



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JAN 20 2014

Mr. Michael Grier, Executive Director
Keystone Service Systems, Inc.
8182 Adams Drive
Hummelstown, Pennsylvania 17036

RE: Chambers St. Specialized Community Residence
1025 Chambers Street
Harrisburg, Pennsylvania 17113
License #: 304830

Dear Mr. Grier:

As a result of the Department of Public Welfare's licensing inspection on October 7, 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 must be maintained.

Your regular license for the period June 17, 2013 to June 17, 2014 was issued on June 17, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

Violation Report: 30483 - 10/07/2013 - Minnich, Ron
 PCH Name: CHAMBERS ST SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for resident #1, dated 2/18/13, does not include the mobility needs assessment.

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.

This document was completed by the discharging hospital. In the future the program Mental Health Professional will review this documentation for accuracy prior to admission and request the correction be made prior to admission. The program LPN will do a second review upon admission and schedule any follow-up appointments necessary to make the corrections or have the document redone.

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>	11-14-13

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

The above plan of correction is approved as of 11-18-13
 (Date)

Plan of correction implementation status as of 11-18-13
 (Date)

The above plan of correction was approved by *W*
 (Initials)

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

Violation Report: 30483 - 10/07/2013 - Minnich, Ron
 PCH Name: CHAMBERS ST 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
 Resident #2's Advir Diskus was opened on 8/25/13 with manufacturers instructions that read "Discard Diskus 1 month after removal from the moisture protection foil", however the home recently administered the medication on 10/07/13.

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.

The correction to the medication was made. In the future the LPN will review medication expiration dates during the scheduled medication counts. If it is discovered that a medication will expire prior to the medication being completed the LPN will contact the pharmacy to have it refilled. If there are conflicts with insurance the LPN will work the pharmacy, insurance company, the individual and the individuals supports to resolve the situation. The program administrator will ensure that these steps are being followed through on by reviewing the medications counts and following up with the LPN.

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) *Michael Corbett* Date: *11-18-13*

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

The above plan of correction is approved as of 11-18-13
 (Date)

Plan of correction implementation status as of 11/18/13
 (Date)

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

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

Violation Report: 30483 - 10/07/2013 - Minnich, Ron
 PCH Name: CHAMBERS ST 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.

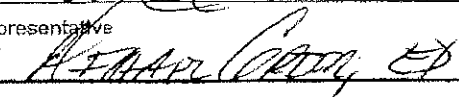
2a. DESCRIPTION OF VIOLATION
 The home uses a Master Key to verify the name of the staff person administering medications. During the month of October 2013, Staff person A administered medications to residents. The name and initials of staff person A is missing from the Master Key and the medication administration record.

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 has signed the master key. The need to sign the master key was reviewed with all staff during the program meeting. The specific staff member was retrained individually in the area of documentation. In the future the LPN and PA will review the master key on a weekly basis to ensure all staff administering medications are signing the master key.

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/15/2013

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)  Date 11-14-13

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

The above plan of correction is approved as of <u>11-18-13</u> (Date) The above plan of correction was approved by <u>LXL</u> (Initials)	Plan of correction implementation status as of <u>11-18-13</u> (Date) <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
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Violation Report: 30483 - 10/07/2013 - Minnich, Ron
 PCH Name: CHAMBERS ST SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #1 has an order for a Apidra flex pen injection to be administered per a sliding scale(DM) with blood sugars to be checked four times per day. On 10/3/13 at 8pm, the resident's blood sugar was 208 and on 10/6/13 at 8pm, it was 209. According to the sliding scale, the resident should have received 4 units of Apidra on both days but received 0 units.

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 individual staff member was retrained regarding this individuals medication regimen. The program administrator, reviewed the specific procedures for this individual with all staff during a program meeting. The LPN will review this sliding scale individually with any new staff that work in the program.

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 11-14-13

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The above plan of correction is approved as of 11-18-13
 (Date)

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

Plan of correction implementation status as of 11-18-13
 (Date)

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