



**Mailing Date: August 24, 2018**

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

RE: McKinley St. PCH  
1280 East McKinley Street  
Chambersburg, Pennsylvania 17202  
Certificate #: 320340

Dear Mr. Baker:

As a result of the Department's Bureau of Human Services Licensing inspection on May 1, 2018 and June 5, 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 black ink that reads "Brett Swanger". The signature is written in a cursive style.

Brett Swanger  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 32034 - 05/01/2018 - Heemer, Laura  
 PCH Name: MCKINLEY ST PCH

1. REGULATION 55 Pa. Code §2600  
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 4/27/2018, the home became aware of alleged sexual abuse of Resident 1 by staff person B. The home did not submit an incident report to the Department until 4/30/2018.

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.

(Staff Member 1 and A are the same person. In the citation, the Staff is referred to Staff Member 1. At the end of the citation, the staff is referred to Staff Member A. Throughout the corrective action plan, the staff member will be referred to as Staff Member 1/A)

1. *Staff Member B was placed on administrative leave immediately, on April 27, 2018.*
2. *Staff Member 1/A did not report the incident to the Department within 24 hours as Staff Member 1/A believed it didn't need to be reported again, since the report was made to Staff Member 1/A in order to address administrative issues with Staff Member B, and also because it was reported to Staff Member 1/A by a staff from the same agency where Staff Member 1/A is employed. The incident was reported directly to Staff Member 1/A*
3. *Staff Member 1/A, was re-educated by Brett Swanger on 8-17-2018 via email, regarding the process when an agency representative is notified, by a representative of the same agency, regarding a reportable incident that had already been reported by the notifying agency representative, but from a different service, that a separate report still needs to be completed to the Department by Staff Person 1/A.*
4. *Beginning on 08/17/2018, the Program Administrator/ Service Director/Regional Director will ensure that every incident is reported within the 24 hour period that an incident occurs. This includes all appropriate authorities being notified. The Program Administrator and/or the Service Director/Regional Director will continue to train all new hire staff on incident reporting during their first week of employment with Keystone. The Service Director will reeducate all staff on Incident Reporting at the next monthly staff meeting in September for a time and date to be determined.*

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

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

Date 8/22/2018

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

The above plan of correction is approved as of 8/24/18  
 (Date)

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

Plan of correction implementation status as of 8/24/18  
 (Date)

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

Violation Report: 32034 - 05/01/2018 - Heemer, Laura  
 PCH Name: MCKINLEY ST PCH

1. REGULATION 55 Pa. Code §2600  
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Resident 1 reported, to a Licensing Representative, that Staff Person B touched the resident in a sexual nature on top of and underneath Resident 1's clothing.

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 Member B was placed on paid administrative leave on 4-27-2018 and did not return back to the program.
2. Staff are trained yearly in abuse awareness. All staff will have abuse awareness training by 9-15-2018.
3. Residents will be encouraged to discuss issues of neglect, intimidation, physical or verbal abuse, mistreatment, or corporal punishment or discipline of any nature with the Program Administrator, the Service Director, and/or Regional Director, in private.
4. Beginning the week of 8-20-2018, residents will be encouraged to discuss in private, any concerns they have with not only the staff at the program, but also with outside providers to include, but not limited to therapist, case managers, physicians, family members, or any other type of support they receive. This announcement will be made during a house meeting.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Printed Name and Title of Legal Entity Representative <b>Robert J. Baker, CEO</b> (Required on EVERY Page)	Date 8/22/2018
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Violation Report: 32034 - 05/01/2018 - Heemer, Laura  
 PCH Name: MCKINLEY ST PCH

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

The annual training provided to direct care staff person B during training year July 1, 2016 -June 30, 2017 did not include training hours in the following topics:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of 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.

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. **Direct Staff Person B did not return to the program after being placed on administrative leave, so did not receive training hours as noted:**
  - (1) Medication self-administration training.
  - (2) Instruction on meeting the needs of 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.
- 2. **The Service Director will review trainings on a monthly basis by using the educational program Relias. Relias tracks all employee trainings. Relias also sends out reminders to staff regarding upcoming trainings with due dates.**
- 3. **The Service Director will remind staff via email about upcoming trainings and will assist them in registering for them.**

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative **Robert J. Baker, CEO**  
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Violation Report: 32034 - 05/01/2018 - Heemer, Laura  
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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 B did not receive training in the following topics during training year July 1, 2016 -June 30, 2017:

- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident Rights.
- (4) The Older Adult Protective Services Act.
- (5) Falls and accident prevention.

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. Direct Care Staff Person B did not return to the program after being placed on administrative leave, so did not receive training hours as noted:
    - (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
    - (3) Resident Rights.
    - (4) The Older Adult Protective Services Act.
    - (5) Falls and accident prevention.
  2. The Service Director will review trainings on a monthly basis by using the educational program Relias. Relias tracks all employee trainings. Relias also sends out reminders to staff regarding upcoming trainings with due dates.
  3. The Service Director will remind staff via email about upcoming trainings and will assist them in registering for them.

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