

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
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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, 2012 until December 12, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 320340

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.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

DEC 20 2012

Ms. Deborha A. Arnold, Program Administrator
Keystone Services Systems, Inc.
3609 Derry Street
Harrisburg, Pennsylvania 17111

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

Dear Ms. Arnold:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 1, 2012 and November 6, 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 "Ronald Melusky", with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 32034 - 11/01/2012 - Riel, Becky
 PCH Name: MCKINLEY ST PCH

1. REGULATION 55 Pa.Code §2600

2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION

On 11/1/2012, the following records were requested for review by licensing representatives:

- Administrator qualifications for Staff Person A
- Administrator Orientation certificate for Staff Person A

During the inspection, staff reported that the items were not present in the home.

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.

All employee Documents Are Kept within our Human Resources Dept Located in Harrisburg. Starting 12-18-12 the program will have the Minimum requirements for each employee. The Program Adm. will be Responsible FOR maintaining the employee Files, and providing immediate access to requested records to Agents of the Department. -EE

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: 11-29-12

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

The above plan of correction is approved as of 11-29-12
 (Date)

Plan of correction implementation status as of 11-29-12
 (Date)

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

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

Violation Report: 32034 - 11/01/2012 - Riel, Becky
 PCH Name: MCKINLEY ST PCH

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(4) - The contract shall specify the party responsible for payment.

2a. DESCRIPTION OF VIOLATION
 The contracts for Residents #1 and #2 do not specify the party responsible for payment.

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.

As of 11-29-12 All Resident Contracts state the party responsible for payments. The Program Adm will Review the contract info yearly.

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!

The above plan of correction is approved as of 11-29-12
 (Date)

Plan of correction implementation status as of 11-29-12
 (Date)

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

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

Violation Report: 32034 - 11/01/2012 - Riel, Becky
 PCH Name: MCKINLEY ST PCH

1. REGULATION 55 Pa.Code §2600
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION

Staff Person A, the home's administrator, completed only 23 hours of annual training in training year 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 Program Adm. will complete 24 hrs of ANNUAL TRAINING to meet the PAW requirements each calendar year. In addition, the Program Administrator will obtain an additional hour of training to make up for the 1 missing hour. - GE

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
<i>[Signature]</i>	11-27-12

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

The above plan of correction is approved as of 11-29-12
 (Date)

Plan of correction implementation status as of 11-29-12
 (Date)

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

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

Violation Report: 32034 - 11/01/2012 - Riel, Becky
 PCH Name: MCKINLEY ST PCH

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 A fire drill was conducted during sleeping hours on 10/9/2011 at 6:33am. The last drill conducted during sleeping hours was on 3/2/2012 at 4:30am.

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 Program Adm. will conduct a fire drill every 6 months & will document this in the fire drill log. This will be reviewed every 6 mths by the Program Adm.

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 11-27-12

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

The above plan of correction is approved as of 11-29-12
 (Date)

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

Plan of correction implementation status as of 11-29-12
 (Date)

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