



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 13 2016

Ms. Gail A. Inderwies, RN, BSN, MBA, President and Executive Director  
Keystone Hospice  
8765 Stenton Avenue  
Wyndmoor, Pennsylvania 19038

RE: Keystone Hospice  
License #: 127970

Dear Ms. Inderwies:

As a result of the Department of Human Services' annual licensing inspection on August 3, 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  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: KEYSTONE HOSPICE		License Number: 12797
Address: 8765 STENTON AVENUE, WYNDMOOR, PA 19038		County: Montgomery
Administrator: GAIL INDERWIES		Region: SOUTHEAST
Legal Entity Name: KEYSTONE HOSPICE		
Legal Entity Address: 8765 STENTON AVENUE, WYNDMOOR, PA 19038		
Certificate(s) of Occupancy C-2 LP 12/05/1989 PA Dept of L&I		
Staffing Hours Resident Support: 0                      Total Daily Staff: 25                      Waking Staff: 19		
Type of Inspection: Full                      BHA Docket Number:                      Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/03/2016: Colon, Lisselle		
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: 19 Number of Residents Served: 14 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 14 Number of Hospice Residents in past year: 136	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 13 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 11 Have a Physical Disability: 0	

Violation Report: 12797 - 08/03/2016 - Colon, Lissette  
 PCH Name: KEYSTONE HOSPICE

**1. REGULATION 55 Pa.Code §2600**  
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

**2a. DESCRIPTION OF VIOLATION**  
 Direct care staff person A was hired on [redacted] 16. The criminal history background was requested on 6/24/16.

**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.*

On the day direct care staff person A was hired, our Human Resource Assistant who is responsible for processing the criminal history background was off work. Our policy and normal procedure is to complete the criminal history background check on the same day of hire. (see Personnel Policy 8.9 attached as Exhibit A).

We have now instituted the process of having the criminal history background check completed prior to or on the same day of hire. We have included a new process and this will always be reviewed by the Director of Human Resources on the date of hire to make sure the background check has been processed. In the absence of the Human Resource Assistant, the Director of Human Resources will complete the criminal history background checks.

The Director of Human Resources will audit the files of newly hired employees on their day of hire to assure the criminal history background checks have been completed. This updated process was implemented immediately on August 3, 2016.

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)      Gail A. Inderwies, RN, BSN, MBA, Administrator      Date      September 7, 2016

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

The above plan of correction is approved as of 9/8/16 (Date)

The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 9/8/16 (Date)

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

Violation Report: 12797 - 08/03/2016 - Colon, Lissette  
 PGH Name: KEYSTONE HOSPICE

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION  
 Resident # 1's prescribed Haloperidol 2 mg liquid was discontinued upon admission on 7/5/16. On 8/3/16, the medication was still inside the medication cart.

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.

RN on duty immediately corrected the situation and destroyed the 2 mg oral liquid Haloperidol. Discontinued medications are to be destroyed pursuant to facility clinical policies and immediately upon a discontinue order from the physician. (See Policy 1.36, Medication Assessment and Teaching Requirement Policy attached as Exhibit B with the specifics highlighted in yellow).

Registered Nurses are to be re-inserviced on September 9th, 10th, 11th and 12th as they report for their assigned shifts. Additionally, an email has been sent to the nurses with Policy 1.36 attached so they can review the policy prior to their re-inservicing. The Administrator will be responsible to oversee an audit process at admission and periodically thereafter to assure the nurses adhere to Policy 1.36.

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
Gail A. Inderwies, RN, BSN, MBA, Administrator	September 7, 2016

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

The above plan of correction is approved as of <u>9/12/16</u> (Date)	Plan of correction implementation status as of <u>9/12/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 12797 - 08/03/2016 - Colon, Lisselle  
 PCH Name: KEYSTONE HOSPICE

1. REGULATION 55 Pa.Code §2600  
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:  
 (1) The resident's name.  
 (2) The name of the medication.  
 (3) The date the prescription was issued.  
 (4) The prescribed dosage and instructions for administration.  
 (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION  
 Resident # 1 has a prescribed order for Morphine Sulfate as needed every hour. The label on the bottle reads Morphine Sulfate give orally every four hours as needed.

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.

Resident #1 had a written plan of care and physician orders for the morphine sulfate to be administered every hour as needed. The correct dosing and instructions for administration was also listed in the resident's medication administration record. The dispensing hospice pharmacy mislabeled the dosage instructions. Facility clinical policy #1.36, Medication Assessment and Teaching Requirement Policy, has been revised and now includes language that the Registered Nurse is to audit the medication(s) upon receipt from the dispensing pharmacy to assure the medication dosing and frequency (instructions for administration) on the pharmacy label matches the physician's order and Medication Profile. See Exhibit B attached - and bolded language for the revision to policy 1.36.

Registered Nurses are to be re-inserviced on September 9th, 10th, 11th and 12th as they report for their assigned shifts. Additionally, an email has been sent to the nurses with Policy 1.36 attached so they can review the policy prior to their re-inservicing. The Administrator will be responsible to oversee an audit process at admission and periodically thereafter to assure the nurses adhere to Policy 1.36

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
Gail A. Inderwies, RN, BSN, MBA, Administrator	September 7, 2016

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