



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**JUL 13 2018**

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

RE: Green Street Specialized Community  
Residences  
2900 Green Street  
Harrisburg, Pennsylvania 17110  
Certificate #: 328780

Dear Mr. Baker:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on May 21, 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.

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,

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 3287B - 05/21/2018 - Springs, Israel  
 PCH Name: GREEN STREET SPECIALIZED COMMUNITY RESIDENCE

**1. REGULATION 55 Pa. Code §2600**  
 2600.86(a) -All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

**2a. DESCRIPTION OF VIOLATION**  
 The ceiling vent outside of the third floor bathroom was clogged with dirt and dust.

**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. The Program Administrator immediately cleaned the air vent on the 3<sup>rd</sup> floor and replaced the air filter on 5/23/2018.
2. The Second Shift Cleaning Task List (see attachment #1) was revised to include checking all vents throughout the house and clean if necessary on Sundays. The Program Administrator educated employees on 5/31/2018 (see attachment #2) on using the Second Shift Cleaning Task List.
3. The Service Director provided education on 5/25/2018 to Program Administrator (see attachment #3) to ensure proper ventilation of the program according to 2600.86 (a).
4. The Program Administrator will verify the Second Shift Cleaning Task List (see attachment #1) is being completed on a weekly basis.

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) Robert J. Baker, CEO, KSS | Date 07/05/2018

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

The above plan of correction is approved as of <u>7/12/18</u> (Date)	Plan of correction implementation status as of <u>7/12/18</u> : (Date)
The above plan of correction was approved by <u>RJB</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: 32878-05/21/2018- Springs, Israel  
 PCH Name: GREEN STREET SPECIALIZED COMMUNITY RESIDENCE

**1. REGULATION 55 Pa. Code §2600**

2600.185(a)- The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**2a. DESCRIPTION OF VIOLATION**

When comparing the readings stored on Resident #1's glucometer with the documented readings in the Medication Administration Record (MAR), the following discrepancies were identified:

- The measurement recorded on the MAR for 5/2/18 at 8pm was 159; however the glucometer reading was 109.
- There were no measurements stored on the glucometer for the 8 pm testing on 5/3/18, 5/4/18, and 5/5/18. However the MAR recorded measurements of 87, 118, and 76 for these dates and times.

Resident #2's glucometer had a reading of 118 stored in its memory for 5/4/18 at 7 am. This measurement was not documented on the MAR.

**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. A Certified Diabetes Educator from Geisinger provided Diabetes Skills for Caregivers Training on 5/22/2018 to employees (see attachment #4)
2. The Service Director provided education on 5/25/2018 to Program Administrator (see attachment #5) to ensure proper implement of safe storage, access, security, distribution and use of medications and medical equipment as according to 2600.185(a).

✍ The Administrator, and/or designated staff person, will complete an audit of the actual readings on a resident's glucometer as compared with the documented readings on the resident's Medication Administration Record. This audit shall be done on a weekly basis for the residents who receive blood glucose testing and shall consist of a review of all readings for the previous week. The weekly audits shall occur for a period of three weeks commencing upon the receipt of this plan.

*BAS 7/12/18*

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) <b>Robert J. Baker, CEO, KSS</b>	Date <b>07/05/2018</b>
--	------------------------

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

The above plan of correction is approved as of <u>7/12/18</u> (Date)	Plan of correction implementation status as of <u>7/12/18</u> (Date)
The above plan of correction was approved by <u>BAS</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: 32878-05/21/2018- Springs, Israel  
 PCH Name: GREEN STREET SPECIALIZED COMMUNITY RESIDENCE

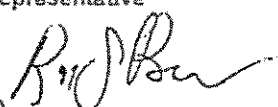
1. REGULATION 55 Pa. §2600  
 2600.252- Each resident's record must include the following information: (1) through {26}

2a. DESCRIPTION OF VIOLATION  
 The resident record for Resident #3 did not contain a preadmission screening form.

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. The Program Administrator will review all medical evaluations for completion prior to admission moving forward.
2. The SCR Intake Checklist (see attachment #6) was reviewed by Program Administrator on 5/25/2018.
3. The Service Director provided education on 6/29/18 to Program Administrator and Mental Health Professional (see attachment #7) to ensure that preadmission screenings according to 2600.224 (a) utilizing the SCR Intake Checklist.
4. The Program Administrator will utilize the SCR Intake Checklist to verify the completion of the required paperwork for new admissions in to the program.

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) Robert J. Baker, CEO, KSS	Date 07/05/2018
---	-----------------

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

The above plan of correction is approved as of <u>7/12/18</u> (Date)	Plan of correction implementation status as of <u>7/12/18</u> (Date)
	<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
The above plan of correction was approved by <u>BJS</u> (Initials)	