

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to KEYSTONE SERVICE SYSTEMS INC

LEGAL ENTITY

To operate CHAMBERS ST. SPECIALIZED COMMUNITY RESIDENCE

NAME OF FACILITY OR AGENCY

Located at 1025 CHAMBERS STREET, HARRISBURG, PA 17113

(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 17, 2013 until June 17, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 304830

Robert E. Robinson

ISSUING OFFICER

RC 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



JUN 17 2013

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

RE: Chambers St. Specialized Community Residence
1025 Chambers Street
Harrisburg, Pennsylvania 17113

Dear Mr. Grier:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 15, 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.

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".

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 30483 - 10/15/2012 - Riel, Becky
 PCH Name: CHAMBERS ST SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

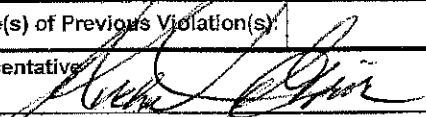
2a. DESCRIPTION OF VIOLATION
 There is no soap available at the sink located in the downstairs bathroom.

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 soap dispenser has been replaced. The program administrator will do weekly checks to ensure that the soap dispenser remains in the bathroom. The program administrator will review in a team meeting with the direct care staff the importance of reporting when items go missing or break so that they can be replaced

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
Mike Grier CEO	4-10-13

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

The above plan of correction is approved as of <u>4-10-13</u> (Date)	Plan of correction implementation status as of <u>4-10-13</u> (Date)
The above plan of correction was approved by <u>BE</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: 30483 - 10/15/2012 - Riel, Becky
 PCH Name: CHAMBERS ST SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 According to the home's monthly fire drill log during the fire drill of February 28, 2012 only 5 of the 6 residents in the home evacuated to public thoroughfare or a fire safe area.

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.

In this situation a resident fell when evacuating the house and did not get out of the house.
 Staff documented the fire drill and the fire drill was redone later in the month.
~~In future we will not document fire drills that are not done correctly, the fire drill will be redone and then documented.~~
 The Program Administrator will review this with staff as they are assigned to complete fire drills.
Resident no longer resides at the home. - SE

- Staff will be re-educated on evacuation procedures.
- Residents will be provided training on the importance of evacuating quickly.
- Documentation of staff/ resident training will be kept.
- All drills conducted will be documented on the home's fire drill record. *- SE*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/25/2011	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mike Grier, CEO</i>	Date <i>12-21-12</i>
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The above plan of correction is approved as of <u>4-17-13</u> (Date) The above plan of correction was approved by <u>SE</u> (Initials)	Plan of correction implementation status as of <u>4-17-13</u> (Date) <ul style="list-style-type: none"> <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
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Violation Report: 30483 - 10/15/2012 - Riel, Becky
 PCH Name: CHAMBERS ST SPECIALIZED COMMUNITY RESIDENCE

- 1. REGULATION 55 Pa.Code §2600**
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:
- (1) Resident's name.
 - (2) Drug allergies.
 - (3) Name of medication.
 - (4) Strength.
 - (5) Dosage form.
 - (6) Dose.
 - (7) Route of administration.
 - (8) Frequency of administration.
 - (9) Administration times.
 - (10) Duration of therapy, if applicable.
 - (11) Special 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.

2a. DESCRIPTION OF VIOLATION
 Staff Persons A & B administered medications to residents in the month of October 2012. The medication administration record does not include the names and initials of these staff persons.

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.

It will be reviewed with Staff members A & B the requirement to initial and sign the signature sheet at the front of the MAR for each month. The LPN or assigned staff will audit that this is completed at the beginning of each month and then on weekly basis confirming any staff that has administer medication during that week has signed the signature sheet at the front of the MAR

The M.A.R.'s for the month of October were updated/corrected following the inspection. SE

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
Mike Grier, CEO		12-21-12

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 (Date)

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 (Initials)

Plan of correction implementation status as of 4-17-13
 (Date)

Fully Implemented
 Partially Implemented - Adequate Progress
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 Not Implemented

Violation Report: 30483 - 10/15/2012 - Riel, Becky
 PCH Name: CHAMBERS ST SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

The following staff persons administered medications to residents of the home but have not successfully completed the Department-approved medications administration course:

- Staff Persons C & E completed their annual practicum on 5/4/2011. There were no further medication administration training for these staff persons after this date.
- Staff Person D & F completed their annual practicum on 2/3/2010. There were no further medication administration training for these staff persons after this date.

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 required reviews for the year were not being done correctly. Therefore staff member C, E, D & F will be retrained in full day training course. This training will be completed by 1/1/2013. From that point on the Program Administrator will ensure that MAR and Medication Administration is reviewed quarterly, the Administrators have been trained by the Medication Administration trainers to do the quarterly reviews. The Administrator will track these due dates in a spreadsheet and review it monthly.

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) Mike Grier, CEO	Date 1/2/13
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 (Date)

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

Plan of correction implementation status as of 4-17-13
 (Date)

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

Violation Report: 30483 - 10/15/2012 - Riel, Becky
 PCH Name: CHAMBERS ST SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for Resident #1 was completed on 9/16/2011.

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

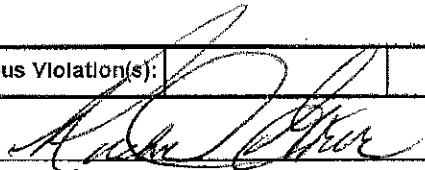
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Assessment has been completed. ~~The program had a vacant position in which these tasks were assigned to.~~ In the future we will ensure that when that position is vacant that the responsibility of completing the Assessments will be clearly defined. In the future the Program Administrator will be responsible for completing these in the absence of the MHP. This will be reviewed in the next Program Administrator meeting.

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)

Mike Grier, CEO

Date 12-21-12

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 (Date)

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 (Initials)

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- Not Implemented

Violation Report: 30483 - 10/15/2012 - Riel, Becky
 PCH Name: CHAMBERS ST SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

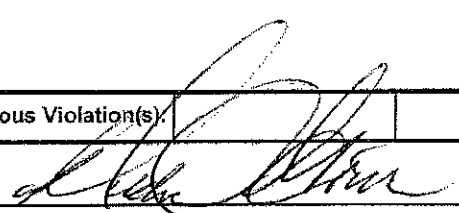
2a. DESCRIPTION OF VIOLATION
 The most recent support plan for Resident #1 was completed on 9/22/2011.

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.

The Support Plan has been completed. ~~The program had a vacant position in which these tasks were assigned to.~~
 In the future we will ensure that when that position is vacant that the responsibility of completing the Support Plan will be clearly defined. In the future the Program Administrator will be responsible for completing these in the absence of the MHP. This will be reviewed in the next Program Administrator meeting.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Mike Grier, CEO	Date 12-21-12
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Violation Report: 30483 - 10/15/2012 - Riel, Becky
 PCH Name: CHAMBERS ST SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 Staff Person G participated in the development of Resident #2's support plan on 6/14/2012. The staff person did not sign the support plan.

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.

In the future the MHP or Program Administrator and Program Director will review the completed Assessment and Support Plan. Both will review for quality, accuracy and correct signatures.

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Mike Grier CEO	Date 12-21-12
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