



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 25 2016

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

RE: Keystone Human Services – Queen St SCR  
2033 South Queen Street  
York, Pennsylvania 17402  
License #: 329500

Dear Mr. Grier:

As a result of the Department of Human Services' annual licensing inspection on April 28, 2016 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 "Jay Bausch".


Jay Bausch  
Deputy Secretary

Enclosure  
License Inspection Summary

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2609**

PCH Name: KEYSTONE HUMAN SERVICES QUEEN ST SCR		License Number: 32950
Address: 2033 SOUTH QUEEN STREET, YORK, PA 17402		County: York
Administrator: Robbin Cox		Region: CENTRAL
Legal Entity Name: KEYSTONE SERVICE SYSTEMS INC		
Legal Entity Address: 8182 ADAMS DRIVE, HUMMELSTOWN, PA 17036		
Certificate(s) of Occupancy R-4 03/20/2012 York Township		
Staffing Hours	Total Daily Staff: 8	Wake Staff: 8
Resident Support: 0		
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspection Dates and Department Representatives On-Site 04/28/2016: McCloskey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 8	Number of Residents who:	
Number of Residents Served: 8	Receive Supplemental Security Income: 8	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 1	
Area:	Have Mental Illness: 8	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents In past year: 0		

Violation Report: 32950 - 04/28/2016 - McCloskey, Jason	
PCH Name: KEYSTONE HUMAN SERVICES QUEEN ST SCR	
<p>1. REGULATION 55 Pa. Code § 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and co-signed by the resident's designated person if any, if the resident agrees.</p>	
<p>2a. DESCRIPTION OF VIOLATION The contract for Resident 1 was not signed by the resident and administrator or administrator designee.</p>	
<p>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.</p> <p>The above said mentioned [REDACTED] contract was signed (4/28/2016) the day of inspection.</p> <p>The Program Administrator will on a monthly basis continue to check and review consumer folders to avoid oversight.</p> <p>The Program Administrator will review paperwork and document if client declines to participate/ or unable to sign.</p>	
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: 5/5/2016	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>5/11/16</u> (Date)	Plan of correction implementation status as of <u>5/11/16</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: 32950 - 04/26/2016 - McCloskey, Jason PCH Name: KEYSTONE HUMAN SERVICES QUEEN ST SCR	
<b>1. REGULATION 55 Pa. Code §2800.187(a)</b> - 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.	
<b>2a. DESCRIPTION OF VIOLATION</b> The master signature key does not include the printed names of staff administering medications.	
<b>3. PLAN OF CORRECTION (POC)</b> (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.  Personal Care Home/LPN has developed a typed sign in sheet for medication log (MAR) whereas names are easily identified. Personal care home staff will sign off with written signatures and initials.	
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) B.H. Newill	
Date: 5/5/2016	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>5/11/16</u> (Date)	Plan of correction implementation status as of <u>5/11/16</u> (Date)
The above plan of correction was approved by <u>BAS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented