



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: 11/27/12

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

RE: Keystone Human Services – Queen
Street SCR
2033 South Queen Street
York, Pennsylvania 17402

Dear Mr. Grier:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 21, 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 Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Neil S. Cody".

Neil S. Cody
Regional Licensing Director

Enclosure
Violation Report

Violation Report: 32950 - 09/21/2012 - Hoover, Douglas
 PCH Name: KEYSTONE HUMAN SERVICES QUEEN ST SCR

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2. DESCRIPTION OF VIOLATION
 On 9/21/12, the hot water temperature exceeded 120 degrees Fahrenheit in the following areas of the home:
 127 degrees Fahrenheit in the bathroom next to the kitchen;
 126.6 degrees Fahrenheit in the kitchen sink;
 125 degrees Fahrenheit in the 2nd floor bathroom at the top of the stairs.

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.

The temperature setting on the water heater was immediately reduced so the temperature was below 120 degrees. The mixer on the water heater was adjusted so that the issue should not occur in the future.

The Program Administrator will check the temperature of the water on a monthly basis to ensure remains below 120 degrees. This will be documented each month.

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>11/26/12</u> (Date)	Verification of Legal Entity Representative Signature	<u>11/26/12</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: 32950 - 09/21/2012 - Hoover, Douglas
 PCH Name: KEYSTONE HUMAN SERVICES QUEEN ST SCR

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2. DESCRIPTION OF VIOLATION

Staff Member A stated that the initial assessment was not completed for Resident #1, who was admitted on 8/24/12.

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.

The assessment for Resident #1 has been completed.

Due to a change in the staffing compliment the assessment & support plan (RASP) will now be the responsibility of the Program Administrator. The administrator will ensure the completion with the correct timeline by documenting the due dates in the program calendar.

The Program Director will track due dates and ensure timely completion.

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)

Walter Hayes

Date

10/22/12

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

The above plan of correction is approved as of

11/26/12
 (Date)

Verification of Legal Entity Representative Signature

11/26/12
 (Date)

The above plan of correction was approved by

NSC
 (Initials)

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

Violation Report: 32950 - 09/21/2012 - Hoover, Douglas
 PCH Name: KEYSTONE HUMAN SERVICES QUEEN ST SCR

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2. DESCRIPTION OF VIOLATION

Staff member A stated that the support plan was not developed for Resident #1, who was admitted on 8/24/12.
 The support plan was not completed until 9/6/12 for Resident #2 who was admitted on 7/24/12.

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.

The support plan for Resident #1 has been completed.

The support plan for Resident #2 can not be fixed. There was a misunderstanding when reading the new RASP, and that will not occur in the future.

Due to a change in the staffing compliment the assessment & support plan (RASP) will now be the responsibility of the Program Administrator. The administrator will ensure the completion with the correct timeline by documenting the due dates in the program calendar.

The Program Director will track due dates and ensure timely completion.

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)

Handwritten name and title of the legal entity representative.

Date

10/23/12

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

The above plan of correction is approved as of

11/26/12
 (Date)

Verification of Legal Entity Representative Signature

11/26/12
 (Date)

The above plan of correction was approved by

NSC
 (Initials)

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