



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

AUG 05 2014

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

RE: Green Street Specialized Community Residence  
2900 Green Street  
Harrisburg, Pennsylvania 17110  
License #: 328780

Dear Mr. Grier:

As a result of the Department of Public Welfare's licensing inspection on April 16, 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 21, 2014 to June 21, 2015 was issued on April 16, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones  
Director

SH

Enclosure  
License Inspection Summary

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

|   |  |                        |
|---|--|------------------------|
| PCH Name: GREEN STREET SPECIALIZED COMMUNITY RESIDENCE  |  | License Number: 328780 |
| Address: 2900 GREEN STREET, HARRISBURG, PA 17110  |  | County: Dauphin        |
| Administrator: Laura Kuchta, Program Director   |  | Region: CENTRAL        |
| Legal Entity Name: KEYSTONE SERVICE SYSTEMS INC   |  |                        |
| Legal Entity Address: 8182 Adams Drive, Hummelstown, PA 17036   |  |                        |
| Certificate(s) of Occupancy<br>Group Home<br>04/11/2011<br>City of Harrisburg   |  |                        |
| Staffing Hours<br>Resident Support: NM                      Total Daily Staff: 8                      Waking Staff: 6   |  |                        |
| Type of Inspection: Full                      BHA Docket Number: NA                      Notice: Unannounced  |  |                        |
| Reason(s) for Inspection(s)<br>Renewal  |  |                        |
| On-Site Inspections Dates and Department Representatives On-Site<br>04/16/2014: Riel, Becky   |  |                        |
| Off-Site Inspection Dates and Inspectors, if Applicable<br><div align="center"> <p><b>RECEIVED</b></p> <p>MAY 28 2014</p> <p>CENTRAL REGION FIELD OFFICE<br/>             Human Services Licensing</p> </div>   |  |                        |
| Other Details<br>Partial or Full Triggers: NA                      Random Indicators: NA  |  |                        |
| Resident Demographic Data as of Inspection Dates  |  |                        |
| Licensed Capacity: 8<br><br>Number of Residents Served: 8<br><br>Secured Dementia Care Unit in Home: No<br><br>Area:<br><br>Secured Dementia Unit Capacity, if Applicable:<br><br>Number of Residents Served in Secured Dementia Care Unit, if applicable:<br><br>Number of Current Hospice Residents: 0<br><br>Number of Hospice Residents in past year: 0 | Number of Residents who:<br><br>Receive Supplemental Security Income: 8<br><br>Are 60 Years of Age or Older: 3<br><br>Have Mental Illness: 8<br><br>Have an Intellectual Disability: 0<br><br>Have a Mobility Need: 0<br><br>Have a Physical Disability: 0 |                        |

Violation Report: 32878 - 04/16/2014 - Riel, Becky  
 PCH Name: GREEN STREET SPECIALIZED COMMUNITY RESIDENCE

- 1. REGULATION 55 Pa.Code §2600**  
 2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:
- (1) The reportable incident and condition reporting procedures.
  - (2) Complaint procedures.
  - (3) Staff person training.
  - (4) Licensing violations and plans of correction, if applicable.
  - (5) Resident or family councils, or both, if applicable.

**2a. DESCRIPTION OF VIOLATION**  
 The home did not complete a quality management review in the year 2013. The last quality management review completed was on 6/4/2012.

**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 data for that time period can be reviewed with the current years data. In the future the report will be completed in a timely manner. This will completed on 5/30/14.  
 In the future the program director will monitor the completion of these reports.

|   |                                  |  |         |
|---|----------------------------------|--|---------|
| Repeat Violation: No  | Date(s) of Previous Violation(s) |  |         |
| Signature of Legal Entity Representative<br>(Required on EVERY Page)              |                                  |  |         |
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) |                                  |  | Date    |
| MICHAEL LINDOR, MD  |                                  |  | 5-27-14 |

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

|   |   |
|---|---|
| The above plan of correction is approved as of <u>6-30-14</u><br>(Date) | Plan of correction implementation status as of <u>6-30-14</u><br>(Date)   |
| The above plan of correction was approved by <u>JP</u><br>(Initials)    | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 32878 - 04/16/2014 - Riel, Becky  
 PCH Name: GREEN STREET SPECIALIZED COMMUNITY RESIDENCE

**1. REGULATION 55 Pa.Code §2600**  
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

**2a. DESCRIPTION OF VIOLATION**  
 On 4/11/2014, from 11pm to 7am, 8 residents were present in the home. During this time no staff persons were present in the home who were certified in first aid.

**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 not able to provide documentation showing she had completed first-aid training. The employee will not work alone until first aid training is completed. First Aid training was completed on 5/15/14. Training Log is attached, we are still awaiting the arrival of the certificate. In the future the Program Director will review all First Aid / CPR documentation that is provided by an outside agency.

Immediately - The administrator or designated staff person scheduling staff will ensure at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation will be present in the home at all times.

*je*

|   |                                  |  |      |
|---|----------------------------------|--|------|
| Repeat Violation: No  | Date(s) of Previous Violation(s) |  |      |
| Signature of Legal Entity Representative<br>(Required on EVERY Page)              |                                  |  |      |
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) |                                  |  | Date |

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| The above plan of correction was approved by <u><i>je</i></u><br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 32878 - 04/16/2014 - Riel, Becky  
 PCH Name: GREEN STREET SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa. Code §2600  
 2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION  
 The home's record of training for Direct Care Staff Person A does not include training that was received in personal care service needs of the resident.

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.

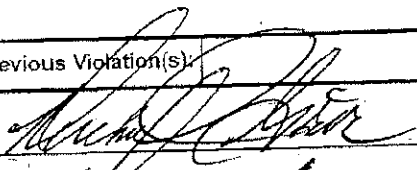
*Staff Person A*

This training will be completed by the employee for the current fiscal year by 5/30/14. In the future the Program Administrator will review with each staff at the end of each quarter their training plan and ensure that all scheduled trainings were completed. A list of complete and incomplete trainings will be reviewed by the Program Director. The Program Director and Program Administrator will develop a plan to address any incomplete trainings for that quarter.

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 [unclear]*

Date 5-27-14

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The above plan of correction is approved as of 10-30-14  
 (Date)

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

Plan of correction implementation status as of 10-30-14  
 (Date)

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

Violation Report: 32878 - 04/16/2014 - Riel, Becky  
 PCH Name: GREEN STREET SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600  
 2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION  
 A trash can located against the outside wall of the home's garage was full of garbage and did not have a lid covering it.

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 garbage can lid was replaced on 5/8/14. In the future the program administrator will complete weekly checks to ensure that the garbage cans lids are in good repair and being used correctly.

|                      |                                   |
|----------------------|-----------------------------------|
| 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<br>(Required on EVERY Page) | Date |
|---|------|

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 (Date)

Plan of correction implementation status as of 6-30-14  
 (Date)

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

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

Violation Report: 32878 - 04/16/2014 - Riel, Becky  
 PCH Name: GREEN STREET SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600  
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION  
 A fire drill was not conducted during the months of September 2013, December 2013 and March 2014.

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 responsible staff have been trained on the correct completion of the fire drills and the correct documenting procedures. This training was completed on 4/18/14. To monitor that fire drills are completed correctly each month for the next 6 months the program director will receive a report verifying what day and time the fire drill was complete and confirming that everyone exited the building. In addition the months requiring overnight fire drill will be pre-determined and monitored in a monthly report.

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 5-27-14

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The above plan of correction is approved as of 6-30-14  
 (Date)

Plan of correction implementation status as of 6-30-14  
 (Date)

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

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

Violation Report: 32878 - 04/16/2014 - Riel, Becky  
 PCH Name: GREEN STREET SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2500  
 2500.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION  
 A fire drill was held during sleeping hours on 3/22/2013 at 6:20am. The last drill conducted as a sleeping hours drill was on 11/20/13 at 7:50am when the majority of residents were not yet awake.

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 responsible staff have been trained on the correct completion of the fire drills and the correct documenting procedures. This training was completed on 4/18/14. To monitor that fire drills are completed correctly each month for the next 6 months the program director will receive a report verifying what day and time the fire drill was complete and confirming that everyone exited the building. In addition the months requiring overnight fire drill will be pre-determined and monitored in a monthly report.

*The program administrator will initial the fire drill log confirming it was reviewed and completed correctly. (Date)*

A fire drill was conducted on 6/2/2014, at 6:00am, with one staff person participating. All 8 residents evacuated to the outside of the building in 2 minutes. *je*

|   |  |      |
|---|--|------|
| Repeat Violation: Yes   | Date(s) of Previous Violation(s): 06/03/2013 |      |
| Signature of Legal Entity Representative<br>(Required on EVERY Page)              |  |      |
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) |  | Date |

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| The above plan of correction is approved as of <u>7.24.14</u><br>(Date)     | Plan of correction implementation status as of <u>7.24.14</u><br>(Date)   |
| The above plan of correction was approved by <u><i>je</i></u><br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 32878 - 04/16/2014 - Riel, Becky  
 PCH Name: GREEN STREET SPECIALIZED COMMUNITY RESIDENCE

**1. REGULATION 55 Pa.Code §2600**  
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

**2a. DESCRIPTION OF VIOLATION**  
 During the fire drill held on 11/20/2013 at 7:50am, only 5 of 6 residents evacuated to the outside.

**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 responsible staff have been trained on the correct completion of the fire drills and the correct documenting procedures. This training was completed on 4/18/14. To monitor that fire drills are completed correctly each month for the next 6 months the program director will receive a report verifying what day and time the fire drill was complete and confirming that everyone exited the building. In addition the months requiring overnight fire drill will be pre-determined and monitored in a monthly report.

*The Program Administrator will initial & Date the fire drill log confirming it was reviewed and completed correctly. (Signature) (Date)*

A fire drill was conducted on 6/2/14, at 6:00am, with one staff person participating. All 8 residents evacuated to the outside of the building in 2 minutes. *ye*

|   |                                   |      |
|---|-----------------------------------|------|
| Repeat Violation: No  | Date(s) of Previous Violation(s): |      |
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| The above plan of correction was approved by <u>(Signature)</u><br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 32878 - 04/16/2014 - Riel, Becky  
 PCH Name: GREEN STREET SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

- Resident #1's last medical evaluation documented on a form specified by the department was completed on 1/11/2013.
- Resident #2's last medical evaluation documented on a form specified by the department was completed on 8/7/2012.

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.

Resident #1 Medical Evaluation was completed on 4/16/14, the wrong date was use to determine the scheduling of the appointment. Resident #2 Medical Evaluation was completed on 5/7/14. Resident #2 usually attends his appointments independently and its believed the DME was misplaced or not returned to the program, since MA-51 form was completed. We have asked Resident #2 to allow us to attend that yearly appointment so the program can ensure annual documentation is completed correctly and returned. He agreed and allowed staff to on 5/7/14. In the future the program LPN and Program Administrator will monitor the DME date of completion rather than the MA-51 Date of completion.

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 5-21-14

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The above plan of correction is approved as of 6-30-14  
 (Date)

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

Plan of correction implementation status as of 6-30-14  
 (Date)

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