

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to KEYSTONE HUMAN SERVICES

LEGAL ENTITY

To operate KEYSTONE COMMUNITY MH

NAME OF FACILITY OR AGENCY

Located at 1009 OLD NOBLESTOWN ROAD, OAKDALE, PA 15071

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 8
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from April 28, 2011 until April 28, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 438760

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Susan Nagy, Program Director
Keystone Human Services
3609 Derry Street
Harrisburg, Pennsylvania 17101

RE: Keystone Community MH
1009 Old Noblestown Road
Oakdale, Pennsylvania 15071

Dear Ms. Nagy:

As a result of the Department of Public Welfare's licensing inspection on February 16, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations 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 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

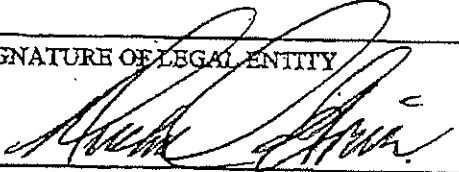
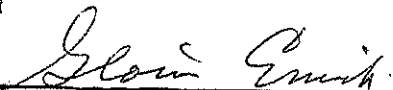
Sincerely,

A handwritten signature in black ink, appearing to be 'R. Melusky', with a long horizontal flourish extending to the right.

Ronald Melusky
Acting Director

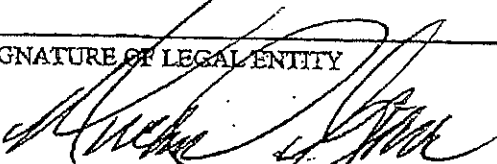
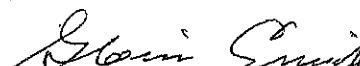
Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME KEYSTONE COMMUNITY MH, 1009 OLD NOBLESTOWN ROAD OAKDALE, PA 15071		CURRENT LICENSE NUMBER 438760	
INSPECTION DATES (Include all dates of the inspection) 02/16/2011		REGIONAL REPRESENTATIVE Michael Palumbo, Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 3-21-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/22/11

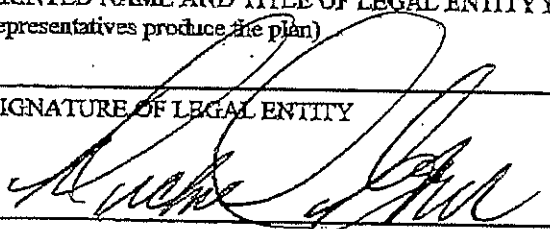
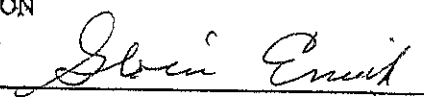
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
26a The home shall establish and implement a quality management plan.	The home does not have a quality management plan. <p style="text-align: center;">PCH Division Central Region Field Office</p> <p style="text-align: center;">MAR 24 2011</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">RECEIVED</p>	2/28/11 ongoing	The program will complete a quality Plan in January 4 of every year. Each month the program & Agency conducts A Quality review of Incidents & Quality Indicators to ensure proper quality mgmt. The Quality Management Plan will contain all the elements required by 2600.266. - BE	4/22/11 BE

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME KEYSTONE COMMUNITY MH, 1009 OLD NOBLESTOWN ROAD OAKDALE, PA 15071		CURRENT LICENSE NUMBER 438760	
INSPECTION DATES (Include all dates of the inspection) 02/16/2011		REGIONAL REPRESENTATIVE Michael Palermo, Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 3-21-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/22/11

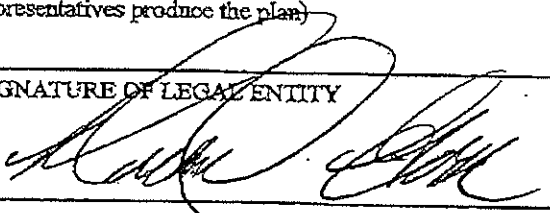

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	The assessment for resident #1, dated 10/6/10, does not address the need for the use of a 1/2 length bedrail.	3/11/11	<p>The Bedrails were removed & Replaced with an APPROVED TRAPEZE SUPPORT bar at the request of the consumer.</p> <p>The Trapeze Support Bar was added to the resident's assessment + support plan. - BE</p>	4/22/11 BE

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME KEYSTONE COMMUNITY MH, 1009 OLD NOBLESTOWN ROAD OAKDALE, PA 15071		CURRENT LICENSE NUMBER 438760	
INSPECTION DATES (include all dates of the inspection) 02/16/2011		REGIONAL REPRESENTATIVE Michael Palermo, Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 3-7-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/22/11

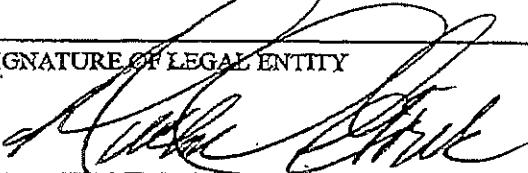
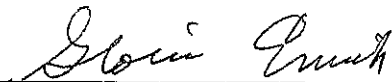
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	On 2/16/11, at 12:00 PM, the water temperature at the first floor corner bathroom across from and adjacent to the bedroom of resident #1 measured 123.2 degrees Fahrenheit. Repeated Violations: 02/11/2010	2-28-11 ongoing	Water Temperatures will be checked monthly by The Program Adm. & Recorded in the monthly operation report. If any areas exceeds 120°F, this temperature will be adjusted immediately. BE	Steps have been taken to correct violation; full compliance is not verifiable 4/22/11 BE Date Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME KEYSTONE COMMUNITY MH, 1009 OLD NOBLESTOWN ROAD OAKDALE, PA 15071		CURRENT LICENSE NUMBER 438760	
INSPECTION DATES (Include all dates of the inspection) 02/16/2011		REGIONAL REPRESENTATIVE Michael Palermo, Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 3-21-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/22/11

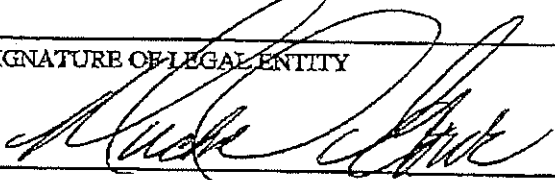
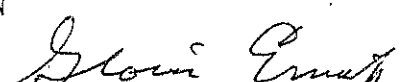
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	The kitchen has two doors leading to outside porches with small steps without handrails. The doors may be used by residents as an evacuation route in the event of an emergency. Repeated Violations: 03/11/2010	3-1-11	The Areas in Question were corrected by adding well secured Handrails for support.	4/22/11 DE

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME KEYSTONE COMMUNITY MH, 1009 OLD NOBLESTOWN ROAD OAKDALE, PA 15071		CURRENT LICENSE NUMBER 438760	
INSPECTION DATES (Include all dates of the inspection) 02/16/2011		REGIONAL REPRESENTATIVE Michael Palermo, Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 3-21-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/22/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
103g Food shall be stored in closed or sealed containers.	<i>Fish-N-Batter and Hash Brown</i> patties were found in the white basement chest freezer opened and unsealed.	3-1-11 <i>Ongoing</i>	Staff were retrained in proper food safety according to Allegheny Health Dept. Food will be checked on each shift for compliance. The identified items were discarded at the time of the inspection. All foods will be stored in closed or sealed containers, labeled & dated. - <i>SC</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>4/22/11</i> Date Initials (DPW)

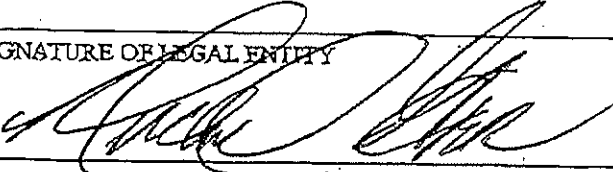
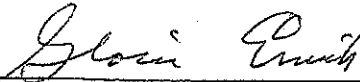
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2603

NAME AND ADDRESS OF PERSONAL CARE HOME KEYSTONE COMMUNITY MH, 1009 OLD NOBLESTOWN ROAD OAKDALE, PA 15071		CURRENT LICENSE NUMBER 438760	
INSPECTION DATES (Include all dates of the inspection) 02/16/2011		REGIONAL REPRESENTATIVE Michael Palermo, Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 3-21-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/22/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	The last fire drill and fire safety inspection observed by a fire safety expert was conducted on 1/27/10.	3-9-11 ongoing	A Fire inspection was completed by an Approved Fire Safety expert. The Program will schedule the Annual Inspection for every January.	4/22/11 BE

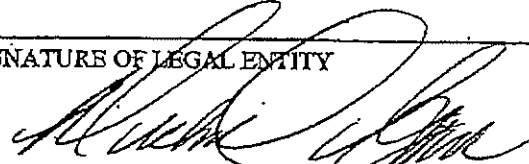
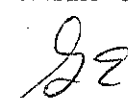
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

7 11
Page 8 of 12

NAME AND ADDRESS OF PERSONAL CARE HOME KEYSTONE COMMUNITY MH, 1009 OLD NOBLESTOWN ROAD OAKDALE, PA 15071		CURRENT LICENSE NUMBER 438760	
INSPECTION DATES (Include all dates of the inspection) 02/16/2011		REGIONAL REPRESENTATIVE Michael Palermo, Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 3-21-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/22/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	The medical evaluations for residents #1 and #2, dated 10/4/10 and 12/10/10 respectively, do not include body positioning.	3-10-11 Ongoing	The medical evaluations for residents #1 and #2 dated 10/4/2010 and 12/10/2010 respectively were corrected to include body positioning. LPN will review all medical evaluations to ensure that body positioning is completed, along with all other required actions. -82	4/22/11 82

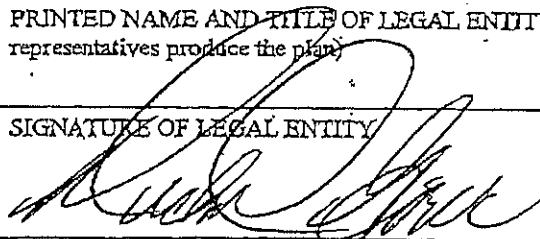
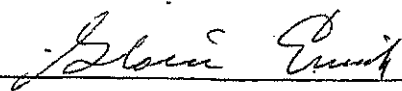
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME KEYSTONE COMMUNITY MH, 1009 OLD NOBLESTOWN ROAD OAKDALE, PA 15071		CURRENT LICENSE NUMBER 438760	
INSPECTION DATES (Include all dates of the inspection) 02/16/2011		REGIONAL REPRESENTATIVE Michael Palermo, Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 3-7-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/22/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.				

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

Page 10 of 22⁹

NAME AND ADDRESS OF PERSONAL CARE HOME KEYSTONE COMMUNITY MH, 1009 OLD NOBLESTOWN ROAD OAKDALE, PA 15071		CURRENT LICENSE NUMBER 438760	
INSPECTION DATES (Include all dates of the inspection) 02/16/2011		REGIONAL REPRESENTATIVE Michael Palermo, Drug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 3-21-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/22/11

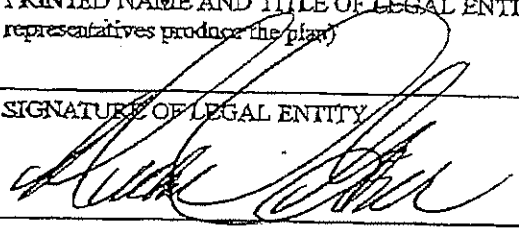

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
202 The following procedures are prohibited: (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited. (3) Pressure point techniques, defined as the application of pain for the purpose of achieving	The PRN medication Haldol 5 mg prescribed for agitation was administered to resident #1 on 1/24/11, 1/11/11, 1/17/11, 1/18/11, 1/19/11, 1/20/11, 1/21/11, 1/22/11, 1/24/11, 1/25/11, 1/25/11, 1/30/11 and 1/31/11.	3/25/11 ongoing	The PRN medication Haldol 5mg prescribed for agitation will be corrected by 3/25/2011. The reasoning of agitation will be removed and the reasoning will be clearly defined. LPN will review the MAR monthly to ensure agitation is not the reason for a medication.	4/22/11 BE

Mar 18, 2011 8:21AM

No. 3295 P. 16/19

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

Page ¹⁰ 11 of 12

NAME AND ADDRESS OF PERSONAL CARE HOME KEYSTONE COMMUNITY MH, 1009 OLD NOBLESTOWN ROAD OAKDALE, PA 15071		CURRENT LICENSE NUMBER 438760	
INSPECTION DATES (Include all dates of the inspection) 02/16/2011		REGIONAL REPRESENTATIVE Michael Palermo, Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 3-21-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/22/11

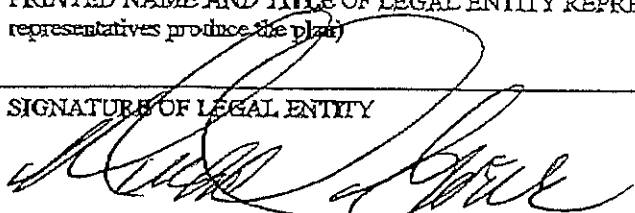
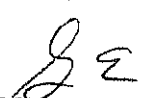
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
compliance, is prohibited. (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or				

Mar 18, 2011 8:28AM

No. 3295 P. 17/19

MULTI-C 1147 17 1100

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME KEYSTONE COMMUNITY MH, 1009 OLD NOBLESTOWN ROAD OAKDALE, PA 15071		CURRENT LICENSE NUMBER 438760	
INSPECTION DATES (Include all dates of the inspection) 02/16/2011		REGIONAL REPRESENTATIVE Michael Palermo, Doug Hoover	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 3-21-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/22/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.				

Mar. 18, 2011 8:28AM

No. 3295 P. 18/19

MILLER 1107 17.1mm