



JUL 17 2014

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

RE: Keystone Human Services – Queen St SCR  
2033 South Queen Street  
York, Pennsylvania 17402  
License #: 329500

Dear Mr. Grier:

As a result of the Department of Public Welfare's licensing inspection on March 27, 2014, 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 20, 2014 to June 20, 2015 was issued on April 16, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary



Violation Report: 32950 - 03/27/2014 - Minnich, Ron  
 PCH Name: KEYSTONE HUMAN SERVICES QUEEN ST SCR

**1. REGULATION 55 Pa.Code §2600**

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

**2a. DESCRIPTION OF VIOLATION**

Staff person A, whose first day of work was 1/13/14, did not receive the required general orientation in fire safety.

**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 employee was a rehire that had left the company for two weeks, in the future we will ensure that all rehired employees complete this paperwork upon their return. This employee will completed the training by 6/30/14. The program administrator was trained on this requirement at the time of inspection.

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 Conroy, ED*

Date

*6-4-14*

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

The above plan of correction is approved as of

*6/24/14*  
 (Date)

Plan of correction implementation status as of

*6-24-14*  
 (Date)

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

The above plan of correction was approved by

*JC*  
 (Initials)

Violation Report: 32950 - 03/27/2014 - Minnich, Ron  
 PCH Name: KEYSTONE HUMAN SERVICES QUEEN ST SCR

**1. REGULATION 55 Pa.Code §2600**

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

**2a. DESCRIPTION OF VIOLATION**

Staff person A did not receive the required training within 40 working hours.

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

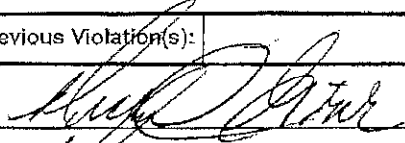
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

This employee was a rehire that had left the company for two weeks, in the future we will ensure that all rehired employees complete this paperwork upon their return. This employee will completed the training by 6/30/14. The program administrator was trained on this requirement at the time of inspection.

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)

*John A. ...*

Date *6-14-14*

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

The above plan of correction is approved as of *6/24/14*  
 (Date)

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

Plan of correction implementation status as of *6-24-14*  
 (Date)

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

Violation Report: 32950 - 03/27/2014 - Minnich, Ron  
 PCH Name: KEYSTONE HUMAN SERVICES QUEEN ST SCR

1. REGULATION 55 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 record for the drills conducted on 6/24/13, 7/25/13 and 8/30/13 does not include if the drills were conducted in the AM or PM.

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 will be reviewed with all staff in the staff meeting on June 25, 2014. In the future the Program Administrator will review the fire log after each fire drill was completed to ensure that the drill was recorded correctly.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *[Handwritten Name and Title]*      Date *6-4-14*

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

The above plan of correction is approved as of 6/24/14  
 (Date)

The above plan of correction was approved by [Handwritten Initials]  
 (Initials)

Plan of correction implementation status as of 6-24-14  
 (Date)

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