



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 27 2017

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' Personal Care Homes annual licensing inspection on August 2, 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, 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 Indeivies		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 LI		
Staffing Hours Resident Support: 64 Total Daily Staff: 78 Working Staff: 59		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/02/2017: Freeman, Sabrina		
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: 7 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: 7 Number of Hospice Residents in past year: 165	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 7 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 7 Have a Physical Disability: 0	

Violation Report: 12797 - 08/02/2017 - Freeman, Sabrina
 PCH Name: KEYSTONE HOSPICE

1. REGULATION 55 Pa.Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

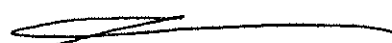
2a. DESCRIPTION OF VIOLATION
 On 8/2/2017 the home's current violation report was not posted in a conspicuous and public place in the home.

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.

As discussed with Regional Licensing Supervisor we wrote on front cover of Regulatory Compliance Guide "Yearly POC"

Plan of Care has always been in a book labeled Regulatory Compliance Guide, which includes not just our Violation Report for every year since opening, but also Certificate of Compliance, Emergency Evacuation Plan and Actual Regulations. This Binder is in full view upon entering the premises and the location has been the same for the past 20 years and updated no less than annually.

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

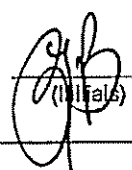
Signature of Legal Entity Representative (Required on EVERY Page)  9/28/17

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CEO
 CAILA BENDER, CEO Date 9/28/17

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

The above plan of correction is approved as of 10/3/17
 (Date)

Plan of correction Implementation status as of 10/3/17
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 12797 - 08/02/2017 - Freeman, Sabrina
 PCH Name: KEYSTONE HOSPICE

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 On 8/2/17, at approximately 4:15 PM, the temperature in the refrigerator across from the sink was 50 degrees Fahrenheit & the freezer temperature was 15 degrees Fahrenheit.

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.

Temperatures were normal before and after inspector saw the thermometer. It was explained to the surveyor that the doors had been just opened due to a delivery. Keystone refrigeration was also called to reinspect on 8/3/17 see attached findings. Will continue to monitor daily as we always do daily checks will place sign offs on refrigeration. In addition kitchen staff have been advised to request that surveyor wait and reevaluate temperature after a set period.


Moving forward the administrator will ensure the process is followed

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. PENDERWILE, CEH	Date 9/28/17
---	--------------

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

The above plan of correction is approved as of <u>10/3/17</u> (Date)	Plan of correction implementation status as of <u>10/3/17</u> (Date)
The above plan of correction was approved by  (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 - 08/02/2017 - Freeman, Sabrina
 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

The label for resident #1's Haldol does not match the doctor's order. Resident #1 was prescribed Haldol 1 milligram by mouth PRN two times a day PRN. However, the label reads Haldol 1 mg, take one tablet by mouth every eight hours as needed.

The label for resident #2's Haloperidol does not match the doctor's order. Resident #2 was prescribed Haloperidol 1 milligram by mouth PRN three times a day. However, the label reads Haloperidol 1 mg, take one tablet by mouth every 12 hours as needed.

The label for resident #2's Bisacodyl does not match the doctor's order. Resident #2 was prescribed Bisacodyl 10 milligrams per rectum PRN four times a day. However, the label reads Bisacodyl 10 mg supp, Insert 1 suppository rectally if no bowel movement for 3 days or opiate therapy begun.

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.

Keystone had just switched over its patients to a new computer system. The nurse who did the medication transfer had not checked the electronic frequencies against frequency on the individual patient kits.

Reinserviced all clinical staff on checking medication frequencies on all orders including patients coming to the house from field office. No resident received the wrong frequency as a result of this but all staff confirmed understanding, especially around prn frequency.

Moving forward with this process the administrator will ensure process is completed immediately

AB

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/03/2016
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) GAIL A. PROELWES CEO	Date 9/28/17
--	--------------

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

The above plan of correction is approved as of 10/3/17
 (Date)

Plan of correction implementation status as of 10/3/17
 (Date)

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

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

Violation Report: 12797 - 08/02/2017 - Freeman, Sabrina
 PCH Name: KEYSTONE HOSPICE

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 On 7/12/17, the home failed to initial & record the date and time of resident #2's medication administration, specifically administered the Amlodipine, Losartan & Tamsulosin.

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.

The nurse in question was counseled. part of the issue was getting familiar with the new computer system. Medications were given though. We also reinserviced all nurses regarding their obligation to sign out meds at time of dispensing. We will monitor daily for electronic compliance and retrain appropriately.

The administrator will ensure the process is followed immediately by weekly checks.

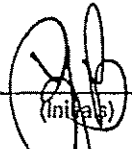
AB

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 ENOEWIC CEO	Date 9/28/17
--	-----------------

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

The above plan of correction is approved as of <u>10/2/17</u> (Date)	Plan of correction implementation status as of <u>10/9/17</u> (Date)
The above plan of correction was approved by  (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