



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 15 2016

Ms. Amanda Suders, Program Administrator
Keystone Service Systems, Inc.
8182 Adams Drive
Hummelstown, Pennsylvania 17036


RE: McKinley St. PCH
1280 McKinley Street
Chambersburg, Pennsylvania 17202
License #: 320340

Dear Ms. Suders:

As a result of the Department of Human Services' annual licensing inspections on October 20, 2015 and October 21, 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,


Matthew J. Jones
Director ^{1/5H}


Enclosure
License Inspection Summary

Violation Report: 32034 - 10/20/2015 - Hoover, Douglas
 PCH Name: MCKINLEY STREET SPECIALIZED CARE RESIDENCE

1. REGULATION 55 Pa.Code §2800
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
 On 9/29/15, at approximately 11:45 am, Resident #1 assaulted Resident #3 with a punch to the face which resulted in a bloody nose.

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.

1. The program petitioned for a 302 on 9/29/15 for resident 1 which was granted, the resident was treated for  issues.
- 2, resident #1 has been provided with coping skills and anger mgmt skills on 11/ 18 /15 to assist with future outbursts.
3. The staff reviewed the RASP of resident #1 on 11/ 18/15 to assist them in identifying future behaviors that may trigger the above violation.
4. The Program Administrator/LPN will review with staff the RASP of residents on a monthly basis at the staff meeting.

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 12-21-15

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

The above plan of correction is approved as of <u>1-11-16</u> (Date)	Plan of correction implementation status as of <u>1-11-16</u> (Date)
The above plan of correction was approved by <u>LL</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 - 10/20/2015 - Hoover, Douglas
 PCH Name: MCKINLEY STREET SPECIALIZED CARE RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION
 The support plan, dated 1/16/15, for Resident #1 documents irritability, agitation, verbal aggression and hallucinations. On 9/29/15, at approximately 5:25 pm, Resident #1 became verbally aggressive towards another resident and Staff Member A. To ensure personal safety, the staff member contacted police while locked inside an office. During the incident, there were no other staff present in the home to meet the needs of Resident #1. Other residents were also left unattended.

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.

1. The program contacted Emergency services on 9/29/15 to assist with the needs of resident #1. Emergency services arrived and the person was admitted to the hospital for evaluation.
2. Staff reviewed the RASP for resident #1 on 11/18/15 after return from hospital stay to ensure that future issues can be addressed in a different manner and that needs are being met.
3. The Program Administrator/LPN will review resident RASP's with the staff during each monthly staff meeting, to ensure that service needs of all residents are met and staffing levels are appropriate. - SE

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
[Signature]			12-15-15

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Violation Report: 32034 - 10/20/2015 - Hoover, Douglas
 PCH Name: MCKINLEY STREET SPECIALIZED CARE RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
 (1) Resident rights.
 (2) Emergency medical plan.
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
 (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
 Direct Care Staff Member B, hired 2/16/15, did not receive training in resident rights and the emergency medical plan within 40 scheduled working hours.

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.

1. On 2/17/15 Staff Member B completed these trainings in during Orientation. This was faxed over to inspector on 10/21/15.
2. The Program Administrator will review each person's training report monthly to ensure they have the current certifications/trainings.

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
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Michael [unclear] Date *12-21-15*

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Violation Report: 32034 - 10/20/2015 - Hoover, Douglas
 PCH Name: MCKINLEY STREET SPECIALIZED CARE RESIDENCE

1. REGULATION #5 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Member B, hired 2/16/15, did not complete or pass the Department's competency test before providing unsupervised ADL services.

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.

- 1. The staff member was trained in ADLS on 10.21.15.
- 2. The Program Administrator will ensure that all new staff are trained in ADL's as described in the regulations before being unsupervised.
- 3. The Program Administrator will document this training and forward to the education department for documentation. The training will also be placed in the Home's training binder.

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)

Robert L. Hoover, Director

Date: 12-21-15

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 (Date)

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

Plan of correction implementation status as of 1-11-16
 (Date)

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

Violation Report: 32034 - 10/20/2015 - Hoover, Douglas
 PCH Name: MCKINLEY STREET SPECIALIZED CARE RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION

The home's written emergency procedures were updated on 8/24/15 but not submitted to the emergency management agency. The last submission of the home's emergency procedures to the emergency management agency was on 6/16/14.

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.

1. On 10/20/15 Program Administrator emailed the copy of the updated emergency procedures to the local emergency management agency.
2. Program Administrator will ensure that any changes in resident needs / Emergency Procedures ^{see} are updated and emailed to the local Emergency Management agency as required.

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Violation Report: 32034 - 10/20/2015 - Hoover, Douglas
 PCH Name: MCKINLEY STREET SPECIALIZED CARE RESIDENCE

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

The last fire drill conducted during sleeping hours was on 5/30/15 at 5:12 am. The previous fire drill held during sleeping hours was on 10/6/14 at 11:00 pm.

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.

1. The program will conduct overnight drills every April and October to ensure compliance with the regulations.
2. The Program Administrator will complete a Outlook reminder to schedule these overnights every April-Oct and will document in the proper fire log.

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
Kristine L. Edwards, ED	1-24-15

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Violation Report: 32034 - 10/20/2015 - Hoover, Douglas
 PCH Name: MCKINLEY STREET SPECIALIZED CARE RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #2 received 4 units of Humalog insulin for a blood sugar reading of 261 on 10/18/15 rather than 8 units as prescribed by the physician.

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.

1. The Program LPN has since received a prescription from the PCP stating that staff can mark "S" on MAR for self-administer instead of writing down the units given since consumer self-administers already.
2. Staff were trained on 11.1.15 on how to properly enter this information on the MAR.
3. The LPN will review the MAR daily to ensure that proper documentation is occurring.

Violation withdrawn - BE

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Violation Report: 32034 - 10/20/2016 - Hoover, Douglas
 PCH Name: MCKINLEY STREET SPECIALIZED CARE RESIDENCE

1. REGULATION 55 Pa.Code §2800
 2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION
 There was no notation of inability or refusal to sign the support plan, dated 1/16/14, for Resident #1.

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.

1. The support plan was dated on 11/1/15 to correct the issue.
2. The Program Administrator will review each support plan monthly to ensure that proper notation or documentation has occurred when required.

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