



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 21 2013

Ms. Gail A. Inderwies, President/Executive Director
Keystone Hospice
8765 Stenton Avenue
Wyndmoor, Pennsylvania 19038

Dear Ms. Inderwies:

As a result of the Department of Public Welfare's licensing inspection on March 11, 2013, 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.

Your regular license for the period of June 11, 2013 to June 11, 2014 was issued on March 1, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosure
Violation Report

Violation Report: 12797 - 03/11/2013 - Kurtz, Andrea
 PCH Name: KEYSTONE HOSPICE

1. REGULATION 56 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The first aid kit does not include tweezers and scissors.

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 items that were cited as missing from the first aid kit (tweezers and scissors) are routinely in the kit and are now in the first aid kit.

The Clinical Supervisor for Keystone House nursing Staff has assigned a Staff RN to inventory the first aid kit weekly to assure it contains the correct content. This assignment was made on Monday, March 12th. The missing items were replaced immediately on the survey date of March 11, 2013. The first aid kit will be inventoried each Monday following the Monday morning nursing and social worker team meeting. In addition to the Emergency kit list (attached Exhibit A) a sign off sheet has been implemented, and the Monday day shift nurse assigned will sign the log sheet upon completion of the inventory. The log sheet will be kept at the second floor nurses station.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/18/2011
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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
Gail A. Inderwies, President	4/10/2013

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The above plan of correction is approved as of 4/12/13
 (Date)

Plan of correction implementation status as of 5/15/13
 (Date)

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

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

Violation Report: 12797 - 03/11/2013 - Kurtz, Andrea
 PCH Name: KEYSTONE HOSPICE

1. REGULATION 65 Pa.Code §2600
 2600.103(l) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
 On 3-11-13 the following dented cans were seen in the pantry storage: 1 can of tuna, 1 can of clams, and 1 can of red kidney beans.

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 3 dented cans found in the pantry during the 3-11-2013 survey were thrown out immediately.
 The Executive Chef has the responsibility of inspecting all canned goods upon delivery from the various food vending companies. Any dented cans will be separated and returned to the company on their next scheduled delivery (usually weekly).
 Any cans that may be dropped during the daily course of business and during food preparation and become dented will be destroyed (thrown out) immediately.

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Violation Report: 12797 - 03/11/2013 - Kurtz, Andrea
 PCH Name: KEYSTONE HOSPICE

1. REGULATION 86 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The last fire safety inspection observed by a fire safety expert was conducted on 6-3-2011.

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 Springfield Township Fire Marshall was contacted immediately on March 11, 2013 and was requested to attend a Fire Drill as soon as possible according to his schedule. [Redacted] Fire Marshall, conducted a fire safety inspection and simulated fire and emergency evacuation drill on March 14, 2013. A letter evidencing his attendance is attached as Exhibit "C".

The Director of HR and Chair of the Safety Committee are responsible for scheduling the annual fire drill and fire safety inspection and maintaining documentation in writing that the annual inspection and drill were conducted. This will be noted on the Company Outlook Calendar each year as a reoccurring annual event. (See Exhibit Dr. & Dr2)

Monthly Fire Drills were conducted by staff during this time period.

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 (Required on EVERY Page) Gail A. Funderwies, President Date 4/10/2013

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Violation Report: 12797 - 03/11/2013 - Kurtz, Andrea
 PCH Name: KEYSTONE HOSPICE

1. REGULATION 56 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 records for the drills conducted on 4-30-12, 6-31-12, 6-22-12, 7-28-12, 8,30-12, 9-30-12, 10-31-12, 11-29-12, and 12-28-12 does not include exit route used.

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

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Floor plans had been designed to be copied and route(s) used properly noted on the building floor plans for each monthly drill. Records of the routes used are to be made a part of the monthly drill documents.

The Director of Operations will inspect the monthly drill documents after each monthly drill to insure completeness of the drill documentation and to insure that the routes used floor plans are clearly noted. The monthly fire drill documents are stored in a 3 ring binder and maintained by the Maintenance Coordinator. The fire drill records will be audited monthly at the Safety Committee Mtg. by the chair of the Safety Committee. This was implemented for the March 14, 2013 fire drill and documents audited at the March 28, 2013 Safety Committee Mtg.

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Violation Report: 12797 - 03/11/2013 - Kurtz, Andrea
 PCH Name: KEYSTONE HOSPICE

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

Resident #1's medication Fluconazole 200 mg was discontinued on 3-6-13. The medication was still on the medication cart on 3-11-13.

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.

Discontinued medications are to be destroyed pursuant to company Clinical policies and immediately upon a discontinuation order from the physician.

Registered Nurses were reinserviced on April 10, April 11 and April 12²⁰¹³ as they reported for their assigned shifts. Also, the Clinical Policy # 1.36, Medication Assessment was reviewed and it was noted that "Diagnosis or purpose" of the medication was not included in the documentation list. The policy was also revised to include the immediate disposal of the discontinued medication.

A copy of the revised policy # 1.36 with revisions ^{added} is attached as Exhibit E and Inservice log as Exhibit F.

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Violation Report: 12797 - 03/11/2013 - Kurtz, Andrea
 PCH Name: KEYSTONE HOSPICE

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 medication administration record for Resident #1 does not include the diagnosis for Zyprexa 20 mg and Prozac 40 mg.

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.

Pursuant to Clinical Policy 1.36 (Exhibit E) all medications prescribed are to include the diagnosis on the medication administration record. Registered Nurses were reinserviced on April 10, 11 & 12th as they reported for their assigned shifts. Policy 1.36 was reviewed and revised (revisions in bold print) to include the diagnosis for the medication on the administration records as of April 9, 2013. (Exhibit F).

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