



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: May 24, 2018**

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

RE: Chambers Street Specialized  
Community Residence  
1025 Chambers Street  
Harrisburg, Pennsylvania 17113  
Certificate #: 304830

Dear Mr. Baker:

As a result of the Department's Bureau of Human Services Licensing inspection on May 1, 2018 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 cursive script that reads "Gloria Emick".

Gloria Emick  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report:30483-05/01/2018- Cargile, Kellie  
 PCH Name: CHAMBERS ST SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa. Code §2600

2600.16(d)- The home shall submit a final report, on a form prescribed by the Department, to the Department's personal care home regional office immediately following the conclusion of the investigation.

2a.DESCRPTION OF VIOLATION

On 12/2/17, Resident #1 left the home for a period longer than 24 hours. The home submitted an initial incident report on 12/3/17, but did not submit a final report to the Department for the incident.

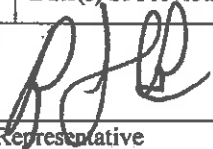
On 1/13/18, Resident #1 left the home for a period longer than 24 hours. The home submitted an initial incident report on 1/14/18, but did not submit a final report to the Department for the incident.

On 3/10/18, Resident #1 left the home for a period longer than 24 hours. The home submitted an initial incident report on 3/12/18, but did not submit a final report to the Department for the incident.

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. Service Director completed the finalized incident reports and faxed them to Department of Human Services on 5/11/2018.
2. Education took place on 5/8/2018 (see attachment # 2) from the Service Director to the On-call staff which included the Program Administrators and Personal Care Specialists. The education explained the regulation in violation, the importance of the regulation and how staff will make sure a finalized report will be sent to Department of Human Services, if needed.
3. Service Director will use the SCR Incident Report Finalized Record Chart (see Attachment #1) to verify that finalized reports are completed upon the conclusion of the investigation. The Service Director will check the SCR Incident Report Finalized Record Chart on a weekly basis.
4. Service Director will utilize the SCR Incident Report Finalized Record Charts during the home's next quality management review to check the effectiveness of the reportable incident and condition reporting procedures developed as required by 2600.16b as part of this plan of correction. *de*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	 5/22/18 Date
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <b>Robert J. Baker, CEO KSS</b>	Date
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**DEPARTMENT USE ONLY · HOMES MAY NOT WRITE BELOW THIS LINE**

The above plan of correction is approved as of <u>5-24-18</u> (Date)	Plan of correction implementation status as of <u>5-24-18</u> (Date)
The above plan of correction was approved by <u>de</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:30483-05/01/2018- Cargile, Kellie  
 PCH Name: CHAMBERS ST 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

On 12/9/17, 1/15/18 and 3/14/18, Resident#1 was voluntarily committed for three psychiatric hospitalizations due to suicidal ideation. The home has not completed a new assessment of the resident's needs to reflect the changes in mental status.

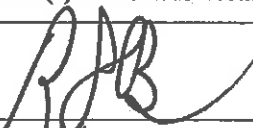
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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1. Mental Health Professional updated Resident #1 RASP on 5/3/2018 to include his/her three voluntary psychiatric hospitalization for suicidal ideations. Resident # 1 had his/her RASP reviewed by Mental Health Professional on 5/8/2018 and signed by the resident on 5/8/2018.
2. SCR Monthly Check List (see attachment #3) was developed to ensure all RASPs are updated annual and when there are significant changes.
3. Education took place 5/15/2018 (see attachment # 4) from the Service Director to the Program Administrator and Mental Health Professional. The education explained the regulation in violation, the importance of the regulation, and how to use the SCR Monthly Checklist (see Attachment #2).
4. Monthly the Program Administrator will review the SCR Monthly Checklist (see Attachment #2) and sign that it has been completed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)



5/22/18  
 Date

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Robert J. Baker , CEO KSS

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 (Date)

Plan of correction implementation status as of 5-24-18  
 (Date)

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

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