



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 17 2018

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

RE: Chambers St. 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's annual licensing inspection on July 31, 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.

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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 30483 - 07/31/2018 - Heemer, Laura
 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
 Staff Person A did not receive training in "Care for residents with dementia and cognitive impairments" and "Personal care service needs of Residents" during training year July 1, 2017 -June 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.
- 1. Staff Person A completed Dementia and Cognitive Impairment training on 3/5/2018 (see attachment #1).
 Staff Person A completed Personal Care Services training on 8/7/2018 (see attachment #2).
 - 2. The Program Administrator will utilize the Coming Due Report that is sent by Relias on the 15th of every month and Last Month Completed Report is sent by Relias on the 5th of every month. Program Administrator will utilize the SCR Annual Training Plan (see attachment #3).
 - 3. The Service Director provided education regarding Regulation 2600.65 to the Program Administrator on 7/3/2018 (see attachment #4.)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 8/13/18
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/15/18</u> (Date)	Plan of correction implementation status as of <u>8/15/18</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: 30483 - 07/31/2018 - Heemer, Laura
 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 in "Emergency preparedness procedures" and "Falls and accident prevention" during training year July 1, 2017-June 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.

- 1. Staff Person A completed Emergency Preparedness training on 8/7/2018 (see attachment #2). Staff Persona A completed Fall and Accident Prevention on 3/5/2018 (see attachment #5).
- 2. The Program Administrator will utilize the Coming Due Report that is sent by Relias on the 15th of every month and Last Month Completed Report is sent by Relias on the 5th of every month. Program Administrator will utilize the SCR Annual Training Plan (see attachment #3).
- 3. The Service Director provided education regarding Regulation 2600.65 to the Program Administrator on 7/13/2018 (see attachment #4.)

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative
 (Required on EVERY Page) **Robert J. Baker, CEO** 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date 8/13/18
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Violation Report: 30483 - 07/31/2018 - Heemer, Laura
PCH Name: CHAMBERS ST 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

Resident 1 has a Pro Re Nata (PRN) prescription for the use of a Ventolin Pro Air Inhaler 90 Mcg. On 7/31/2018, the home did not have this medication on hand at the facility, if needed by Resident 1.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

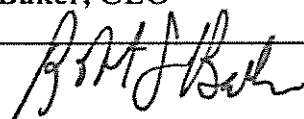
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. Immediately on 7/31/18 the LPN called Resident #1's primary care physician to obtain a similar medication that insurance will cover. The LPN contacted the pharmacy after speaking with primary care physician. The pharmacy had the new medication delivered to the program by that evening.
2. The Service Director provided education to the LPN and Program Administrators on Regulation 2600.185(a) on 8/7/2018 (see attachment#6). Specifically addressed was how to handle medications that are not covered by the resident's insurance.
3. The Service Director will ensure Medication Administration training will cover procedures for when medications are not covered by insurance.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative **Robert J. Baker, CEO**
(Required on EVERY Page)

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



Date

8/13/18

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(Date)

Plan of correction implementation status as of 8/15/18
(Date)

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

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

Violation Report: 30483 - 07/31/2018 - Heemer, Laura
 PCH Name: CHAMBERS ST SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa. Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 On 7/29/2018, at 8am, Resident 1 was administered the prescribed Aripiprazole 10 mg, Aspirin 81 mg, and Spironolactone 25 mg. The Medication Administration Record did not contain documentation that this administration was performed.

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. Immediately on 7/31/2018 the LPN completed a MARs record review to determine the employee who did not document medication at 8am on 7/29/2018.
2. The Service Director provided education to the responsible employee on Regulation 2600.187(a) to (d) on 8/8/2018 (see attachment #7)
3. Program employees will implement the weekly medication audit checklist (see attachment #8). The Program Administrator will review the completed medication audit checklist weekly.

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Printed Name and Title of Legal Entity Representative Robert J. Baker, CEO			Date 8/13/18

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