



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 27 2017

Mr. Robert J. Baker, Chief Executive Officer
Keystone Human Services, Inc.
124 Pine Street
Harrisburg, Pennsylvania 17101

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

Dear Mr. Baker:

As a result of the Department of Human Services' annual licensing inspection on November 14, 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 32034 - 11/14/2016 - Bomberger, Cybil
 PCH Name: MCKINLEY ST. PCH

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person A did not receive training in falls and accident prevention during the training year 2015.

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) Staff person A completed training on falls and accident prevention on November 22, 2016.
- 2) Starting December 1, 2016 the Program Administrator will conduct quarterly chart audits to ensure that all staff have the required annual training within the required time-frame .

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
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Debra ... *11-23-16*

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

The above plan of correction is approved as of 11/28/16
 (Date)

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

Plan of correction implementation status as of 11/28/16
 (Date)

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

Violation Report: 32034 - 11/14/2016 - Bomberger, Cybil
 PCH Name: MCKINLEY ST. PCH

1. **REGULATION 55 Pa.Code §2600**
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. **DESCRIPTION OF VIOLATION**
 These following problems were observed on 11/14/06 in the bathroom designated as #1 by the home.
 The area of floor between the shower and the door is water damaged and spongy, and depresses when stepped upon.
 The wall between the shower and the door is water damaged to the point that a portion of the lower wall has crumbled and there is mold on the wall.
 The shower is missing the drain cover.

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 November 23, 2016 Hunter Remodeling is coming out to review bathroom.
- 2) The Program Administrator will notify Property Department immediately of any maintenance issues that need addressed this is ongoing.

Scope of Work Main Bathroom Remodel:

- Remove sheet vinyl flooring and repair damaged subfloor as required
- Remove shower area and install new shower kit with center drain floor pan
- Furnish and install new plumbing, including new shower valve and hand held shower head system, and add blocking for grab bars in shower area as needed
- Replace ceramic tile in floors, walls, and shower.
- Furnish and install new solid surface handicapped vanity top with side support, mirror, and light fixtures
- Paint ceiling, walls, door and trim

Tentative project start date: 12/5/16
 Tentative completion date: 1/31/17

BAS 11/29/16

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 *11-23-16*

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

The above plan of correction is approved as of <u>11/29/16</u> (Date)	Plan of correction Implementation status as of <u>11/29/16</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: 32034 - 11/14/2016 - Bomberger, Cybil
 PCH Name: MCKINLEY ST. PCH

1. REGULATION 55 Pa.Code §2600
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
 Resident 1 has not been educated to the resident's right to question or refuse medication if the resident believes that there may be a medication error.

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 November 16, 2016 Resident contracts were updated to reflect the right to question or refuse medication if the resident believes there may be a medication error.
- 2) Residents will sign new contract at their scheduled resident meeting on November 28, 2016.
- 3) Program Administrator will review contract when it is updated to ensure that all regulations are properly noted in contracted.

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 11-23-16
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The above plan of correction is approved as of <u>11/28/16</u> (Date)	Plan of correction implementation status as of <u>11/28/16</u> (Date)
The above plan of correction was approved by <u>GAS</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