



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 0 5 2015

Mr. Jeffery Brown, Regional Director
Keystone Human Services
8182 Adams Drive
Hummelstown, Pennsylvania 17036

RE: McKinley St. PCH
1280 McKinley Street
Chambersburg, Pennsylvania 17201
License #: 320340

Dear Mr. Brown:

As a result of the Department of Human Services' licensing inspection on October 2, 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 December 12, 2014 to December 12, 2015 was issued on August 27, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones".

Matthew J. Jones
Director
SH

Enclosure
License Inspection Summary

Violation Report: 32034 - 10/02/2014 - Riel, Becky
 PCH Name: MCKINLEY ST PCH

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

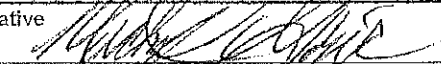
During the week of 9/22/2014, Resident #1 reported being hit by Resident #2 with a closed fist, causing a bruise to the upper right chest area. Resident #1 stated that this allegation of abuse was reported to Staff Person A on the evening of the incident. The home did not report the allegation to the the local area agency on aging or the State Department of Aging.

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 Oct 21, 2014 the staff were trained by the local office of aging on the proper reporting requirements as stated in the violation. In the future, the Program Administrator will report such events within the required time frames.

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 10-27-14

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

The above plan of correction is approved as of 1/02/15
 (Date)

Plan of correction implementation status as of 1/02/15
 (Date)

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

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

Violation Report: 32034 - 10/02/2014 - Riel, Becky
 PCH Name: MCKINLEY ST PCH

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

During the week of 9/22/2014, Resident #1 reported being hit by Resident #2 with a closed fist, causing a bruise to the upper right chest area. Resident #1 stated that this allegation of abuse was reported to Staff Person A on the evening of the incident. The home did not submit an incident report to the Department.

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 did complete an DPW UIR incident report after the 24 hour deadline, in the future the Program Administrator will complete such incidents and send them in according to the time requirements.

Staff have received training on reportable incidents to ensure that the administrator is aware of reportable incidents for reporting on a timely basis.

B. 1/20/15

Repeat Violation: No

Date(s) of Previous Violation(s)

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

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

Date

1/21/14

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1/22/15
 (Date)

Plan of correction implementation status as of

1/22/15
 (Date)

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[Signature]
 (Initials)

Violation Report: 32034 - 10/02/2014 - Riel, Becky
 PCH Name: MCKINLEY ST PCH

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
 On 10/2/2014, the temperature in the refrigerator located in the kitchen was 54 degrees farenheit.

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 October 22, 2014, the program purchased a new refrigerator which will provided the proper temperatures as required.
Staff monitor the temperature of the refrigerator weekly to ensure it is keeping a proper temperature -
11/22/15

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

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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *[Signature]* Date *10-27-14*

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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: 32034 - 10/02/2014 - Riel, Becky
 PCH Name: MCKINLEY ST PCH

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
 No fire drill was conducted during the months of February and June 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.

Due to leadership turnover the program failed to complete the required fire drills as stated above. As of October 2014, the Program Administrator will use the outlook calendar to remind the staff and Regional Director of all future fire drills to be completed monthly.

Staff who are responsible for pulling the fire alarm are the only staff who can access the outlook calendar thus ensuring that the drill is unannounced to staff on duty and residents.
 CB 1/22/15

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

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Printed Name and Title of Legal Entity Representative
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Violation Report: 32034 - 10/02/2014 - Riel, Becky
 PCH Name: MCKINLEY ST PCH

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 There were no fire drills conducted during sleeping hours between January and September 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.

Due to leadership turnover the program failed to complete the required fire drills, As of October 2014, the Program Administrator will use the outlook calender to remind staff and the Regional Director of when overnight drills are to occur.

The outlook calendar for fire drills is available to staff involved in scheduling drills or pulling the alarm. Other staff are not aware of scheduled drills. The Regional Director will follow up with the administrator within 1 week following a scheduled drill to confirm the drill was held.
 10/2/15

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Printed Name and Title of Legal Entity Representative
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Violation Report: 32034 - 10/02/2014 - Riel, Becky
 PCH Name: MCKINLEY ST PCH

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

2a. DESCRIPTION OF VIOLATION
 Resident #3's records does not include the incident report from 3/6/2014 regarding a fall.
 Resident #4's records does not include the incident report from 3/14/2014 regarding an allegation of staff to resident abuse.

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 does maintain all records of incident reports within its secure electronic server. The Program Administrator was educated on Oct 21, 2014 as to the location of these records for future use, *Incident reports will be made available upon request*
ca 11/2/15

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

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Printed Name and Title of Legal Entity Representative
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Violation Report: 32034 - 10/02/2014 - Riel, Becky
 PCH Name: MCKINLEY ST PCH

1. REGULATION 55 Pa.Code §2600

2600.253(a) - The resident's entire record shall be maintained for a minimum of 3 years following the resident's discharge from the home or until any audit or litigation is resolved.

2a. DESCRIPTION OF VIOLATION

Resident #5 was discharged from the home, date unknown. On 10/2/2014, the home was no longer in possession of the resident's full record to include medical evaluations, assessments and support plans, the resident-home contract, and discharge information.

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 document in question was on site but was not located until after the reviewers departed. The documents were in a locked file cabinet and the Program Administrator was educated on Oct 21, 2014 as to the location for future use.

all records will be maintained for a minimum of three years following discharge. Staff will be educated on the location of files for discharged residents
CS 11/22/15

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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *[Signature]* Date *10-27-14*

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