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 (Date)

The above plan of correction was approved by NSC
 (Initials)

Plan of correction implementation status as of 6/22/2012
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32878 - 05/23/2012 - Riel, Becky
 PCH Name: GREEN STREET SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for Resident #3, dated 12/2/2011, does not include the resident's medical history or medical diagnoses.

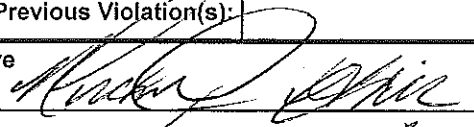
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above 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.

- 1) A medical appointment will be scheduled for resident #3 to complete a new medical evaluation, 8/31/12
- 2) The Assistant Program Director will designate specific staff responsible for annual medical evaluation appointments. These designated staff will be trained on the proper procedure for completing the forms and working with the doctor so it is completed correctly.
- 3) The APP will also review each medical evaluation within 7 days of completion to ensure time to contact the PCP for corrections.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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Date 6-14-12

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 (Date)

The above plan of correction was approved by NSC
 (Initials)

Plan of correction implementation status as of 6/22/2012
 (Date) *me*

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented