



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 15 2017

Mr. Robert Baker,  
Chief Executive Officer  
Keystone Service Systems, Inc.  
8182 Adams Drive  
Hummelstown, Pennsylvania 17036

RE: Market Street Specialized Community Residence  
1926 East Market Street  
York, Pennsylvania 17402  
Certificate #: 312380

Dear Mr. Baker:

As a result of the Department of Human Services' Adult Residential Licensing's annual licensing inspection on October 19, 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](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: 3123B-10/19/2017- Showers, Michael PCH Name: MARKET STREET SPECIALIZED COMMUNITY RESIDENCE	
<b>1. REGULATION 55 Pa. Code §2600</b> 2600.41(c)- The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.	
<b>2a. DESCRIPTION OF VIOLATION</b> The Department's resident's rights poster is not posted in a conspicuous and public place in the home.	
<b>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</b> <i>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.</i>	
1. The Department's resident's rights poster was moved to the sitting area, off the kitchen area, where the resident's phone is located. The resident's rights poster was moved to this location on October 19, 2017 by the Program Administrator.	
2. It was communicated to the staff through the daily log that the poster was moved to this area on October 19, 2017.	
3. The residents were informed during a house meeting on October 20, 2017 of the change in location of the resident's rights poster.	
4. The Program Administrator will ensure the ongoing compliance with the regulations by monitoring the placement of current and future resident rights' posters in the designated area.	
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
Robert J. Baker, CEO, KSS	11/22/2017
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE</b>	
The above plan of correction is approved as of <u>11/27/17</u> (Date)	Plan of correction implementation status as of <u>11/27/17</u> (Date)
The above plan of correction was approved by <u>BAS</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: 31238 -10/19/2017 -Showers, Michael PCH Name: MARKET STREET SPECIALIZED COMMUNITY RESIDENCE	
<b>1. REGULATION 55 Pa. Code §2600</b> 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.	
<b>2a. DESCRIPTION OF VIOLATION</b> Direct Care Staff Person A did not receive training in Falls and Accident Prevention during training year 2016.	
<b>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</b> 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. Direct care staff person A, who did not receive training in Falls and Accident Prevention, received this training on October 24, 2017, through the HCQU-Health Care Quality Unit. This was verified by the Program Administrator. 2. Individual staff, as well as the Program Administrator, will keep track of when staff are due for their yearly training. If a staff member is out for any reason and misses training, they will need to be scheduled for the training as soon as they return to work. 3. Staff members were reminded of their training deadlines at the time of the staff meetings on October 20, 2017 and October 22, 2017. 4. The Program Administrator will continue to monitor staff trainings on a monthly basis.	
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The above plan of correction was approved by <u>BJS</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

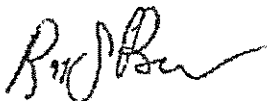
Violation Report: 31238 -10/19/2017 -Showers, Michael PCH Name: MARKET STREET SPECIALIZED COMMUNITY RESIDENCE	
<b>1. REGULATION 55 Pa. Code §2600</b> 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards	
<b>2a. DESCRIPTION OF VIOLATION</b> There is an approximate two inch drop in the floor from the home's sunroom to the outside patio. This drop creates a fall hazard and, on the date of the inspection, Resident 7 fell to his/her knees while exiting the building. During interviews, inspectors were told that this resident had fallen at this location previously.	
<b>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</b> 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 resident was encouraged to utilize the side door (where there is a wedge to go directly to the sidewalk) or the front door that goes out directly to the sidewalk. The Program Administrator addressed this with the individual and the individual's case manager on October 19, 2017. All staff were informed on how to assist the individual out of the home using the appropriate exits on October 20, 2017.  2. The individual will be reminded by staff which exit she is to use on a daily basis whenever she is going to be leaving the home. All staff will provide reminders to the individual. This began on October 19, 2017.  3. All staff were made aware of the change for the individual during staff meeting on October 20, 2017 and October 22, 2017.  4. This change for the individual will be monitored by the staff and Program Administrator on a daily basis to ensure the individual is utilizing the other exits to the home in which she is able to navigate more easily.  5. The Regional Director contacted KHS Property Management on November 17, 2017 and requested to have a wedge/ramp installed from the dining room to the sun porch. This will be completed by December 30, 2017.	
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Violation Report: 31238 -10/19/2017 -Showers, Michael PCH Name: MARKET STREET SPECIALIZED COMMUNITY RESIDENCE	
<b>1. REGULATION 55 Pa. Code §2600</b> 2600.101 (j)(3) - Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair.	
<b>2a. DESCRIPTION OF VIOLATION</b> The bed for Resident 1 had no sheets on the bed. The bed for Resident 2 had no bedding on the bed. This resident's bedding was underneath the mattress and was soiled.	
<b>3. PLAN OF CORRECTION (POC)</b> (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 beds were made during inspection by the Program Administrator. The one individual had sheets; however, he chooses not to use them. 2. A new protocol was written and implemented by the Program Administrator by October 20, 2017. The new protocol is a daily checklist to be completed by morning staff. (Attachment A) 3. The protocol was reviewed with staff at the next staff meetings on October 20, 2017 and October 22, 2017. 4. The residents were reminded to communicate their need to staff, inclusive of fresh linens, during the resident meeting on October 20, 2017. 5. The Program Administrator will be responsible for the ongoing monitoring of this protocol beginning October 20, 2017.	
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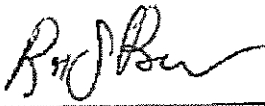
Violation Report: 31238 -10/19/2017 -Showers, Michael PCH Name: MARKET STREET SPECIALIZED COMMUNITY RESIDENCE	
<b>1. REGULATION 55 Pa. Code §2600</b> 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.	
<b>2a. DESCRIPTION OF VIOLATION</b> The bedside lamp for Resident 3 is inoperable. Resident 4 does not have a source of light that can be turned on/off from bedside.	
<b>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</b> 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 bedside light bulb was replaced for Resident 3 and a lamp was replaced in Resident 4's bedroom on October 19, 2017 by the Program Administrator.  2. The light bulbs and the lights in the room will be monitored on a daily basis by the staff when they are checking bed linens. Light bulbs will be replaced and lamps will be replaced immediately if broken. This monitoring of this began on October 20, 2017.  3. This information was conveyed to staff during a staff meeting on October 20, 2017 and October 22, 2017. The residents were informed to let the staff know when their light bulbs burn out, especially if the malfunction occurs after staff check them for the day. This was conveyed to the residents during a resident meeting on October 20, 2017.  4. The Program Administrator will check the rooms on a monthly basis to insure that the light bulbs are in working order and that everyone has an operating lamp in their bedroom. This monitoring will begin in November 2017.	
Repeat Violation: YES	Date(s) of Previous Violation(s): 11/4/2016
Signature of Legal Entity Representative (Required on EVERY Page)	
	
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Violation Report: 31238 -10/19/2017 -Showers, Michael PCI Name: MARKET STREET SPECIALIZED COMMUNITY RESIDENCE	
<b>1. REGULATION 55 Pa. Code §2600</b> 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	
<b>2a. DESCRIPTION OF VIOLATION</b> On 10/19/2017, the temperature in the refrigerator in the home's kitchen measured 46 degrees Fahrenheit, and the temperature in the freezer in the home's kitchen measured 12 degrees Fahrenheit.	
<b>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</b> 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.	
<p>1. On October 19, 2017, hot soup was placed in the refrigerator which increased the temperature in the refrigerator. The same thing occurred with the freezer. On October 20, 2017, the temperature was taken again in both the refrigerator and freezer and both temperatures were within normal limits: Below 40 degrees for the refrigerator and below 12 degrees for the freezer. The Program Administrator ensured that the temperatures were within acceptable limits on October 20, 2017.</p> <p>2. The staff will follow the Safe Serve instructions on how to store hot food items to ensure the temperatures in the refrigerator or freezer are not compromised.</p> <p>3. The staff were made aware during staff meetings on October 20, 2017 and October 22, 2017 to check the temperature daily in refrigerator and freezer. It was also recommended to follow the safe serve instructions on how to store hot soup.</p> <p>4. The Program Administrator will check the temperatures periodically within refrigerator and freezer. If upon regular temperature checks an issue is noted the Program Administrator will take appropriate steps to ensure a timely repair. The Regional Director will check temperatures on a monthly basis, beginning November 2017.</p>	
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The above plan of correction was approved by <u>RB</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: 31238 -10/19/2017 -Showers, Michael PCH Name: MARKET STREET SPECIALIZED COMMUNITY RESIDENCE	
<b>1. REGULATION 55 Pa. Code §2600</b> 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed	
<b>2a. DESCRIPTION OF VIOLATION</b> The storm door located next to the medication room is designated as an exit of the home. On the date of inspection, this door was locked, inhibiting immediate egress from the home.	
<b>3. PLAN OF CORRECTION (POC)</b> (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 October 19, 2017 the Program Administrator unlocked the screen door located next to the medication room.  2. Beginning October 20, 2017, the staff working the shift will check to make sure that the screen door is unlocked. Each staff, on shift will check to make sure the screen door is not locked. This will be ongoing.  3. Staff were notified during the staff meetings, by Program Administrator, on October 20, 2017 and October 22, 2017 that the screen door beside the medication room needs to remain unlocked at all times since it is an exit out of the home. Each staff on shift will be responsible to make sure the door is unlocked at all times.  4. Program Administrator and Regional Director will check to make sure the door is unlocked during their time within the program as a double check to ensure the door is unlocked. Regional Director began the monitoring in November 2017 and the Program Administrator began the monitoring on October 20, 2017.	
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The above plan of correction was approved by <u>BAB</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: 31238 -10/19/2017 -Showers, Michael PCH Name: MARKET STREET SPECIALIZED COMMUNITY RESIDENCE	
<b>I. REGULATION 55 Pa. Code §2600</b> 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking including: providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home, and fire extinguishers in the smoking rooms.	
<b>2a. DESCRIPTION OF VIOLATION</b> The ashtrays located in the home's designated smoking area (in the home's back porch) were overflowing with cigarette butts and cigarette butts were located on the table and porch floor.	
<b>3. PLAN OF CORRECTION (POC)</b> (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.	
<p>1. The ash trays were emptied into the appropriate receptacles by the Program Administrator on October 19, 2017.</p> <p>2. The staff will monitor the ashtrays on the back porch during each shift, beginning October 19, 2017. Staff will make sure that the ashtrays are not overflowing. The residents were encouraged to empty the ashtrays into the appropriate receptacles on October 19, 2017 and ongoing. However, if the residents do not empty the ashtrays, the staff will empty them at the end of each shift and when needed.</p> <p>3. The residents were made aware of the need to empty the ashtrays before they are overflowing on October 20, 2017, during a resident meeting held by the Program Administrator. They were also educated on the dangers of having overflowing ashtrays. The meeting and education occurred by the Program Administrator.</p> <p>4. The ashtrays will be monitored by the Program Administrator and the Regional Director while working in the home. The Regional Director will monitor this on a monthly basis and the Program Administrator will monitor this on a weekly basis.</p>	
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Violation Report: 31238 -10/19/2017 -Showers, Michael PCH Name: MARKET STREET SPECIALIZED COMMUNITY RESIDENCE	
<b>1. REGULATION 55 Pa. Code §2600</b> 2600.225(a) -A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	
<b>2a. DESCRIPTION OF VIOLATION</b> Resident 5, admitted to the home on [REDACTED], did not have an initial assessment done until 6/10/2017.	
<b>3. PLAN OF CORRECTION (POC)</b> (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. Resident #5 did have an assessment completed on June 10, 2017 by the current Program Administrator as a result of an internal audit on that same date as noted in the citation. The audit was conducted by the current Program Administrator and Regional Director which determined that Resident #5's initial assessment had not been completed upon admission by the previous Program Administrator.	
2. The Program Administrator will ensure the completion of an initial assessment for any new resident admitted to the program.	
3. Staff were made aware of the requirement of assessments being completed upon admission on October 20, 2017 and October 22, 2017 during staff meetings.	
4. The assigned Regional Director will monitor the Initial assessments on an ongoing basis, beginning October 20, 2017 for the programs under their purview.	
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Violation Report: 31238 -10/19/2017 -Showers, Michael PCH Name: MARKET STREET SPECIALIZED COMMUNITY RESIDENCE	
<b>1. REGULATION 55 Pa. Code §2600</b> 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.	
<b>2a. DESCRIPTION OF VIOLATION</b> The most recent assessment for Resident 5 was completed 8/2/2017. The previous assessment was completed on 4/30/2016.	
<b>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</b> 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.	
<p>11. Resident #5 did have an annual assessment completed on August 2, 2017 by the current Program Administrator however, it was due by April 30, 2017.</p> <p>2. During a staff meeting on October 20, 2017, staff were reminded that every resident had to have an updated assessment annually, or any time their status changes.</p> <p>3. The Program Administrator will ensure that all residents have a currently and timely assessments beginning October 19, 2017. The Program Administrator conducted an audit of the most current assessments for all current residents on November 17, 2017, identifying all future assessment due dates.</p> <p>4. The Regional Director will monitor timely completion of annual assessments beginning in November 2017 by reviewing the assessment due dates on a monthly basis.</p>	
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