



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 26 2015

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

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

Dear Mr. Grier:

As a result of the Department of Human Services' annual licensing inspection on September 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.

Sincerely,

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

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary



Violation Report: 30483 - 09/16/2015 - Bomberger, Cybil  
 PCH Name: CHAMBERS ST. SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 9/16/15, the miniblinds covering the window located in the first floor bathroom, the ceiling vent located in the hallway leading to the rear of the home, and the wall vent located in the living room were all heavily coated with dust and dirt.

On 9/16/15, two ceiling lights located in the hallway of the home had an accumulation of dead bugs in them.

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 two lights were cleaned out on 9/17/15. The need to follow through on cleaning assignments will be reviewed with personal care associates in the next team meeting on 9/29/15. The Program Administrator will also do weekly checks on the sanitary conditions of the home and specifically check that the light fixtures are free of dead bugs. The Program Administrator will confirm these checks are being completed as well as the results in a monthly operations report. (A blank sample of the monthly operations report will be attached.)

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>9/28/15</u> (Date)	Plan of correction implementation status as of <u>9/28/15</u> (Date)
The above plan of correction was approved by <u>BAS</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 - 09/16/2015 - Bomberger, Cybil  
 PCH Name: CHAMBERS ST. SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600  
 2600.101(r)(1) - There must be drapes, shades, curtains, blinds or shutters on the bedroom windows.

2a. DESCRIPTION OF VIOLATION  
 The two bedrooms occupied by Resident #1 and Resident #2, respectively, do not have shades, blinds or shutters.

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 blinds in these two bedrooms will be replaced with curtains. These will be purchased and installed by 10/9/15. The Program Administrator will also do weekly bedroom checks to confirm all bedrooms have curtains, or blinds. The Program Administrator will confirm these checks are being completed as well as the results in a monthly operations report. (A blank sample of the monthly operations report will be attached.)

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

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The above plan of correction was approved by <u>WAS</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 - 09/16/2015 - Bomberger, Cybil  
 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 medication administration record for Resident #1 did not contain documentation that the prescribed Abacavir 300 mg, Aspirin 81mg, Celecoxib 200mg, Lisinopril 10mg, Advair 100-50 discus, Intence 200mg, and Magnesium Oxide 400mg were administered on 9/14/15 at 8:00am.  
 The medication administration record for Resident #3 did not contain documentation that the prescribed Amlodipine Besylate 5mg, Haloperidol 5mg, Potassium Chloride ER 20mg, and Clonazepam 1mg were administered on 9/13/15 at 8:00am.

**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 / Medication Administration Trainer will individually review the documentation process with the two staff responsible for the documentation error. They will be assigned to review "lesson 8" for the medication administration training and will complete an MAR Review. This will be completed by 10/16/15. In the staff meeting on 10/29/15 the importance of accurate documentation will be reviewed. The Program Administrator and LPN will continue to monitor the MAR's and identify staff that need further training and counseling on completing accurate documentation.

Repeat Violation: No	Date(s) of Previous Violation(s)	
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The above plan of correction was approved by <u>BBS</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