



Mailing Date: OCT 18 2012

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

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

Dear Ms. Nagy:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 7, 2012, 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 Human Services Licensing so that compliance can be verified.



Sincerely,

A handwritten signature in black ink that reads "Jill Pezzino". The signature is written in a cursive, flowing style.

Jill Pezzino  
Regional Licensing Administrator

Enclosure(s)

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

PCH Name: KEYSTONE COMMUNITY MH		License Number: 438780
Address: 1009 OLD NOBLESTOWN ROAD, OAKDALE, PA 15071		County: Allegheny
Administrator: Ted Klotzbaugh		Region: WEST
Legal Entity Name: KEYSTONE HUMAN SERVICES		<b>RECEIVED</b> 9. 2012 Western Field Office Administrative Services
Legal Entity Address: 3609 DERRY STREET, HARRISBURG, PA 17101		
Certificate(s) of Occupancy Other 05/28/1981 L&I		
<b>Staffing Hours</b> Resident Support: 0		Total Daily Staff: 8 Waking Staff: 8
Type of Inspection: Partial		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 08/07/2012: Williams, Jason; Gearhard, Nancy		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 8 Number of Residents Served: 7 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 		Number of Residents who: 

Violation Report: 43876 - 08/07/2012 - Williams, Jason  
PCH Name: KEYSTONE COMMUNITY MH

SEP 9 2012

1. REGULATION 55 Pa. Code §2800

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On the evening of 8/29/12, Resident #1 left the home unattended to go stay at a housing complex in downtown Pittsburgh for 3 days. The home packed the resident 3 days worth of medication. The resident failed to return to the home as expected on 7/2/12. On 7/3/12, the home called the housing complex where the resident claimed to be staying at and was told they had no record of the resident staying there. The home did not report the resident missing to DPW until 7/5/12 which is 3 days after the resident was to have returned to the home. The resident was found by police in downtown Pittsburgh on the morning of 7/5/12 and was subsequently treated at Mercy hospital for dehydration and hyperglycemia.

3. 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.

1. Staff shall report all incidents orally to the designated providers / county / Department, immediately after stabilization of the incident and/or immediately once the resident has not returned by a designated time. Oral notification is not to exceed 24 hours from the time of the incident. This reflects current procedures.
2. A written report will be faxed/emailed to the designated providers / county / Department within 24 hours of the incident.
3. For residents that are missing, the above steps will be taken. In addition, the police will be contacted after 24 hours to file a Missing Persons Report.
4. Education will be provided to staff at the September staff meetings to follow the current policies.

Monitored by: Program Administrator / Program Director  
Implementation Date: August 2012 / September 2012 for staff education

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Date 9/4/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10-15-12 (Date)

Plan of correction implementation status as of 10-15-12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by [Signature] (Initials)

Violation Report: 43876 - 08/07/2012 - Williams, Jason

PCH Name: KEYSTONE COMMUNITY MH

SEP 9 2012

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On the evening of 6/28/12, Resident #1 left the home unattended to go stay at a housing complex in downtown Pittsburgh for 3 days. The resident's assessment, dated 6/7/12, states that the resident has auditory hallucinations and may have impaired judgment during these hallucinations and that the resident needs supervision and orientation to new surroundings and experiences in the community. The home packed the resident 3 days worth of medication including pre-drawn syringes of insulin; however, the resident has been assessed by the physician and the home as being unable to safely self-administer medications and did not take his/her medications as prescribed while away from the home.

The resident did not call or return to the home as expected on 7/2/12. On 7/3/12, the home called the housing complex where the resident claimed to be staying at and was told that they had no record of the resident staying there. The home did not report the resident missing to police until the evening of 7/4/12 which is 2 days after the supply of medication given to the resident would have been exhausted. The resident was found by police in downtown Pittsburgh on the morning of 7/5/12 and was subsequently treated at Mercy hospital for dehydration and an irregular EKG. Hospital records indicate that upon admission he/she had a rapid heartbeat, was dehydrated with lips extremely cracked, disheveled; smelling of stool and urine and having a blood glucose level of 341. When the resident was visited by a staff member from the home on 7/6/12, the resident stated that he/she had been sleeping in alleys because he/she didn't want to spend the money for a room.

3. 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.

1. Residents who have been assessed by the physician as being unable to safely self-administer medications, will not be given their medications directly when they leave the home.
2. Staff will make arrangements to give the medications to a responsible party, who will help the resident with medications while away from the home.
3. If no responsible party is available, and the resident leaves the home without medications, other resources/providers with whom we have releases will be contacted to help ensure medication management and any issues with new surroundings.
4. After 24 hours of being away from the home at an undetermined location, incident reports and a Missing Persons Report will be completed.
5. Staff will be provided with education at the September staff meeting.

Monitored by: RW / Program Administrator completed by: September 2012 See 3A

Repeat Violation: No

Date(s) of Previous Violation(s):

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

Date

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**Violation Report:** 43876 - 08/07/2012 - Williams, Jason

**PCH Name:** KEYSTONE COMMUNITY MH

**1. REGULATION 55 Pa.Code §2600**

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**2a. DESCRIPTION OF VIOLATION**

On the evening of 6/29/12, Resident #1 left the home unattended to go stay at a housing complex in downtown Pittsburgh for 3 days. The resident's assessment, dated 6/7/12, states that the resident has auditory hallucinations and may have impaired judgment during these hallucinations and that the resident needs supervision and orientation to new surroundings and experiences in the community. The home packed the resident 3 days worth of medication including pre-drawn syringes of insulin, however, the resident has been assessed by the physician and the home as being unable to safely self-administer medications and did not take his/her medications as prescribed while away from the home.

The resident did not call or return to the home as expected on 7/2/12. On 7/3/12, the home called the housing complex where the resident claimed to be staying at and was told that they had no record of the resident staying there. The home did not report the resident missing to police until the evening of 7/4/12 which is 2 days after the supply of medication given to the resident would have been exhausted. The resident was found by police in downtown Pittsburgh on the morning of 7/5/12 and was subsequently treated at Mercy hospital for dehydration and an irregular EKG. Hospital records indicate that upon admission he/she had a rapid heartbeat, was dehydrated with lips extremely cracked, disheveled, smelling of stool and urine and having a blood glucose level of 341. When the resident was visited by a staff member from the home on 7/6/12, the resident stated that he/she had been sleeping in alleys because he/she didnt want to spend the money for a room.

The home failed to properly supervise the resident or inform authorities of the resident's absence in a timely manner which led to the resident's hospitalization.

**3. 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.*

11/15/2012 - All staff members including the administrator will receive training in resident rights from an outside source. Documentation will be kept.

All resident assessments and support plans will be reviewed by the program director or designee to ensure any resident leaving the facility is capable of leaving the home unattended.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)


Date

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(Date)

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(Date)

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The above plan of correction was approved by   
(Initials)

Violation Report: 43876 - 08/07/2012 - Williams, Jason  
PCH Name: KEYSTONE COMMUNITY MH

SEP 9 2012

1. REGULATION 55 Pa.Code §2600  
2600.43(b) - A resident's rights may not be used as a reward or sanction.

2a. DESCRIPTION OF VIOLATION

Multiple staff interviews indicate that Resident #1 is restricted from attending outings in the community unless he/she showers on that particular day.

3. 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.

- 1. The residents are not restricted from attending outings in the community. They may attend any functions that we are scheduled to attend.
- 2. The residents are not permitted to ride in an agency vehicle if their personal hygiene is at a level that is bothersome to the other residents in the vehicle. We would assist residents impacted by this with finding other methods of transportation.
- 3. Staff will be reeducated on this procedure at the September 2012 staff meeting.

11-17-12 All staff persons including the administrator will receive training in resident rights from an outside source approved by the Department. Documentation will be kept.

11-17-12 All staff persons will be educated on the importance of resident outings and other rights may not be restricted or delayed as a punishment. Documentation will be kept. JJP 10-17-12

Monitored by: PA / Program Director

Implementation Date: August 2012

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Date: 9-4-12

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Plan of correction implementation status as of 10-15-12 (Date)

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

- Fully Implemented
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Violation Report: 43876 - 08/07/2012 - Williams, Jason  
PCH Name: KEYSTONE COMMUNITY.MH

SEP 9 2012

1. REGULATION 55 Pa.Code §2600

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION.

The most recent medical evaluation, dated 12/11/11, and the most recent assessment, dated 6/7/12, both indicate that Resident #1 is unable to safely self-administer medications. However, on 6/29/12, the home packed up Resident #1's medications for 3 days and gave them to the resident as he/she was going to stay away from the home. The resident subsequently did not take medications as prescribed for these 3 days.

3. 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.

1. Residents who have been assessed by the physician as being unable to safely self-administer medications, will not be given their medications directly, when they leave the home.
2. Staff will make arrangements to give the medications to a responsible party, who will supervise the resident with medications, while away from staff/residence.
3. If the resident feels he/she is able to self-administer a medication, the resident will be reassessed by a physician.
4. Staff will be reeducated on this procedure at the September 2012 staff meeting.

Monitored by: RW

Implementation Date: August 2012; Reeducation at September 2012 staff meeting

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date: 8-9-12
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(Date)

Plan of correction implementation status as of 10-15-12  
(Date)

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(Initials)

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Violation Report: 43876 - 08/07/2012 - Williams, Jason  
PCH Name: KEYSTONE COMMUNITY MH

SEP 9 2012

1. REGULATION 55 Pa.Code §2600

2600.183(a)(2) - Assistance with Insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

2a. DESCRIPTION OF VIOLATION

On 6/29/12, Staff person A drew 3 syringes of Resident #1's Levamir insulin for the resident to take on a 3 day outing. The resident is to receive 55 units of the insulin subcutaneously at bedtime each day, however, the 3 syringes of insulin were all drawn for the resident on 6/29/12.

3. 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.

1. No insulin and epinephrine injections and sterile liquids will be given directly to any resident (i.e. pre-drawn syringes) who is leaving the home, without a responsible adult who is willing to supervise the resident's medication administration while away from the residence.
2. Staff will make arrangements to give the medications to a responsible party, who will be responsible for supervising the resident's medication administration, while away from the residence.
3. Staff will be re-educated on this procedure at the September 2012 staff meeting.

Insulin will not be pre-drawn for any resident while on leave from the home. The insulin will be given to the responsible party, who will assist the resident in drawing and injecting the insulin. JSP 10-17-12

Monitored By: RV

Implementation Date: August 2012 / Re-education at September 2012 staff meeting

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
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Date 6-4-12

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(Date)

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(Initials)

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- Not Implemented

Violation Report: 43876 - 08/07/2012 - Williams, Jason  
PCH Name: KEYSTONE COMMUNITY MH

SEP 9 2012

- 1. REGULATION 55 Pa. Code §2600**  
**2600.187(a)** - A medication record shall be kept to include the following for each resident for whom medications are administered:
- (1) Resident's name.
  - (2) Drug allergies.
  - (3) Name of medication.
  - (4) Strength.
  - (5) Dosage form.
  - (6) Dose.
  - (7) Route of administration.
  - (8) Frequency of administration.
  - (9) Administration times.
  - (10) Duration of therapy, if applicable.
  - (11) Special precautions, if applicable.
  - (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
  - (13) Date and time of medication administration.
  - (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**  
 -Resident #1 is prescribed Aspirin 81 mg, take one tab by mouth daily. The medication administration record for this resident does not include the diagnosis or purpose for this medication.  
 -Staff person B administered medications to Resident #1 in June and July of 2012 and initialed the medication administration record. However, Staff person B did not record his/her written name or signature so that the initials on the medication administration record can be identified.

**3. 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.

1. The RW will add the diagnosis and purpose to the medication administration record for Aspirin for Resident #1.
2. Staff person B is no longer with the agency, so individual education can not be given. All staff will be reeducated on the medication administration record and recording signatures so staff can be identified, at the September staff meeting.
3. The RW and LPN will monitor the records to ensure future compliance.

Monitored by: RW, LPN  
 Completion Date: September 2012

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative      Date 9-4-12  
 (Required on EVERY Page)

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 (Date)

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 (Initials)

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Violation Report: 43876 - 08/07/2012 - Williams, Jason  
PCH Name: KEYSTONE COMMUNITY MH

9 2012

1. REGULATION 55 Pa. Code §2600  
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

On 8/29/12, the home packed medication for Resident #1 for a 3 day stay away from the home but did not pack the resident's Humalog Insulin to be given according to a sliding scale. This medication was unavailable to the resident while away from the home.

3. 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.

1. Residents who have been assessed by the physician as being unable to safely self-administer medications, will not be given their medications directly, when they leave the residence.
2. Staff will make arrangements to give the medications to a responsible party, who will help supervise the resident with medication administration, when he/she is away from the residence.
3. Staff will provide all prescribed medications to the responsible party so the resident has access to all medications while away from the home.
4. Staff will be reeducated on this process at the September 2012 Staff meeting.

Monitored by: RW  
completion date: September 2012

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Handwritten name and title of the legal entity representative

Date 8-17-12

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Violation Report: 43876 - 08/07/2012 - Williams, Jason  
PCH Name: KEYSTONE COMMUNITY MH

9 2012

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

-The most recent assessment for Resident #1, dated 8/7/12, does not address the resident's sensory needs, short and long term memory needs or ability to safely use or avoid poisonous materials.  
 -The resident has a history of leaving the home unattended and not returning when scheduled to receive required medication including insulin. This behavior is not addressed on the assessment.  
 -Staff interviews indicate that Resident #1 requires verbal prompting to complete showering and personal hygiene tasks. However, the assessment indicates under "Personal Hygiene" that the resident is independent in these areas.

3. 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.

1. The Mental Health Professional will update the resident's assessment to address sensory needs, short and long term memory needs, ability to safely use or avoid poisonous materials, the history of leaving the home unattended and not returning when scheduled, and need for verbal prompts with hygiene.
2. The Program Director will meet with the Mental Health Professional and RW to provide education regarding the completeness of the assessments.
3. 11-13-12 the program director or designee will review all current resident assessments to ensure they are accurate and completed in their entirety.  
10-15-12 JJP

Monitored by: Program Director / PA

completion date: August 2012, Education to be provided in September 2012.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

William J. Williams, Director

Date

8/4/12

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10-15-12  
(Date)

Plan of correction implementation status as of

10-15-12  
(Date)

The above plan of correction was approved by

JJP  
(Initials)

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Violation Report: 43876 - 08/07/2012 - Williams, Jason  
PCH Name: KEYSTONE COMMUNITY MH

9 2012

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

-Staff interviews indicate that Resident #1 requires verbal prompting to complete showering and personal hygiene tasks. However, the support plan for Resident #1, dated 8/7/12, indicates under "Personal Hygiene" that the resident is independent.  
-The same support plan lists Obesity and Metabolic Syndrome under the Medical Diagnoses-Physical section however the responsible party to meet these needs is not addressed.  
- The resident has a history of leaving the home unattended and then failing to return in time to receive medication including insulin. The home does not address how they plan to manage this behavioral need.

3. 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.

1. The Mental Health Professional will update the resident's assessment regarding information on hygiene, the responsible party to meet the resident's needs for obesity and Metabolic Syndrome, and on addressing the issue of the resident leaving the home unattended and not having access to medications.

2. The Program Director will meet with the Mental Health Professional and RN to provide education regarding the completeness of the assessments. Support plans. (JPD) 10-15-12

11-17-12  
3. The program director or designee will review all current residents support plans to ensure they are accurate and completed in their entirety. JPD 10-17-12

Monitored by: Program Director / AA

Completion date: September 2012

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

William [unclear]

Date

6-1-12

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(Date)

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