



pennsylvania
DEPARTMENT OF HUMAN SERVICES

May 21, 2019

Ms. Gail A. Inderwies
President & Executive Director
Keystone Hospice
8765 Stenton Avenue
Wyndmoor, Pennsylvania 19038

RE: Keystone Hospice
License #: 127970

Dear Ms. Inderwies:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 21 and 22, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) 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
Violation Report

Violation Report: 12797 - 03/21/2019 - Carrion, David

PCH Name: KEYSTONE HOSPICE

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 07/07/18, an allegation of abuse against resident #1 was reported to staff person A. The home did not report the allegation to the local area agency on aging.

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.

As explained to the surveyor, it is both the home's and company's policy to report and immediately investigate all allegations of abuse and to then report to the Office of Aging. In this circumstance, the employee who wrote the report misrepresented what was being said by the patient. This particular patient had a history of late stage dementia and was in fact abusive to our staff and his family. The report was investigated fully and no abuse was found to have had occurred. We have attached our reportable events policy, which is a training for all new hires and then annually thereafter. Effective immediately, we will call and report all incidents regardless of whether the claim can be substantiated.

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)

Gail A. Indermies, Executive Dir.

Date 5/3/19

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

The above plan of correction is approved as of 5/6/19 (Date)

Plan of correction implementation status as of 5/6/19 (Date)

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

The above plan of correction was approved by [Signature] (Initials)

Violation Report: 12797 - 03/21/2019 - Carrion, David

PCH Name: KEYSTONE HOSPICE

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

Per administrator interview. The facility is not submitting incident reports on the death of hospice residents that occur in the home. In 2018 the home had 98 hospice related deaths.

On July 7, 2018, the home failed to submit an incident report in regards to allegations of physical and verbal abuse towards a resident. The home does keep records of incidents in their safety report binder.

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.

We have a new receptionist who was unaware of the policy of reporting death certificates. She has been trained on this procedure and we have filed copies of all deaths going back to January 2019.

As explained to the surveyor, it is both the home's and company's policy to report and immediately investigate all allegations of abuse and to then report to the Office of Aging. In this circumstance, the employee who wrote the report misrepresented what was being said by the patient. This particular patient had a history of late stage dementia and was in fact abusive to our staff and his family. The report was investigated fully and no abuse was found to have had occurred. We have attached our reportable events policy, which is a training for all new hires and then annually thereafter. Effective immediately, we will call and report all incidents regardless of whether the claim can be substantiated.

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)

Gail A. Indermies, Executive Dir.

Date *5/31/19*

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

The above plan of correction is approved as of 5/6/19
(Date)

Plan of correction implementation status as of 5/6/19
(Date)

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

The above plan of correction was approved by *MCJ*
(Initials)

Violation Report: 12797 - 03/21/2019 - Carrion, David

PCH Name: KEYSTONE HOSPICE

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 members A and B in training year 2018 did not include training on the following topics: Medication self administration, Instruction on meeting the needs of the residents, Care for residents with dementia and cognitive impairments, Personal care service needs of the resident and 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.

By June 1, 2019, the above will be added to our mandatory annual trainings for all direct care workers.

Please note that we would like to request an administrative waiver for the Medication Self-Administration training for this Hospice/Personal Care Home. No medications are ever self-administered here and no one other than a trained and licensed RN administers medication. CNA's and/or HHA's are not allowed to give medications so providing this training to them may result in confusion of their duties. In addition, RN's are required to be trained in medication administration in order hold their license and requiring an additional training for this is redundant and somewhat derogatory for professionals who are typically teaches these courses.

Documents of trainings will be kept for three years. 5/6/19 *MSJ*

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) *Gail A. Indermies, Executive Dir.* Date *5/3/19*

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

The above plan of correction is approved as of <u>5/6/19</u> (Date)	Plan of correction implementation status as of <u>5/6/19</u> (Date)
The above plan of correction was approved by <u><i>MSJ</i></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: 12797 - 03/21/2019 - Carrion, David
PCH Name: KEYSTONE HOSPICE

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 persons A and B did not receive training in fire safety completed by a fire safety expert, emergency preparedness, resident rights and falls and accident prevention during training year 2018.
 [REDACTED]

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.
 By July 1st, 2019, we will hold a "train the trainer" course with a fire expert for at least two of our staff members to certify our employees at hire and then annually thereafter.
 Documents of trainings will be kept for three years. 5/6/19 *MG*

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) *Gail A. Inderwies, Executive Dir* Date *5/3/19*

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

The above plan of correction is approved as of <u>5/6/19</u> (Date)	Plan of correction implementation status as of <u>5/6/19</u> (Date)
The above plan of correction was approved by <u><i>MG</i></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