



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: June 2, 2015

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

RE: Chambers St. Specialized Community Residences
1025 Chambers Street
Harrisburg, Pennsylvania 17113
Certificate #: 304830

Dear Mr. Grier:

As a result of the Department of Human Services' licensing inspection on May 5, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Cybil Bomberger".

Cybil Bomberger
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 30483 - 05/05/2015 - Hoover, Douglas
 PCH Name: CHAMBERS STREET SPECIALIZED RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.23(b) - A home shall provide each resident with assistance with instrumental activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION
 The assessment and support plan for resident #1, dated 11/11/14, documents that the resident requires assistance with transportation as the resident is "unable to secure or use transportation independently." On 5/3/15, at approximately 4:00 am, resident #1 attempted to walk alone to the home from the hospital after being seen in the emergency room. The distance is approximately 4.25 miles and the resident did not receive the required timely assistance with transportation from 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 Program Administrator will be working with the Hospital to determine why they did not contact the program and why their security staff kicked him out of the ER waiting room, while he waited for a ride. The program staff have reviewed all the correct contact information with the individual in service and made sure he had them in writing for his wallet. Effective 5/18/15 the program staff will contact the ER upon an individual leaving the program for the ER and then each hour until the individual is discharged or the individual is admitted to the hospital. To ensure this occurs staff will complete an "Emergency Services Communications Form" to document that the communications occurred. In addition the program will work on developing a contract with a transportation service to ensure that transportation from Emergency Room discharges is available.

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

The above plan of correction is approved as of _____
 (Date)

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

Plan of correction implementation status as of _____
 (Date)

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