



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**JUL 19 2013**

Mr. Jeffery Brown, Regional Director  
Keystone Service Systems, Inc.  
3609 Derry Street  
Harrisburg, Pennsylvania 17111

RE: Gardners Specialized Community Residence  
221 Old State Road  
Gardners, Pennsylvania 17324

Dear Mr. Brown:

As a result of the Department of Public Welfare's licensing inspection on June 5, 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 7, 2013 to June 7, 2014 was issued on February 21, 2013. Your regular license remains in good standing.

Sincerely,

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

Ronald Melusky  
Director

Enclosure  
Violation Report



Violation Report: 31507 - 06/05/2013 - McCloskey, Jason  
 PCH Name: GARDNERS SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

A one gallon can of Dupli-Color Plastic Kote interior latex paint was found inside the unlocked backyard storage shed closest to the home. The can has a manufacturer's label stating, "Keep out of reach of children. Do not take internally. If swallowed, do not induce vomiting. Get medical attention immediately." The Administrator of the home stated that all residents are not capable of recognizing and using poisons safely.

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 6/5/13 the above violation was corrected by the Program Administrator and the items were secured by the use of a lock. The program administrator will include weekly checks on the area to ensure that the area is secured at all times.

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)

Stanner (Admin, ED)

Date

6-21-13

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

The above plan of correction is approved as of 6-24-13  
 (Date)

Plan of correction implementation status as of 6-24-13  
 (Date)

The above plan of correction was approved by  
 (Initials)

SE

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

Violation Report: 31507 - 06/05/2013 - McCloskey, Jason  
 PCH Name: GARDNERS SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

The light fixture at the rear corner of the home that illuminates the exterior doorway contains one broken and one burnt-out bulb. A light fixture on the back of the home that illuminates the exterior near the sliding glass doors contains a burnt-out bulb.

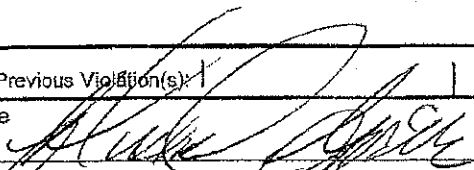
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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

**As of 6/5/13 the above violation was corrected by replacement of the broken/burned out light bulbs with functioning light bulbs. In the future the Program Administrator will have staff check weekly and report to her or designee all inoperable light bulbs.**

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)

MICHAEL MILLER, ES

Date

6-21-13

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

The above plan of correction is approved as of 6-24-13  
 (Date)

Plan of correction implementation status as of 6-24-13  
 (Date)

The above plan of correction was approved by SM  
 (initials)

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

Violation Report: 31507 - 06/05/2013 - McCloskey, Jason  
 PCH Name: GARDNERS SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600  
 2600.1010(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

The bed in room #4, occupied by Resident #1, does not have a source of light that can be turned on/off from bedside. Bedroom #5, occupied by Residents #2 and #3, contains one bedside lamp located between the beds. The switch for the lamp cannot be reached by both residents at bedside.

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

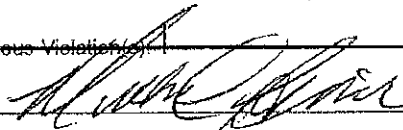
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

As of 6/7/13, the above violation was corrected by the purchase of working bedside lamps for the residents affected. In the future the program administrator or designee will ensure that weekly checks are completed to check for working bedside lamps.

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 GREER Date 6-21-13  
 IED

The above plan of correction is approved as of 6-24-13  
 (Date)

Plan of correction implementation status as of 6-24-13  
 (Date)

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

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