



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: May 25, 2016**

Mr. Michael Grier, Executive Director  
Keystone Service Systems, Inc.  
8182 Adams Drive  
Hummelstown, Pennsylvania 17306

RE: Chambers Street Specialized Community Residence  
1025 Chambers Street  
Harrisburg, Pennsylvania 17113  
Certificate #: 304830

Dear Mr. Grier:

As a result of the Department of Human Services' licensing inspection on December 23, 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 cursive script that reads "Gloria Emick".

Gloria Emick  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 30483 - 12/23/2015 - Genell, Lori  
PCH Name: Chamber Street Specialized Community Residence

**1. REGULATION 55 Pa.Code §2660**

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**

On 12/16/15, an allegation of abuse against Resident #1 was reported to Staff Person A. The home did not report the allegation to the local area on aging until 12/17/15.

**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 Director reviewed the afore-mentioned regulations with the Program Administrator on 12/24/15. An internal grid used by on-call staff was updated on 2/3/16 to include a reminder to call Area on Aging when necessary. This is submitted by the on-call staff upon reporting incidents and is reviewed by the Program Director to ensure compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

*Marie Mortimer*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Marie Mortimer, PA

Date

4/6/16

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

The above plan of correction is approved as of

5-25-16  
(Date)

Plan of correction implementation status as of

5-25-16  
(Date)

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

The above plan of correction was approved by

*SM*  
(Initials)

Violation Report: 30483 - 12/23/2015 - Genall, Lori  
PCH Name: Chamber Street Specialized Community Residence

1. REGULATION 55 Pa.Code §2600  
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

An employee or an administrator is required to immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§10225.701 - 10225.707) and 6 Pa. Code § 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons. On 12/16/15, Staff person A received an allegation of abuse from Resident #1 regarding Resident #2. The local area on aging did not receive the report from the home regarding the allegation until 12/17/15.

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 Director reviewed the afore-mentioned regulations with the Program Administrator on 12/24/15. An internal grid used by on-call staff was updated on 2/3/16 to include a reminder to call Area on Aging when necessary. This is submitted by the on-call staff upon reporting incidents and is reviewed by the Program Director to ensure compliance.

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Signature of Legal Entity Representative  
(Required on EVERY Page) *Marie Mortimer*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Marie Mortimer PA*      Date *4/6/16*

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(Initials)