



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail ginderwies@keystonecare.com
July 7, 2020**

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 29, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Shawn Parker

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *KEYSTONE HOSPICE*

License Number: *12797*

Address: *8765 STENTON AVENUE,, WYNDMOOR, PA 19038*

County: *MONTGOMERY*

Region: *SOUTHEAST*

Administrator

Name: *Gail Inderwies*

Phone: *2158362440*

Email: *GINDERWIES@KEYSTONECARE.COM*

Legal Entity

Name: *KEYSTONE HOSPICE*

Address: *8765 STENTON AVENUE, WYNDMOOR, PA, 19038*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *12/05/1989*

Issued By:

Staffing Hours

Resident Support Staff: *8*

Total Daily Staff: *24*

Waking Staff: *18*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

01/29/2020 - On-Site: Sabrina Freeman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *20*

Residents Served: *8*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *8*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *8*

Have Physical Disability: *0*

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Personal care and assisted living homes must post the required influenza information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1785). The home did not have an influenza poster anywhere.

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.)

The required influenza information was posted in the home on the day of the inspection, 1/29/20. It will remain in place and re-posted annually. The office administrator or delegate will be responsible for making sure the poster is in place.

Legal Entity Representative


Signature

Gail A. Inderwies, President & Executive Director & Executive Director, 2/28/20
Printed Name and Title Date

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The above plan of correction is approved as of 07-06-2020
(Date)

Plan of correction implementation status as of _____ (Date)

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

Implemented
 Not Implemented

25b - Contract Signatures

Regulations

2600. 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #1 did not sign their 11/8/19 contract. There was no documentation that resident #1 was not able to sign or refused to sign the contract.

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.)

Resident #1 was unable to sign the Personal Home contract due to the nature of her illness and decline. Her daughter who is the Power of Attorney signed in place of her. The contract which shows the resident was unable to sign is attached as Exhibit 1.

In the future, we will indicate on the contract that patient is unable to sign. Education has been provided to all staff that in these instances that when a patient cannot sign or refuses to, it will be noted on the contract. The Director of Social Services will monitor the contracts as they are executed to make sure that if they are correctly notated.

Legal Entity Representative

GAIL Inderwies

Signature

Ms. Gail A. Inderwies President & Executive Director, 2/28/20
Printed Name and Title Date

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29a SOPb2 - Hospice Care: Informed Consent

Regulations

- 2600.
- 29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:
 - 2. The resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative has provided written informed consent that the person is not to evacuate in a fire drill.

Description of Violation

There is no statement of informed consent from residents #1 or #2 regarding the resident not evacuating during fire drills. The residents' were not evacuated during the 2019 fire drills.

The home has a waiver regarding hospice fire drills; however, is required to comply with this regulation. "If granted these waivers, Keystone Hospice will add to its patient admission information a statement describing the hospice's fire drill evacuation policy and the existence of these waivers. We will also give each patient the right to elect to be evacuated in any fire drill regardless of his or her medical condition."

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 request to have a meeting with the Licensing Director about this issue.

In 2011, the fire safety plan for Keystone House was approved by Estelle Richman, Director of Department of Public Welfare. In 2012, significant renovations of the house were completed with funds allocated by Governor Rendell and Governor Corbin. The FSES remained in place and was considered compliant by DOH and local regulations. Evacuation "in-place" is permitted. The annual inspections conducted by DOH have consistently accepted the standards established by our fire safety plan while DHS has not cited this item previously.

The purpose of the meeting with the Licensing Director is to request a waiver from DHS from the regulation. A meeting request will be initiated by March 7. **Please see attached.....**

Legal Entity Representative



Signature

Gail A. Inderwies, President & Executive Director, 2/28/20

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2600.29a.b.

DPOC - Administrator or designee will ensure informed consent is obtained by the individuals specified in regulation 2600.29a.b when evacuating during a fire drill. If an update is needed to the existing waiver, the home will obtain and submit the needed documents to meet the regulation.

SP 07-06-2020

41e - Signed Statement

Regulations

2600.

41.e. A statement signed by the resident and, if applicable, the resident’s designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident’s record.

Description of Violation

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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 request that this violation be removed.

The Residents Rights are enumerated in the Admission Agreement for Person Home Care. Resident #1's Power of Attorney signed this agreement on 11/8/19. A copy of that agreement was provided to the inspector on 1/29/20 and is provided here as Exhibit 1.

DPOC - Home will document when a resident is unable or refuses to sign the contract as discussed in 2600.25b. The residents contract/record will contain a signed statement by the resident and if applicable the residents designated person acknowledging the receipt of the information in subsection d which includes residents rights and complaint procedures.

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42s - Privacy

Regulations

2600. 42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 1/29/20, the home had video cameras that record on each of the three floors of the home. There were no signs posted near the cameras indicating that images are being recorded. Staff person A confirmed, the cameras have been there for years and have never had signs posted.

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.)

A waiver is requested so that signs do not have to be posted.

Cameras have been in place in Keystone House for more than 20 years, and we have not been cited on this regulation before.

The cameras are not located in patient areas. The purpose of the cameras that are positioned in the house is to protect patients, visitors, and staff. The cameras also serve to prevent drug diversion.

Furthermore, KeystoneCare patients are asked to sign a Patient Rights Information form. This form contains a section, Consent for Photography and Interviews. The definition of photograph in this form includes "still photography, pictures, negatives, slides, prints, digital photographs, videotapes, and movies." This level of consent is accepted by the Department of Health. We will apply for a waiver to the DHS for so that we will not be required to post the signs. Please see Exhibit 3 for the Patient Rights Information Form.

DPOC- Administrator or designee will ensure signs are posted indicating that images are being recorded in areas where recording is taking place in accordance with regulation 2600.42s. Signs to remain posted until proper waiver is requested and granted to home.

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85d - Trash Receptacles

Regulations

2600.
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 1/29/20, there were two trash cans in the kitchen that were uncovered and did not have lids.

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.)

Covers were placed on the trash cans in the kitchen on the day of the inspection, 1/29/20. Trash can liners are replaced every two hours. The housekeeper and other staff check that the lids are in place throughout the day.

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96a - First Aid Kit

Regulations

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit at the nurses station on the 2nd floor did not include a breathing shield or thermometer.

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.)

A breathing shield and a thermometer have been added to the the first aid kit at the nurses station on the 2nd floor. A checklist has been placed next to the first aid kit so that the contents of the kit can be monitored regularly to make sure all components are in place.

In compliance with DOH regulations, breathing shields and thermometers are located at all nursing stations. Therefore they can be found at the nursing station and in the first aid kit.

DPOC – Admin or designee will ensure all items listed in regulation 2600.96 are inside of the first aid kit.

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107d - Procedure Emergency Management Agency Submission

Regulations

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been updated or submitted to the Office of Emergency Preparedness Montgomery County Department of Public Safety since 2/8/18.

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.)

Due to a change of staff, the emergency procedures were not submitted to the Office of Emergency Preparedness in 2019. The oversight has been corrected.

The home's written emergency procedures were submitted to the Montgomery County Department of Public Safety on Jan. 29, 2020. On Feb. 14, the Department of Public Safety acknowledged receipt of this plan and indicated that it will be kept on file in the Office of Emergency Management. The letter from Department of Public Safety is provided as Exhibit 5. Going forward, Keystone Hospice Emergency Preparedness Plan will be filed by each year by administrator immediately after approvals from the Springfield Township Fire Marshal and the Montgomery County Department of Public Safety.

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183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 11/8/19, resident #1 was prescribed 0.5mg of Haloperidol. The nurse stated the medication had been discontinued, but did not provide a discontinue order from the physician. On 1/29/20, the medication was still on the med-cart, but not on the medication administration record.

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.)

In order to correct this violation, nurses were re-educated on medication administration using the materials provided by the Medication Administration Program recognized by the DHS and DOA. Nurses demonstrated their competency by taking the required exam and scoring an 80 or above. Training was led by Susan Burt, Director of Quality and Education. Ms. Burt or her designee will evaluate the status of medication orders and their implementation on an ongoing basis.

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191 - Resident Right to Refuse

Regulations

2600.
191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted 11/8/19, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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 asked that this violation be removed.

The Resident #1 received, upon admission, the "Hospice Patient and Family Handbook." On page 6 of the Patient Bill of Rights, it clearly states the patient has the right to "Refuse any drug or treatment procedure to the extent permitted by law. The physician will be notified..." - See Exhibit 6. Resident #1 and her Power of Attorney received this handbook as so all residents.

DPOC - Home will document when a resident is unable or refuses to sign the contract as discussed in 2600.25b and 2600.41e. The residents contract/record will contain the residents education of their right to refuse a medication.

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