



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 17 2017

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

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

Dear Mr. Baker:

As a result of the Department of Human Services' annual licensing inspection on May 10, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 32878 - 05/10/2014 - Bomberger, Cybil
 PCH Name: GREEN STREET SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

Staff person A was the only staff person present in the home with residents on 5/2, 5/3, 5/4 and 5/7/17 from 11PM to 7AM. Staff person A is not currently certified in first aid, obstructed airway techniques and CPR.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

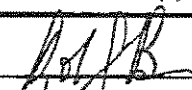
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. Staff person A was trained on 5/15/17 and was not permitted to work alone until training was completed. (See Attachment #1)
2. The Program Administrator will ensure that all required employee trainings are scheduled and completed in keeping with 2600.63 (a) by utilizing the SCR Annual Training Plan (See attachment #2)
3. The Service Director provided education regarding Regulation 2600.63 to the Program Administrator on 5/22/17.

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) Robert J. Baker, KSS, CEO

Date 5/24/17

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

The above plan of correction is approved as of 5/24/17
 (Date)

Plan of correction implementation status as of 5/24/17
 (Date)

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

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

Violation Report: 32878 - 05/10/2017 - Bomberger, Cybil
 PCH Name: GREEN STREET SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 On 5/10/17 there was an accumulation of lint in the lint trap of the dryer in the laundry room located on the third floor of the home.

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 immediately emptied the lint trap on 5/10/17.
2. The Program Administrator will ensure that lint traps are emptied after each use according to 2600.105 (g) (1) by utilizing the Physical Site Self Audit Checklist (See attachment #4)
3. The Service Director provided education regarding Regulation 2600.105 (g) (1) to the Program Administrator on 5/22/17.

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) Robert J. Baker KSS, CEO	Date 5/24/17
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The above plan of correction is approved as of <u>5/24/17</u> (Date)	Plan of correction implementation status as of <u>5/24/17</u> (Date)
The above plan of correction was approved by <u>RB</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

Violation Report: 32878 - 05/10/2017 - Bomberger, Cybil
 PCH Name: GREEN STREET SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2800

2800.107(a) - The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

2a. DESCRIPTION OF VIOLATION

Staff person C, the administrator does not have a copy and is not familiar with the emergency preparedness plan for the local municipality.

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 located the emergency preparedness plan in the home and placed it in a visible area on 5/17/17.
2. The Program Administrator will ensure that the emergency preparedness manual remains in a visible area in the home according to 2600.107 (a) ongoing using Physical Site Audit Checklist (See Attachment #4).
3. The Service Director provided education regarding Regulation 2600.107 (a) to the Program Administrator on 5/22/17.

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 (Required on EVERY Page) Robert J. Baker KSS, CEO

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 (Date)

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Violation Report: 32878 - 05/10/2017 - Bomberger, Cybil
 PCH Name: GREEN STREET SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The home's written emergency procedures have not been reviewed for update and submitted to the municipal emergency management agency since 1/7/16.

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.

1. The Program Administrator located the emergency preparedness manual in the home on 5/17/17.
2. The Program Administrator submitted the Emergency Plan to the local municipality on 5/11/17 according to 2600.107 (d) and received verification on 5/22/17. (See Attachment #5)
3. The Service Director provided education regarding Regulation 2600.107 (d) to the Program Administrator on 5/22/17.

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Violation Report: 32878 - 05/10/2017 - Bomberger, Cybil
 PCH Name: GREEN STREET SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's emergency procedures are not posted in a conspicuous and public place in the home.

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 immediately posted a copy of the emergency procedures in a conspicuous place.
2. The Program Administrator will ensure that the emergency procedures are posted according to 2600.123 (b) according to Physical Site Audit Checklist (See Attachment #4).
3. The Service Director provided education regarding Regulation 2600.123 (b) to the Program Administrator on 5/22/17.

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 (Required on EVERY Page) Robert J. Baker KSS, CEO Date 5/24/17

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Violation Report: 32878 - 05/10/2017 - Bomberger, Cybil
 PCH Name: GREEN STREET SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa. Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
 No fire drill was conducted during April 2017.

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 immediately completed a makeup fire drill for April.
2. The Program Administrator will ensure that fire drills are completed according to 2600.132 (a) ongoing by utilizing the SCR Monthly Audit Report (See Attachment 6)
3. The Service Director provided education regarding Regulation 2600.132 (a) to the Program Administrator on 5/22/17.

Repeat Violation: No

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 (Initials)

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Violation Report: 32878 - 05/10/2017 - Bomberger, Cybil
 PCH Name: GREEN STREET SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The home's menu for the current week of 5/8/17 - 5/14/17 was posted however the menu for the next week was not posted in the home.

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 immediately posted the missing menu to that 2 weeks are posted.
2. The Program Administrator will ensure that menus are posted according to 2600.162 (c) by utilizing the Grove's menu program. (See Attachment #7)
3. The Service Director provided education regarding Regulation 2600.162 (c) to the Program Administrator on 5/22/17.

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1
 Violation Report: 32878 - 05/10/2017 - Bomberger, Cybil
 PCH Name: GREEN STREET SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The pre-admission screening form for resident #1, admitted [redacted]/2016, was completed on [redacted]/16. In addition, the pre-admission screening does not indicate that the needs of the resident can be met by the home.

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 will review all medical evaluations for completion prior to admission moving forward.
2. The Program Administrator will educate employees to ensure that preadmission screenings are completed according to 2600.224 (a) utilizing the SCR Intake Checklist. (See attachment #8)
3. The Service Director provided education regarding Regulation 2600.224 (a) to the Program Administrator on 5/22/17.

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Violation Report: 32878 - 05/10/2014 - Bomberger, Cybil
 PCH Name: GREEN STREET SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent RASP (resident assessment and support plan) for resident #2 was completed 6/14/15.

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.

- 1. The Program Administrator will complete a RASP for the current year by 5/28/17.
- 2. The Program Administrator will ensure that assessments are reviewed annually moving forward using the SCR Monthly Audit Report. (See attachment #6).
- 3. The Service Director provided education regarding Regulation 2600.225 (c) to the Program Administrator on 5/22/17.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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