



May 22, 2014

Kayla Franklin, Director
Community Skills Site I
650 North Dr. Claude E Nichols Street
1150 Goodwill Drive
Harrisburg, PA 17101

RE: Community Skills Site I
License # 235050 - Regular

Dear Ms. Franklin:

As a result of the Department of Aging's licensing inspection of the above named facility on 03/11/2014, six areas of non-compliance were identified. The legal entity submitted an acceptable written plan to correct each area of non-compliance. Therefore, the Department issued a Regular License, indicating compliance with applicable statutes, ordinances and regulations.

Thank you for your continued effort to provide quality older adult daily living services. If you have questions, please contact me at (717) 214-6716.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Longenecker", is written over a light blue horizontal line.

Kevin Longenecker
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGING

LICENSE

This license is hereby granted to GOODWILL KEYSTONE AREA
LEGAL ENTITY

To operate COMMUNITY SKILLS SITE I
(NAME OF CENTER)

Located at 650 NORTH DR. CLAUDE E NICHOLS STREET HARRISBURG, PA 17101
(COMPLETE ADDRESS OF CENTER)

To provide older adult daily living services.

The total number of persons which may be served at one time may not exceed 40
(MAXIMUM CAPACITY)

Restrictions: _____

This license is granted in accordance with the Act of July 11, 1990 (P.L. 499, No. 118) and Regulations.

TITLE 6. PA CODE. CHAP. 11. OLDER ADULT DAILY LIVING CENTER Dated July 03, 1993
(NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 01, 2014 until May 31, 2015

unless sooner revoked for non-compliance with applicable laws and regulations.

No: 235050 - Regular



ISSUING OFFICER

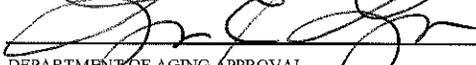
NOTE: This license is issued for the above address only and is not transferable. This license should be posted in a conspicuous place in the center.

Issued On: May 22, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 235050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2014
NAME OF PROVIDER OR SUPPLIER Community Skills Site 1		STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH DR. CLAUDE E NICHOLS STREET HARRISBURG, PA 17101		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
1 000	Initial Comments A State licensure visit was completed on March 11, 2014 and it was determined that Community Skills Site 1 was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000	<p>Plan of Correction is required</p> <div style="border: 1px solid black; padding: 5px;"> <p>All staff had emergency procedures training on 3/13 and 3/14/2014. The Program Coordinator and Manager of the Site have established a training calendar for the year with all required trainings. Both the staff emergency procedures training and the client fire safety training are scheduled for the weeks of June 9, September 8 and December 8 for this year. The Program Coordinator will insure trainings are conducted as scheduled and maintain the calendar in coming years. See attachments 1, 2, 3, 9a and 9b</p> </div>	
1 511	11.21(b) Emergency Procedures Written emergency procedures shall be reviewed with staff persons at least quarterly. This STANDARD is not met as evidenced by: Findings: Based on a review of the staff training records, it was determined that the most recent emergency procedures training exceeded the quarterly requirement. The center conducted training on 11/20/13 and not again until 3/5/14 and 3/6/14. Emergency procedure training is to be conducted every 3 months.	1 511		3/14/14
1 580	11.33(a) Program staff orientation and training Providers shall, using center staff persons, outside resources, or both, provide program staff persons with the following:	1 580		

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE



TITLE

Multi-10 Compliance Monitor

(X6) DATE

4/2/14

DEPARTMENT OF AGING APPROVAL



DATE

Chief Division of Licensing 5/21/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 235050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2014
NAME OF PROVIDER OR SUPPLIER Community Skills Site I		STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH DR. CLAUDE E NICHOLS STREET HARRISBURG, PA 17101		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 580	Continued From page 1 (1) A general orientation in the following areas, within 3 months of employment. (i) The purpose and goals of older adult daily living services. (ii) The roles and responsibilities of staff members. (iii) Positive approach methods to manage behavior. (iv) Health and safety precautions, including infection control. (v) Information on fire and safety measures/codes. (vi) The philosophy of the program and, if applicable, the parent organization. (vii) Confidentiality. (viii) Interdisciplinary team approach. (ix) Client rights. (x) The population served. (xi) The center's policies and regulations. (xii) Communication skills.	I 580	See next page	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER LICENSE NUMBER: 235050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2014
--	--	--	---

NAME OF PROVIDER OR SUPPLIER Community Skills Site I	STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH DR. CLAUDE E NICHOLS STREET HARRISBURG, PA 17101
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

1 580	<p>Continued From page 2</p> <p>(xiii) The center's emergency procedures.</p> <p>(2) Training in the following areas, within 3 months of employment and annually thereafter regarding:</p> <p>(i) The needs of the clients in the center's target population.</p> <p>(ii) Body mechanics/transfer techniques.</p> <p>(iii) Voluntary reporting laws regarding abuse, neglect and exploitation.</p> <p>(iv) Positive approach methods to manage behavior.</p> <p>(3) In addition to the general orientation and annual training required in subsection (a)(1) and (2), at least two training sessions, totaling at least 8 hours of training, per year to enhance quality of care and job performance.</p> <p>This STANDARD is not met as evidenced by:</p> <p>REPEAT CITATION</p> <p>Findings: Based on a review of staff training records it was determined that staff person #3 received annual body mechanics training late; exceeding the annual requirement. She received training on 3/14/12 and not again until 4/29/13.</p> <p>The center received a citation for 11.33(a) during an inspection held on 3/21/13.</p>	1 580	<div style="border: 1px solid black; padding: 5px;"> <p>Body Mechanics training is scheduled for 4/24/14. It is again scheduled for May. The Program Coordinator and Manager of the Site have established a training calendar for the year with all 11.33 a (2) required trainings. The Program Coordinator will insure trainings are conducted as scheduled, that all staff attend the trainings and will maintain the calendar in coming years. The Program Coordinator has reviewed all staff training logs to determine staff needs regarding required training. See attachments 7 and 8.</p> </div>	<p style="text-align: right; font-size: 1.2em; font-family: cursive;">4/24/14</p>
-------	--	-------	--	---

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER LICENSE NUMBER: 235050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2014
--	--	--	---

NAME OF PROVIDER OR SUPPLIER Community Skills Site I	STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH DR. CLAUDE E NICHOLS STREET HARRISBURG, PA 17101
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

Continued From page 3

11500

11.90(a) Fire safety training for clients

A client shall be instructed upon initial admission and reinstructed quarterly in general fire safety, evacuation procedures, responsibilities during fire drills and the designated meeting place outside the building or within the fire safe area in the event of an actual fire. A client shall also be instructed in smoking safety procedures if clients or staff persons smoke at the center.

This STANDARD is not met as evidenced by:

Findings: Based on a review of client training records it was determined that the most recent quarterly fire safety training exceeded the quarterly requirement. Training was held on 11/20/13 and not again until March 2014.

11500

The Program Coordinator and Manager of the Site have established a training calendar for the year with all required training. The staff emergency procedure training and the client fire safety training is scheduled daily for the weeks of June 9, September 8, and December 8, 2014. Since not every client attends daily, having a week schedule such as this is the best way to assure every client gets the training. The Program Coordinator will insure trainings are conducted as scheduled, and will maintain the calendar in coming years. See Attachments 1, 2 & 3.

June 9 2014

11873

11.123(2) Core Services - Nursing Services

The following essential, core services shall be offered or arranged in center programs: personal care, nursing,

11873

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 235050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2014
NAME OF PROVIDER OR SUPPLIER Community Skills Site I		STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH DR. CLAUDE E NICHOLS STREET HARRISBURG, PA 17101		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
11873	<p>Continued From page 4</p> <p>social services, therapeutic activities, nutrition and emergency care. The intensity of the services shall be modified to meet the functional needs of the clients. It is anticipated that the services will be on a continuum to meet the range of client needs, with appropriate staff persons to supply or arrange these services. Each essential core service shall be addressed during the care planning process. The center shall provide and maintain the essential space, materials and equipment necessary to provide these services and to protect the privacy of the clients receiving the services. Core services are as follows:</p> <p>(2) Nursing services. The center shall provide, contract for or otherwise arrange for nursing services. The number of services provided by the nurse, the manner in which a center obtains nursing services (which may range from formal to informal), and the amount of time spent by the nurse in a center (which may, for example, range from the daily services of a registered nurse staff person to a monthly or quarterly visit by a practical nurse) depend upon the needs of the center's clients. Nursing service includes the following:</p> <p>(i) Centers shall carry out the following standard nursing functions at least quarterly:</p> <p>(A) A review of the client's health status, including dietary needs.</p> <p>(B) Review of medication procedures, if necessary.</p> <p>(C) Review of policies and procedures for personal care.</p> <p>(D) Training and education of staff persons regarding the needs of clients in centers, including infection</p>	11873	See next page	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER LICENSE NUMBER: 235050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2014
--	--	--	---

NAME OF PROVIDER OR SUPPLIER Community Skills Site I	STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH DR. CLAUDE E NICHOLS STREET HARRISBURG, PA 17101
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

11873	<p>Continued From page 5 control.</p> <p>(ii) The following nursing functions may be added to subparagraph (i) if they are consistent with the goals of the center and the characteristics of persons admitted to the center, as determined through intake screening and client physical examination and medical reports:</p> <p>(A) Provision or supervision of modified and therapeutic diets and supplemental feedings.</p> <p>(B) Provision or supervision of observation, monitoring and intervention for unstable medical episodes.</p> <p>(C) Preparation of the client for self-administration of medications.</p> <p>(D) Provision of restorative or rehabilitative nursing.</p> <p>(E) Provision of maintenance of respiratory aids, colostomy and ileostomy, urinary drainage devices, dressings, skin care, foot and nail care and routine care of incontinent clients.</p> <p>(F) Response to emergencies.</p> <p>(G) Administration of parenteral treatments.</p> <p>(H) Provision of other skilled nursing care, which can be safely done in the older adult daily living center.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of staff training records it was determined that the center did not have a nurse conduct training and education of staff persons regarding the needs of clients in the center, including infection control, on a quarterly basis as required.</p>	11873	<div style="border: 1px solid black; padding: 5px;"> <p>The required training conducted by the consultant nurse was held on 3/21/14 and the next will be held on 6/4/14. The Program Coordinator will insure trainings are conducted as scheduled, that all staff attend the trainings and will maintain the calendar in coming years. The consultant nurse is unable to schedule an entire year in advance. See Attachments 1 & 6.</p> </div>	3/21/14
-------	---	-------	--	---------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER LICENSE NUMBER: 235050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2014
--	--	--	---

NAME OF PROVIDER OR SUPPLIER Community Skills Site I	STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH DR. CLAUDE E NICHOLS STREET HARRISBURG, PA 17101
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

11873	Continued From page 6 During the licensing year the center provided verification that the nurse held this training one time on 12/4/13.	11873		
12380	<p>11.191(b) Emergency information</p> <p>Emergency information for a client shall include the following:</p> <p>(1) A written agreement with the client or responsible party regarding emergency care and ambulance transportation, when the agreement is not included as an element in the enrollment agreement in §11.103 (relating to enrollment agreement).</p> <p>(2) The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.</p> <p>(3) The name, address and telephone number of the client's physician or source of health care and hospital preference.</p> <p>(4) The name, address and telephone number of the person able to give consent for emergency medical treatment, if applicable.</p> <p>(5) A copy of the client's most recent annual physical examination, which shall include information on current diagnosis, medications and allergies.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of the portable emergency information file, the emergency sheet, with</p>	12380	<div style="border: 1px solid black; padding: 5px;"> <p>All files have been reviewed and the emergency contact information is now included. See attachments 10a and 10b for clients 1 & 3. The Program Coordinator for the site will review emergency information for each client as part of the quarterly review of services provided.</p> </div>	<p style="font-size: 2em; font-family: cursive;">4/14/14</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 235050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2014
NAME OF PROVIDER OR SUPPLIER Community Skills Site I		STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH DR. CLAUDE E NICHOLS STREET HARRISBURG, PA 17101		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
12380	Continued From page 7 emergency contact information was missing for client #1 and client #3.	12380		
12760	11.267 Posting of the license The facility shall post the current license in a public place in the center. This STANDARD is not met as evidenced by: Findings: Based on a physical site inspection, the center had the license that expired on 5/31/13 posted.	12760	The current license was printed from the DOA website and posted on 3/11/14. See attachment 11.	3/11/14