

Department of Human Services  
Bureau of Human Service Licensing

June 15, 2022

[REDACTED], ADMINISTRATOR

RE: KEYSTONE HOSPICE  
8765 STENTON AVENUE  
WYNDMOOR, PA, 19038  
LICENSE/COC#: 12797

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/29/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing  
**LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *KEYSTONE HOSPICE* License #: *12797* License Expiration: *06/11/2023*  
Address: *8765 STENTON AVENUE, WYNDMOOR, PA 19038*  
County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *KEYSTONE HOSPICE*  
Address: *8765 STENTON AVENUE, WYNDMOOR, PA, 19038*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *12/05/1989* Issued By: *Springfield Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *14* Waking Staff: *11*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *04/29/2022*

**Inspection Dates and Department Representative**

04/29/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *20* Residents Served: *7*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *7*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *7*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *7* Have Physical Disability: *0*

**Inspections / Reviews**

**04/29/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/22/2022*

Inspections / Reviews (*continued*)

05/27/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/30/2022*

05/31/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/03/2022*

06/07/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/08/2022*

06/09/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/12/2022*

06/15/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

## 5a1 - DHS Access

## 1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

1. Agents of the Department.

**Description of Violation**

*On 4/29/22, at 9:00 am, an agent of the Department, requested access to the home. The home refused to provide access until the agent of the Department took a rapid COVID test. The Department did not gain access to the home until 10:45 am.*

**Plan of Correction****Accept**

*Since the beginning of the pandemic in March of 2020, we have made the health and safety of our patients, their families, visitors, employees, vendors, and various licensing surveyors our primary focus of concern. On April 3, 2020, at the on-set of the pandemic, we implemented our policy 1.57, Covid-19 Testing. The agent of the Department was advised of this and was willing to submit to a rapid Covid test onsite and at our expense, but when [REDACTED] contacted [REDACTED] Supervisor, the Supervisor said "no". Ultimately, the agent took the rapid self-test, and the result was negative. The delay in the access (entry) to the home was due to the back-and-forth discussions between our Administrator, the agent, and [REDACTED] Supervisors and [REDACTED] Supervisor's discussions with our Administrator as well as the 15-minute waiting period for results of the rapid COVID self-test.*

*The conversations and testing delayed entry. We followed our policy, 1.57 Covid-19 Testing Policy, implemented on 4/3/2020. A copy of this policy is available at the front entrance lobby to the facility for all to read and review. There is also a notice on the front door notifying all who desire to enter the building of our testing requirements.*

**Our Updated Plan of Correction:**

*We will advise the DHS representative of the facility's current COVID requirements, which include taking a rapid self-test for COVID. If they agree, voluntarily, we will immediately provide the test kit for their use.*

*If the DHS representative declines to take a rapid self-test for COVID, **then we will negotiate what is appropriate based on the current guidance available at the time.** We have a tent outside with heat and AC hook up as well as internet accessibility that the DHS representative can use to complete the survey, if necessary, to review files, etc. If the DHS representative takes the test and is positive, they will not be permitted to enter the facility, but we will provide them with files in the tent. If the DHS representative takes the test and is negative, their time in the building will not be restricted.*

*We will provide the DHS representative a new mask to wear so we are assured that the correct PPE is in use to meet the level called for by the variant that is present in our community.*

*We respectfully submit this Plan of Correction with the understanding that these measures will be in place as long as the transmission and positive testing results remain at a high level in our community.*

*The Administrator will be responsible for monitoring COVID exposure levels and to revise the policy when the exposure of COVID is minimal.*

**Completion Date: 06/08/2022**

## 5a1 - DHS Access (continued)

**Document Submission****Implemented**

Since the beginning of the pandemic in March of 2020, we have made the health and safety of our patients, their families, visitors, employees, vendors, and various licensing surveyors our primary focus of concern. On April 3, 2020, at the on-set of the pandemic, we implemented our policy 1.57, Covid-19 Testing. The agent of the Department was advised of this and was willing to submit to a rapid Covid test onsite and at our expense, but when she contacted her Supervisor, the Supervisor said "no". Ultimately, the agent took the rapid self-test, and the result was negative. The delay in the access (entry) to the home was due to the back-and-forth discussions between our Administrator, the agent, and ■■■ Supervisors and ■■■ Supervisor's discussions with our Administrator as well as the 15-minute waiting period for results of the rapid COVID self-test.

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We will provide the DHS representative a new mask to wear so we are assured that the correct PPE is in use to meet the level called for by the variant that is present in our community.

We respectfully submit this Plan of Correction with the understanding that these measures will be in place as long as the transmission and positive testing results remain at a high level in our community.

The Administrator will be responsible for monitoring COVID exposure levels and to revise the policy when the exposure of COVID is minimal.

## 88a - Surfaces

**1. Requirements**

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

**Description of Violation**

On 4/29/22, the carpet in the home had tape on it to cover frayed areas. The carpet upstairs had bleach marks.

**88a - Surfaces (continued)****Plan of Correction****Accept**

1. We are aware of the stain at the second-floor nurses' station that was caused from the wall hand sanitizer unit when sanitizer drips from the hands of someone using it. As this is not a safety hazard, we will address its replacement when the health and safety risks of the Covid pandemic have ended, and hand sanitizer is no longer used.

In the meantime, on May 19, 2022 the Facilities Manager purchased a small, non-skid mat and placed it over the stain to cover it.

2. With reference to the frayed areas covered with tape, this area is at the rear stairwell from the hallway area outside the dining room to the basement level offices and is in a non-patient care area. We intend to address improvements of this nature when the pandemic is over, and supplies are more readily available.

In the meantime, we will make remedial repairs to the frayed, taped carpet in this stairwell area by May 27, 2022.

The long-term Plan is to replace the stairwell carpeting. The Facility Administrator will need to make application and receive approval from the PA Department of Health for any interior changes that are planned for Keystone House. We are certified through our Medicare license as an In-patient Hospice Unit and fall under their regulations for any plans for interior renovations or upgrades of existing conditions and we must meet their regulations. The completion date is in the foreseeable future after receiving the necessary approvals from the PA Department of Health and securing capital funding for the cost of the improvements.

The Administrator and the Vice President of Operations are responsible for: (1) researching materials, (2) obtaining price and installation bids from three (3) contractors, (3) applying to the PA Department of Health for the necessary approvals for the project, (4) launching a capital improvement campaign to assist with the funds necessary to implement the approved renovation and (5) final installation of the stairwell step-covering renovation project.

It is anticipated that this project could take six (6) months or more and is dependent on the supplies being readily available and the time it takes from application to receipt of approval from the PA Department of Health.

The administrator asked the facilities manager to repair outlined concerns immediately. This was completed in early May. The facility administrator has assigned the facilities manager and VP of Operations to round weekly to observe for and make any corrections immediately to the plant or equipment. The facility administrator will also begin to get competitive bids for the step work and spot of floor no later than end of June with expectation to have Department of Health Approval by September. The bleach spot and tear on rug have had suitable repair until a replacement can occur anticipated over next 6 months due to supply chain and staffing delays..

I hope this satisfies your concerns. Respectfully, [REDACTED]

**Completion Date:** 05/30/2022

**Document Submission****Implemented**

1. We are aware of the stain at the second-floor nurses' station that was caused from the wall hand sanitizer unit when sanitizer drips from the hands of someone using it. As this is not a safety hazard, we will address its

**88a - Surfaces (continued)**

replacement when the health and safety risks of the Covid pandemic have ended, and hand sanitizer is no longer used.

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I hope this satisfies your concerns. Respectfully, [REDACTED]

**107d - Procedure Emergency Management Agency Submission****1. Requirements**

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 since 2/14/20.

## 107d - Procedure Emergency Management Agency Submission (continued)

**Plan of Correction****Accept**

*The home's written emergency procedures have not been updated since 2/14/20. A letter was not sent to Montgomery County Emergency Management offices for 2021.*

*Unfortunately, due to personnel changes over the past two years, the letter that should have been sent to Montgomery County Emergency Management offices was overlooked in 2021. We discovered this on 4/29/22 during the on-site survey and immediately typed and mailed a letter to Montgomery County Emergency Management offices and included a copy of our most recent Keystone Hospice House Emergency Preparedness Plan, policy #9.10a. A copy of the letter and attachment was also mailed to [REDACTED], Fire Marshall, Springfield Township. The surveyor was shown the letter during [REDACTED] visit as well.*

*On May 2, 2022, the Executive Assistant created an online calendar in Microsoft Outlook of due dates for license requirements, such as the mailing of this letter and plan, so that this requirement will not be missed in the future. The Outlook calendar has been shared with the Administrator, Sr. Vice President for Operations, and the Chief Financial Officer to ensure that multiple staff are reminded annually of this requirement and it is not missed again. This particular letter is scheduled on the Outlook Calendar to be mailed in February of each year. This also coincides with our Annual License Renewal application.*

*Our plan is to implement a system so that more than one employee of the facility has access to due dates for regulatory requirements and can follow up on the execution of those requirements.*

*We are awaiting receipt of our acknowledgement letter from Montgomery Co. Emergency Management offices that they have received our letter of 4/29/22 and Plan as proof that the required letter has been submitted for this year. A copy will be provided to the Department of Human Services upon receipt from the County.*

*The Executive Assistant is responsible for maintaining the online Outlook calendar of due dates for license requirements and for submitting the annual letter and plans to Montgomery County Emergency Management.*

**Completion Date:** 05/02/2022

**Document Submission****Implemented**

*The home's written emergency procedures have not been updated since 2/14/20. A letter was not sent to Montgomery County Emergency Management offices for 2021.*

*Unfortunately, due to personnel changes over the past two years, the letter that should have been sent to Montgomery County Emergency Management offices was overlooked in 2021. We discovered this on 4/29/22 during the on-site survey and immediately typed and mailed a letter to Montgomery County Emergency Management offices and included a copy of our most recent Keystone Hospice House Emergency Preparedness Plan, policy #9.10a. A copy of the letter and attachment was also mailed to [REDACTED], Fire Marshall, Springfield Township. The surveyor was shown the letter during [REDACTED] visit as well.*

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*107d - Procedure Emergency Management Agency Submission (continued)*

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*The Executive Assistant is responsible for maintaining the online Outlook calendar of due dates for license requirements and for submitting the annual letter and plans to Montgomery County Emergency Management.*