



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 20 2015

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

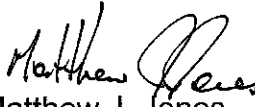
Dear Mr. Grier:

As a result of the Department of Human Services' licensing inspection on April 16, 2015 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, 2015 to June 21, 2016 was issued on April 20, 2015. Your regular license remains in good standing.

Sincerely,

  
Matthew J. Jones  
Director

Enclosure  
License Inspection Summary



Violation Report: 31658 - 04/16/2015 - Minnich, Ron  
PCH Name: Green Street Specialized Community Residence

1. REGULATION 55 Pa.Code §2500  
2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION  
On 4/16/15 the home's current licensing summary was not posted in a conspicuous and public place in the home.

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 current license inspection summary was posted on the day of inspection. To ensure that it remains posted the Program Administrator will check that it posted each month. The Program Administrator will report monthly to the Program Director that it remains posted. Please see attached report that will include this information.

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 5-11-15

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The above plan of correction is approved as of 5/13/15  
(Date)

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

- Plan of correction implementation status as of 5/13/15  
(Date)
- Fully Implemented
  - Partially Implemented - Adequate Progress
  - Partially Implemented - Inadequate Progress
  - Not Implemented

Violation Report: 31658 - 04/16/2015 - Minnich, Ron  
 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 4/10/15, from 11:00 pm to 7:00 am, 7 residents were present in the home. During this time no staff persons were present in the home who were certified in CPR.

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 staff member has completed their CPR training. In the future any staff member with an expired CPR will work with a staff certified in CPR. To ensure this does not occur again the Program Administrator will report monthly to the Program Director all due dates for the CPR. This report will including when renewal trainings are scheduled for. See attached monthly report that will include this information.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 04/16/2015

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

William Lopez, Jr.

Date 5-11-15

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The above plan of correction is approved as of 5/13/15  
 (Date)

Plan of correction implementation status as of 5/13/15  
 (Date)

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

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

Violation Report: 31858 - 04/16/2015 - Minnich, Ron  
 PCH Name: Green Street Specialized Community Residence

1. REGULATION 55 Pa.Code §2600  
 2600.103(h) - Food shall be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process.

2a. DESCRIPTION OF VIOLATION  
 On 4/18/16, at 9:30 am, a 3 pound pack of "Butchers" beef round was observed thawing in the kitchen sink, not under cool water.

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 proper procedure for thawing food has been reviewed with staff and will be reviewed in the staff meeting on May 12, 2015. The program administrator will continue to review this in the next 3 staff meetings then as needed. The program administrator will also visually monitor food is being thawed correctly. The program administrator will report monthly to the program director that these steps are being followed. Please see the attached monthly plan.

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: 5-18-15

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The above plan of correction is approved as of 5/13/15  
 (Date)

Plan of correction implementation status as of 5/13/15  
 (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: 31658 - 04/18/2015 - Minnich, Ron  
 PCH Name: Green Street Specialized Community Residence

1. REGULATION 55 Pa.Code §2500  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 was administered Ritalin 15 mg 3 times on 3/17/15 at 8:00am, 2:00pm and 7:30pm. The physicians order states "take one and half tablets (15mg) by mouth, twice daily at AM and 2:00pm".

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.

Since that date staff have had a refresher training on Medication Administration, the 5 rights and correct documentation on the controlled count sheets. The PA will review the count sheets each weekday, in her absence the PCS will review these. Reminders and reviews will be completed in each monthly staff meeting for the next 6 months then as needed. The PA and LPN will continue to monitor and identify staff members that need retraining.

|   |                                   |  |         |
|---|-----------------------------------|--|---------|
| 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 GIBSON, C.D.  |                                   |  | 5-11-15 |

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| The above plan of correction was approved by <u>CB</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: 31858 - 04/16/2015 - Minnich, Ron  
 PCH Name: Green Street Specialized Community Residence

1. REGULATION 56 Pa.Code §2600  
 2600.188(c) - Documentation of medication errors and the prescriber's response shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

On 3/17/15, an error in resident #1's medication administration occurred when the resident was administered Ritalin 15mg 3 times in one day and the physicians order states "take one and half tablets (15mg) by mouth, twice daily at AM and 2:00pm". There is no documentation of the medication error in the resident's 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.

This medication was identified in a later incident report as a missing dose. In reviewing the documentation at that time leadership did not see that he had been given an extra dose. The PA will review the count sheets each weekday, in her absence the PCS will review these. The LPN will also review the count sheets when at this site. Reminders and reviews will be completed in each monthly staff meeting for the next 6 months then as needed. When a medication error is discovered a incident report will be completed and kept in the resident file.

*In addition, when a medication error occurs it will be reported to the prescriber and the prescriber's response will be documented in the resident's record. 5/13/15*

|   |                                   |
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| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) | Date                              |

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