



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 3 0 2013

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

RE: Green Street Specialized Community Residence
2900 Green Street
Harrisburg, Pennsylvania 17110

Dear Mr. Grier:

As a result of the Department of Public Welfare's licensing inspection on June 3, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) must be maintained.

Your regular license for the period June 21, 2013 to June 21, 2014 was issued on March 7, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew Jones /SH
Acting Director

Enclosure
License Inspection Summary

Violation Report: 32878 - 06/03/2013 - Minnich, Ron
 PCH Name: GREEN STREET SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract for Resident #1, dated 2/25/13, was not signed by the payer.

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 payee signed the contract on 6/5/13. In the future the program administrator will schedule with the payee to have the contract signed. This will be scheduled on the day of admission. The Program Administrator will audit this yearly to ensure all signatures have been obtained.

Program administrator will audit contracts for all current residents to assure the payee has signed the contract.

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>RONNIE CROOK, ET</i>			<i>6/11/13</i>

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

The above plan of correction is approved as of <u>10/2/13</u> (Date)	Plan of correction implementation status as of <u>10-23-13</u> (Date)
The above plan of correction was approved by <u>lcl</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: 32878 - 06/03/2013 - Minnich, Ron
 PCH Name: GREEN STREET SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff Person A did not receive training in fire safety during the 2012 training year.

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 staff member was trained on June 10, 2013. In the future the Program Administrator will ensure that staff attend the scheduled trainings and if they are not able to attend the Program Administrator will ensure the staff member is scheduled for the training at another time and/or location. This will be reviewed in annual training audits.

The Program Administrator will review training records for all current staff to assure trainings were completed for 2012.

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 *5-4-13*

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The above plan of correction is approved as of 10/2/13
 (Date)

Plan of correction implementation status as of 10-23-13
 (Date)

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

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

Violation Report: 32878 - 06/03/2013 - Minnich, Ron
 PCH Name: GREEN STREET SPECIALIZED COMMUNITY RESIDENCE

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
 Fire drills conducted during sleeping hours were held on 2/29/12 and 10/12/12, more than six months apart.

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 Administrator will track that this information is completed as required. They will set-up a pre-determined schedule for the month and day that the overnight fire drill is to be completed. The Program Administrator will review the fire log on a monthly basis to confirm the fire drills are completed as required.

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 4-4-13

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

The above plan of correction is approved as of 10/2/13
 (Date)

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

Plan of correction implementation status as of 10-23-13
 (Date)

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