



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 23 2015

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

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

Dear Mr. Grier:

As a result of the Department of Human Services' licensing inspection on September 25, 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 17, 2014 to June 17, 2015 was issued on April 16, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 30483 - 09/25/2014 - Hoover, Douglas
 PCH Name: CHAMBERS ST 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 8/13/13, and the contract for resident #2, dated 5/16/14, 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 program will work with the Payee to develop a plan to have them sign the contracts. If they are not willing to develop a plan to ensure these are signed then the Program will submit a waiver requesting an alternate plan be used.

The Administrator or designated staff person will review all required new resident documentation for completeness and timeliness including contracts with signatures. JE

The administrator or designated staff person will review all resident contracts for completion and signatures. JE

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]* Date *10-17-14*

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

The above plan of correction is approved as of 12/12/14
 (Date)

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

Plan of correction implementation status as of 12/12/14
 (Date)

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

Violation Report: 30483 - 09/25/2014 - Hoover, Douglas
 PCH Name: CHAMBERS ST SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff member A, hired on 8/26/13, and direct care staff member B, hired on 4/3/09, did not receive training on meeting the needs of residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan. Initial training for direct care staff member A was completed on 5/24/13.

Direct care staff member A did not receive training in infection control.

Direct care staff member B did not receive training in care for residents with dementia and cognitive impairments.

The last complete training year for the home was from July 1, 2013 to June 30, 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.

Staff member A and B will complete the missing trainings by November 14, 2014. In the future the Program Administrator will ensure that each training is completed and accurately documented on the training plan. The Program Administrator was retrained on this process on 10/7/14. The Program Director will audit each training plan at the end of each quarter to confirm these trainings are being 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

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

The above plan of correction is approved as of

10/24/14
 (Date)

Plan of correction implementation status as of

12/2/14
 (Date)

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

The above plan of correction was approved by

JE
 (Initials)

Violation Report: 30483 - 09/25/2014 - Hoover, Douglas
 PCH Name: CHAMBERS ST 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

Direct care staff member A, hired on 8/26/13, and direct care staff member B, hired on 4/3/09, did not receive training on falls/accident prevention and The Older Adult Protective Services Act. Initial training for direct care staff member A was completed on 5/24/13.

The last complete training year for the home was from July 1, 2013 to June 30, 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.

Staff member A and B will complete the missing trainings by November 14, 2014. In the future the Program Administrator will ensure that each training is completed and accurately documented on the training plan. The Program Administrator was trained on this process on 10/7/14. The Program Director will audit each training plan at the end of each quarter to confirm these trainings are being completed as required.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
	10-17-14

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

The above plan of correction is approved as of 10/21/14
 (Date)

Plan of correction implementation status as of 12/2/14
 (Date)

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

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

Violation Report: 30483 - 09/25/2014 - Hoover, Douglas
 PCH Name: CHAMBERS ST SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The bedroom door, next to the kitchen refrigerator, had 2 crescent shaped dents that were approximately 1 - 3 inches in diameter. The dents had penetrated the outer shell of the wood door.

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 door will be fixed by 11/30/14. In the future this repair will be scheduled when the damage is discovered. The Program Administrator will do weekly checks to ensure the floors, walls, ceiling, windows, doors and other surfaces are in good repair. The Program Administrator will also review with staff the process for reporting damages.

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

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

The above plan of correction is approved as of 10/21/14
 (Date)

Plan of correction implementation status as of 10/21/14
 (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: 30483 - 09/25/2014 - Hoover, Douglas PCH Name: CHAMBERS ST SPECIALIZED COMMUNITY RESIDENCE	
1. REGULATION 55 Pa.Code §2600 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.	
2a. DESCRIPTION OF VIOLATION The horizontal freezer in the basement did not have a thermometer.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>The missing thermostat will be replaced by 10/30/14. The Personal Care Specialist will do weekly checks to ensure that all the refrigerators and freezers have the required thermostats.</p>	
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
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>10/21/14</u> (Date)	Plan of correction implementation status as of <u>10/21/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<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

Violation Report: 30483 - 09/25/2014 - Hoover, Douglas
 PCH Name: CHAMBERS ST SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The last documented fire safety inspection was on 4/24/13.

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 Program completed a fire inspection on 6/3/14 the paperwork was not on site but has been obtained and is attached. In the future the Program will select a specific month that the fire inspection will be completed and the paperwork will be obtained in a timely manner. To ensure this Program Director will audit and confirm the paperwork was received at the end of the designated month.

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 10-17-14

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The above plan of correction is approved as of 10/21/14
 (Date)

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

Plan of correction implementation status as of 10/21/14
 (Date)

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

Violation Report: 30483 - 09/25/2014 - Hoover, Douglas
 PCH Name: CHAMBERS ST SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for resident #2, dated 2/10/14, is more than 60 days prior to the admission date of 5/16/14.

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 error was reviewed with the Program Administrator on 9/25/14. All staff responsible for completing and checking that the medical evaluation is completed will re-trained on correctly completing the form. In the future the Program Administrator and the program Mental Health Professional will review each of these forms for accuracy prior to an admission.

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 10-17-14

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The above plan of correction is approved as of 10/21/14
 (Date)

Plan of correction implementation status as of 10/21/14
 (Date)

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

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

Violation Report: 30483 - 09/25/2014 - Hoover, Douglas
 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 7/16/14, did not have a list of current medications. The most recent list of medications was attached to a medical evaluation that was dated 8/7/13.

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.


In the future the LPN will confirm that the medical evaluation has all the required paperwork attached. The LPN and Program Administrator will be retrained on this by 11/14/14. The Program Administrator will review each Medical Evaluation when it is completed to confirm it has been done correctly.

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/07/2013

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)  Date 10-17-14

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The above plan of correction is approved as of <u>10/21/14</u> (Date)	Plan of correction implementation status as of <u>10/21/14</u> (Date)
The above plan of correction was approved by  (Initials)	<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

Violation Report: 30483 - 09/25/2014 - Hoover, Douglas
 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 September 2014 medication administration record for resident #2 did not list allergies. Resident #2 is allergic to *Hydrocodone* and *Tylenol*.

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 MARs have been updated to include this residents allergies.
 In the future the LPN will complete a check list when reviewing the MARS to confirm that each one is completed correctly. The LPN will submit the check list to the Program Administrator for confirmation.

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/07/2013

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *[Signature]* Date

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

The above plan of correction is approved as of <u>10/21/14</u> (Date)	Plan of correction implementation status as of <u>10/21/14</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<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

Violation Report: 30483 - 09/25/2014 - Hoover, Douglas
 PCH Name: CHAMBERS ST SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 Resident #2, admitted on 5/16/14, had a pre-admission screening form that was dated 4/4/14 which is more than 30 days prior to admission.

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.

Upon admission the Mental Health Professional will confirm all paperwork is completed in the required time frames. In the absence of the MHP the Program Administrator will confirm all paperwork has been completed in the required time frames. A worksheet will also be used to report to the Program Director the dates that all admission paperwork was completed.

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 10-17-14

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

The above plan of correction is approved as of 10/21/14
 (Date)

Plan of correction implementation status as of 10/21/14
 (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: 30483 - 09/25/2014 - Hoover, Douglas
 PCH Name: CHAMBERS ST SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 There was no photograph in the record for resident #2.

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.

Upon admission the Mental Health Professional will confirm all paperwork is completed in the required time frames. In the absence of the MHP the Program Administrator will confirm all paperwork has been completed in the required time frames. A worksheet will also be used to report to the Program Director the dates that all admission paperwork was completed.

A current photograph of resident #2 was added to the resident's record. *je*

The administrator or designated staff person will review all new resident records to ensure all resident records include the required items including a resident photograph which is no more than two years old. *je*

The administrator will review all resident records to ensure all records include the required contents including a resident photograph that is no more than 2 years old. *je*

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>Richard C. ...</i>	11-17-14

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

The above plan of correction is approved as of <u>10/21/14</u> (Date)	Plan of correction implementation status as of <u>10/21/14</u> (Date)
The above plan of correction was approved by <u>je</u> (Initials)	<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