

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to KEYSTONE COMMUNITY MENTAL HEALTH SERVICES
LEGAL ENTITY

To operate MARKET STREET SPECIALIZED COMMUNITY RESIDENCE
NAME OF FACILITY OR AGENCY

Located at 1926 EAST MARKET STREET, YORK, PA 17402
(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 March 14, 2013 until March 14, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations

No: 312380

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.

PW 628 - 01/11



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAR 14 2013

Mr. Michael Grier, CEO
Keystone Community Mental Health Services
3609 Derry Street
Harrisburg, Pennsylvania 17111

RE: Market Street Specialized Community Residence
1926 East Market Street
York, Pennsylvania 17402

Dear Mr. Grier:

As a result of the Department of Public Welfare's (Department) licensing inspection on December 13, 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", with a stylized flourish at the end.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 31238 - 12/13/2012 - Hoover, Douglas
 PCH Name: MARKET STREET SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

A copy of the Chapter 2600 regulations was not posted in a conspicuous and public place anywhere in the home.

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

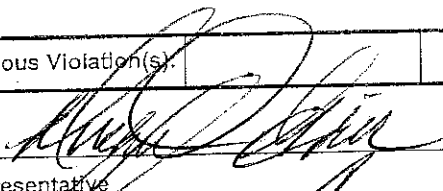
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A copy of the 2600 Regulation book was posted. The program administrator will complete monthly checks to ensure the regulations remain posted in a conspicuous and public area.

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)

Richard Cooper, ED

Date 1-18-13

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

The above plan of correction is approved as of 2-13-13
 (Date)

Plan of correction implementation status as of 2-13-13
 (Date)

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

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

Violation Report: 31238 - 12/13/2012 - Hoover, Douglas
 PCH Name: MARKET STREET SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.26(c) - The quality management plan shall include the development and implementation of measures to address the areas needing improvement that are identified during the periodic review and evaluation.

2a. DESCRIPTION OF VIOLATION
 The home's quality management plan was last reviewed on 11/8/11. The home did not address areas needing improvement, particularly licensing violations identified during the renewal inspection on 12/16/11.

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 annual quality review has been completed. The quality review will be completed annually by the program administrator and reviewed with the program director. The due date will be tracked with other program due dates to ensure timely completion.

Areas of needed improvement will be addressed during periodic reviews - 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
<i>[Signature]</i>			<i>1-13-13</i>

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

The above plan of correction is approved as of <u>2-13-13</u> (Date)	Plan of correction implementation status as of <u>2-13-13</u> (Date)
The above plan of correction was approved by <u>ee</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: 31238 - 12/13/2012 - Hoover, Douglas
 PCH Name: MARKET STREET SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

A step at the bottom of the stairway leading to the 2nd floor, next to the basement steps, does not have a handrail. This step measures approximately 8 inches in height.

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.

A handrail has been installed at the step. The program administrator will complete regular checks to ensure that the handrail remains in good and safe condition.

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)

William Hoover

Date

2-13-13

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 (Date)

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 (Initials)

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Violation Report: 31238 - 12/13/2012 - Hoover, Douglas
 PCH Name: MARKET STREET SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(6) - Each resident shall have the following in the bedroom: A mirror.

2a. DESCRIPTION OF VIOLATION
 There is no mirror in the bedroom of Resident #1.

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.

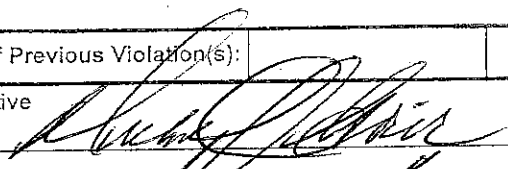
After speaking with the resident, staff discovered [redacted] had removed the mirror from the wall because [redacted] prefers to hold it in [redacted] hand. Staff will purchase a new wall mirror and have it remounted so that it can't be easily removed and ensure that [redacted] has a safe hand held mirror to use. The program administrator will do weekly room checks to ensure that the mirror remains affixed to the wall.

Violation withdrawn - BE

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)

Robert L. Hoover

Date

2-13-13

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 (Date)

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Violation Report: 31238 - 12/13/2012 - Hoover, Douglas
 PCH Name: MARKET STREET 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 was an unlabeled bar of soap in the 2nd floor bathroom's tub.

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 bar of soap was thrown out at the time of inspection. The program staff will be directed to do checks in the bathrooms during their shift to ensure that ~~these items were removed by the residents.~~ *bar soap is clearly labeled.* The program administrator will review this in the next staff meeting which will occur before the end of January. *-BE*

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

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The above plan of correction was approved by <u>BE</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: 31238 - 12/13/2012 - Hoover, Douglas
 PCH Name: MARKET STREET SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

The medication refrigerator had an opened vial of *Lantus* insulin for Resident #2. There was no opening or expiration date on the vial to determine shelf life for proper storage.

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 nurse immediately labeled the open vial. The LPN and PA immediately informed and retrained on what the correct process for opening or starting a new vial of medication. In the future, the LPN will do checks on these medications 3 times a week to ensure that they are being labeled correctly. If they are not, he will identify the staff responsible and will retrain. The retraining will be documented. This will also be reviewed in the next staff meeting which will occur before the end of the 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
[Signature]			1-16-13

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The above plan of correction was approved by <u>SA</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: 31238 - 12/13/2012 - Hoover, Douglas
 PCH Name: MARKET STREET 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

The December 2012 medication administration record (MAR) for Resident #3 recorded "am" or "pm" for administration times. No specific time of administration was recorded on the MAR for *Simvastin*, *Seroquil*, *Metformin* and *Synthroid*. Direct care staff member A confirmed that actual administration times were not recorded on the MAR for all medications with "am" or "pm" designators.

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 LPN and PA immediately informed all staff that specific times need to be entered for any medication that is only labeled as "am" or "pm" rather than only initialing. Staff have been doing this correctly since it was communicated to them. The LPN will monitor this when reviewing the MARs. This process will be reviewed in the next staff meeting which will occur before the end of January.

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 <u>1-8-13</u>
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(Date)

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(Initials)

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