



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 27 2017

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

RE: Chambers St. Specialized Community Residences
1025 Chambers Street
Harrisburg, Pennsylvania 17113
Certificate #: 304830

Dear Mr. Baker:

As a result of the Department of Human Services' Adult Residential Licensing's annual licensing inspection on September 6, 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: 30483 - 09/08/2017 - Showers, Michael
 PCH Name: CHAMBERS ST SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Person A did not receive training during training year 2016 in "Care of Residents with dementia and cognitive impairments.", infection control and general principles of cleanliness...", and "Safe management techniques."

Direct Care Staff Person B did not receive training during training year 2016 in "Safe management techniques."

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.

- F3: Dementia and cognitive impairment training (Staff Person A)
- F4: Infection Control Training (Staff Person A)
- F6: Safe Management Techniques (Staff Person A & B)

1. Staff person A, on 9/6/2017 took F3 but failed the test. Staff person A is unable to re-test for 6 months. The Program Administrator reviewed the material in the interim on 9/6/17. (See Attachment #1)
 Staff person A completed Infection Control training on 9/18/17. (See Attachment #2)
 Staff persons A and B completed Safe Management Techniques training on 9/19/2017. (See Attachment #3)
2. The Program Administrator will ensure that all required employee trainings are scheduled and completed in keeping with 2600.65 (e) by utilizing the SCR Annual Training Plan. (See attachment #4)
3. The Service Director provided education regarding Regulation 2600.65 to the Program Administrator on 9/14/2017.

* The administrator shall review the SCR Annual Training Plan for each staff member on a quarterly basis.

BAS 10/3/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kara McClain*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kara McClain, Executive Director	Date 9-27-2017
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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

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

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

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

Violation Report: 30483 - 09/06/2017 - Showers, Michael
PCH Name: CHAMBERS ST SPECIALIZED COMMUNITY RESIDENCE

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

Direct Care Staff Person A did not receive training during training year 2016 in "Emergency preparedness procedures and recognition and response to crises and emergency situations."

Direct Care Staff Person B did not receive training during training year 2016 in "Emergency preparedness procedures and recognition and response to crises and emergency situations.", and "Resident rights."

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.

- G2: Emergency Preparedness Training (Staff Person A & B)
- G3: Resident Rights (Staff Person B)

- 1. Staff person A and B completed Emergency Preparedness training on 9/19/2017. (See Attachment #5)
 Staff person B completed Resident Rights Training on 9/18/17. (See Attachment #6)
- 2. The Program Administrator will ensure that all required employee trainings are scheduled and completed in keeping with 2600.65 (g) by utilizing the SCR Annual Training Plan. (See attachment #4)
- 3. The Service Director provided education regarding Regulation 2600.65 to the Program Administrator on 9/14/2017.

* The administrator shall review the SCR Annual training plan for each staff member on a quarterly basis.

BAS
10/3/17

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Signature of Legal Entity Representative (Required on EVERY Page) *Kara McClain*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kara McClain, Executive Director* Date *9-27-2017*

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Violation Report: 30483 - 09/06/2017 - Showers, Michael
 PCH Name: CHAMBERS ST SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

A sticky yellow fly strip with dead flies stuck to it was attached to the upstairs living room ceiling and hung to a height of approximately five feet above the floor. This fly strip could easily come in contact with residents, visitors, or staff walking in its vicinity.

The upstairs bathroom used by residents had black spots of mold in the shower basin and around the edge of shower floor .

The RCA refrigerator in the basement food storage area contained frozen spillage of food in the top freezer portion and spots of mold on and near the refrigerator gaskets.

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.

- Mold found in bath-tub
- Fly Strip hanging within walking space
- Deep Freezer in basement mold residue inside and on rubber casing

1. Employees immediately cleaned the bath-tub, removed the fly strip and scrubbed the deep freezer to remove the mold on 9/6/2017.
2. The Program Administrator will ensure that all employees utilize the Shift Task Sheets daily (see attachment #7) and that the SCR Weekly Physical Site Self-Audit is completed weekly (see attachment #8).
3. The Service Director provided education regarding Regulation 2600.85 to the Program Administrator on 9/14/2017.

* The administrator shall review the shift task sheets and SCR weekly Physical Site Self-Audit sheets on a weekly basis.

BAS
 10/3/17

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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Kara McClain, Executive Director Date 9-27-2017

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Violation Report: 30483 - 09/06/2017 - Showers, Michael
 PCH Name: CHAMBERS ST SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION

Two cakes of bar soap were located in the bathroom off the living room. These bar of soap were not labeled to identify the intended user/owner.

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.

2 bars of soap in bathroom unlabeled

1. Employees immediately disposed of the bars of soap and replaced them with soap dispensers on 9/6/2017.
2. The Program Administrator will ensure that all employees utilize the Shift Task Sheets daily (see attachment #7) and that the SCR Weekly Physical Site Self-Audit is completed weekly (see attachment #8).
3. The Service Director provided education regarding Regulation 2600.102 (i) to the Program Administrator on 9/14/2017.

* Residents will receive re-education regarding the proper labeling of soap. BAS
 10/3/17

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Violation Report: 30483 - 09/06/2017 - Showers, Michael
 PCH Name: CHAMBERS ST SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.143(a) - The home shall have a written emergency medical plan that includes the following:

- (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.
- (2) Emergency transportation to be used.
- (3) An emergency-staffing plan.

2a. DESCRIPTION OF VIOLATION

The home's emergency medical plan provides directions for obtaining emergency medical care to an individual of the home, but does not provide instructions on the hospital that will be used, the emergency transportation to be used, and an emergency staffing plan in the event of a medical emergency affecting the entire population 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.

None was located

- 1. An Emergency Medical Plan was immediately written by Licensed Practical Nurse on 9/20/17. (See attachment #9).
- 2. The Program Administrator will ensure the Emergency Medical Plan is in a binder that is kept in a centralized location for encase of emergency.
- 3. The Service Director provided education regarding Regulation 2600.143 to the Program Administrator on 9/14/2017.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kara McClain

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Kara McClain, Executive Director

Date

9-27-2017

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Violation Report: 30483 - 09/06/2017 - Showers, Michael
 PCH Name: CHAMBERS ST 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, who was admitted to the home on [redacted] 2016, was completed on 8/30/2016.

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 Pre-Admission screening was done in August 2016, however admission was not until [redacted] 2016.

1. The pre-admission screening was not completed within the required time frame.
2. The Program Administrator will ensure that pre-admission screenings are completed within 30 days of admission by following the SCR Intake Checklist (Attachment # 10)
3. The Service Director provided education regarding Regulation 2600.224 to the Program Administrator on 9/14/2017.

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