

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

August 8, 2023

[REDACTED], FOUNDER/CEO/PRESIDENT  
KEYSTONE HOSPICE  
8765 STENTON AVENUE  
WYNDMOOR, PA, 19038

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 06/02/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *KEYSTONE HOSPICE* License #: *12797* License Expiration: *06/11/2024*  
 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: *L & I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *6* Waking Staff: *5*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *06/02/2023*

**Inspection Dates and Department Representative**

*06/02/2023* On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *20* Residents Served: *3*

**Secured Dementia Care Unit**  
 In Home: *No* Area: Capacity: Residents Served:

**Hospice**  
 Current Residents: *3*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *3*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *3* Have Physical Disability: *0*

**Inspections / Reviews**

**06/02/2023 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/24/2023*

**07/03/2023 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *08/01/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/08/2023*

Inspections / Reviews *(continued)*

## 07/27/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/01/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/01/2023

## 08/08/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/01/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

132c - Fire Drill Records

1. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drills conducted on 1/16/23, 2/15/23, 3/16/23, and 4/13/23 did not include the exit routes used.

Plan of Correction

Accept [redacted] - 07/27/2023)

The requirement to record the exit route used during a facility fire drill was reviewed on June 16, 2023, with the Facilities Manager who conducts the monthly fire drills. The Administrator held a brief in-service with the Facilities Manager, and they articulated understanding of the requirement under Section 132c of the Personal Care Home License regulations. The "Adult Residential Licensing - Personal Care Home Fire Drill Record" Form published by the PA Department of Public Welfare, now Dept. of Human Services, was reviewed with the Facilities Manager and they acknowledged understanding that the 4th column, "Exit Routes Used", needs to be completed for each monthly fire drill to meet regulations. Also, the Fire Drill Form Checklist used internally to record monthly fire drills in addition to the State approved form requires that the Administrator sign off that they reviewed the Fire Drill record for that month. This signature requirement was also reviewed with the Facilities Manager to assure the correct completion of the Fire Drill Form as the Administrator must review and sign off on it. The Fire Drill Form Check List was implemented prior to January 2002 - last revision date - and it is the Facilities Manager's responsibility to complete this internal Form monthly in addition to the DHS Adult Residential Licensing Fire Drill Record Addendum Form to be used by homes serving residents who have mobility needs.

As an additional compliance measure, the Facilities Manager who is also a member of the facility Safety Committee, will report at the monthly Committee meeting not only the date, time and shift of the monthly fire drill, but also the route used for the fire drill. Minutes of the State Certified Safety Committee are typed monthly after the meeting and kept as a permanent record. The Secretary of the Safety Committee when completing the meeting minutes, will also review the monthly Fire Drill Record to ensure accurate completion of the forms and that all required information is recorded on the Fire Drill Record for regulatory compliance.

Licensee's Proposed Overall Completion Date: 07/10/2023

Implemented [redacted] - 08/08/2023)