



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 14 2016

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

RE: Green St. Specialized Community Residences
2900 Green Street
Harrisburg, Pennsylvania 17110
License #: 328780

Dear Mr. Grier:

As a result of the Department of Human Services' annual licensing inspection on May 17, 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 "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 32878 - 05/17/2016 - Palermo, Michael
 PCH Name: GREEN STREET SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(4) - The contract shall specify the party responsible for payment.

2a. DESCRIPTION OF VIOLATION
 The contract for Resident #1, admitted [redacted] 15, does not specify the party responsible for payment.

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 Administrator amended the contract for Resident #1 on 5/17/16 to include the party responsible for payment.
2. The Program Administrator will be mentored by the Service Director no later than 9/30/16 on the regulatory requirements related to resident contracts.
3. The Program Administrator will develop and implement a checklist by 9/16/16 to ensure that, prior to program entry, all documentation regarding the identification of the responsible party for payment will be identified on all of the appropriate documentation/forms.

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 9/9/16

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

The above plan of correction is approved as of 9-15-16
 (Date)

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

Plan of correction implementation status as of 9-15-16
 (Date)

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

Violation Report: 32878 - 05/17/2016 - Palermo, Michael
 PCH Name: GREEN STREET SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home's designated evacuation time from a fire safety expert is a maximum of five minutes. The home exceeded the recommended evacuation time on the following dates:

On 1/5/16 at 3:18 PM - five minutes and twenty seconds. Also, one resident of eight did not evacuate.

On 3/29/16 at 1:15 AM - five minutes and six seconds

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 individual who did not exit the home during the fire drill on 1/15/16 was a new admission to the program. The individual was prompted numerous times by staff to evacuate. However, the individual said they were not going to leave their room. On 1/16/17, staff counseled the person regarding the reasons and importance of participating in fire drills. The person has successfully evacuated during all fire drills since that counseling session.
2. The Program Administrator, on or before 9/30/16, with input of the Mental Health Professional, will develop strategies that can be used in the future with individuals who resist or refuse to participate in a fire drill.
3. The Service Director will review, with the Program Director, on or before 9/30/16, the importance of notifying the Service Director when a fire drill does not meet the 5 minute evacuation standard in order to develop a plan of action to address the failed drill and prevent further occurrences.
4. The Program Administrator will conduct training, on or before 10/1/16, with all staff and residents on the importance, significance, and proper methods of conducting a fire drill in order to assure that all are evacuated within the 5 minute standard.

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>9-15-16</u> (Date)	Plan of correction implementation status as of <u>9-15-16</u> (Date)
The above plan of correction was approved by <u>BE</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