

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 29, 2013 until April 29, 2014
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 438760

Robert E. Robinson

ISSUING OFFICER

[Signature]

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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

APR 04 2013

Mr. Jeffrey Brown, Regional Director
Keystone Human Services
3609 Derry Street
Harrisburg, Pennsylvania 17101

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

Dear Mr. Brown:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 31, 2013 and February 5, 2013, 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.

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 read "Ronald Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: KEYSTONE COMMUNITY MH	FEB 25 2013	License Number: 438780
Address: 1009 OLD NOBLESTOWN ROAD, OAKDALE, PA 16071		County: Allegheny
Administrator: Louise Linberg	Western Field Office Adult Residential Licensing	Region: WEST

Legal Entity Name: KEYSTONE HUMAN SERVICES
 Legal Entity Address: 3609 DERRY STREET, HARRISBURG, PA 17101

Certificate(s) of Occupancy
 Other
 05/28/1981
 Labor and Industry

Staffing Hours
 Resident Support: 0
 Total Daily Staff: 8
 Working Staff: 6

Type of Inspection: Full
 BHA Docket Number:
 Notice: Unannounced

Reason(s) for Inspection(s)
 Renewal

On-Site Inspections Dates and Department Representatives On-Site
 01/31/2013: Goedert, Caroline
 02/05/2013: Goedert, Caroline

Off-Site Inspection Dates and Inspectors, If Applicable

Other Details
 Partial or Full Triggers:
 Random Indicators:
 Resident Demographic Data as of Inspection Dates

licensed Capacity: 8
 Number of Residents Served: 0
 Secured Dementia Care Unit in Home: No
 Area:
 Secured Dementia Unit Capacity, if Applicable:

Number of Residents who:



Violation Report: 43876-01/31/2013- Goedert, Caroline
PCHName: KEYSTONE COMMUNITY MH

Western Field Office

1. REGULATION 65 Pa.Code §2600
2600.25(a)(1)- Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION
Resident #1, admitted 6/22/12, did not have a resident-home contract completed until 6/07/12.

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. The resident does have a current home contract / lease agreement, dated 6/7/2012. They are updated annually.
2. The Program Administrator and Nursing Staff will follow the admission checklist to ensure future compliance with having the home contracts signed and dated on date of admission.
3. Program Director will review the admission checklist for all future admissions to ensure compliance and completeness of documentation.

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)

RENEE L. COOPER, ED

Date 2-22-13

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

The above plan of correction is approved as of 3-11-13 (Date)

Plan of correction implementation status as of 3-11-13 (Date)

The above plan of correction was approved by

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

RECEIVED

Violation Report: 43878- 01/31/2013- Goedert, Caroline
PCH Name: KEYSTONE COMMUNITY MH

FEB 25 2013

1. REGULATION 55 Pa.Code §2600
2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
The contract for resident #1 was not signed by the administrator or administrator designee.

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 Program Administrator signed the home contract for this resident on 1/31/2013.
2. The Program Administrator or designee will sign all lease agreements at the same time as the resident during the intake process.
3. Program Director will review all intake paperwork for all future admissions to ensure compliance and completeness of documentation.

4-15-13 the administrator or designated staff person will review all resident contracts for completion including all required signatures. 3-11-13 JGP

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *[Signature]* Date *2-22-13*

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

The above plan of correction is approved as of *3-11-13* (Date)

Plan of correction implementation status as of *3-11-13* (Date)

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

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

Violation Report: 43876- 01/31/2013- Goedert, Caroline
PCH Name: KEYSTONE COMMUNITY MH

Western Field Office

1. REGULATION 55 Pa. Code §2600
2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

The exterior light outside the rear exit doorway that leads onto the ramped deck was not operable.

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 light bulbs were replaced for this exterior light on 1/31/2013. It is now operable.
2. Program Administrator will develop a weekly maintenance checklist to include checking all interior and exterior lighting for operable bulbs.
3. The weekly maintenance checklist will be developed and implemented by 3/1/2013. It will be completed by maintenance staff and reviewed by the Program Administrator.

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 2-22-13

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

The above plan of correction is approved as of 3-11-13
(Date)

Plan of correction implementation status as of 3-11-13
(Date)

The above plan of correction was approved by

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

Violation Report: 45878- 01/31/2013- Goedert, Caroline
PCH Name: KEYSTONE COMMUNITY MH

Western Field Office
Adult Residential Licensing

1. REGULATION 85 Pa.Code §2800
2600.89(b)- Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

At 9:30AM, the water temperature at the sink in the bathroom across from resident #2's room measured 126.6 degrees Fahrenheit and the water temperature at the sink in the bathroom next to the living room measured 123 degrees Fahrenheit.

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. Program Administrator will purchase a new thermometer to test water temperature by 3/1/2013.
2. Program Administrator will change the time of the weekly temperature checks from between 11:00AM - 1:00PM to between 7:00AM - 9:30AM by 3/1/2013.
3. Maintenance staff / direct care staff will continue with weekly water temperature checks. Our weekly temperature checks documented the water temperature as not exceeding 120 degrees Fahrenheit. If the water temperature is documented as being over 120 degrees Fahrenheit after these new measures are implemented, a contractor will be called to examine the hot water tanks and make the necessary corrections to lower the water temperature.
4. Program Administrator will review the weekly water temperature checks to ensure compliance.

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 2-22-13

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

The above plan of correction is approved as of 3-11-13
(Date)

Plan of correction implementation status as of 3-11-13
(Date)

The above plan of correction was approved by

(Initials)

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

Violation Report: 43876-01/31/2013- Goedert, Caroline
PCH Name: KEYSTONE COMMUNITY MH

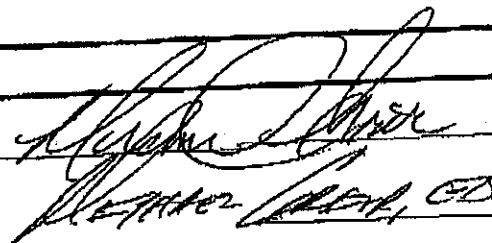
Western Field Office
Adult Residential Licensing

1. REGULATION 65 Pa. Code §2600
2600.91 -Telephone numbers for the nearest hospital, police department, fire department, ambulances, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
The emergency phone lists posted next to the phones throughout the home did not include the phone numbers for the nearest hospital and fire department.

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 phone lists were updated with the information for the nearest hospital and fire department. These lists were posted on 1/31/2013 and 2/5/2013. The nearest fire department is a local volunteer fire department, and their phone number is not answered 24 hours per day. They recommend that 911 is called in case of a fire; this was posted on the list.
2. The Program Administrator or designees will check the phone lists on a monthly basis to ensure they are complete with accurate information.



Program Administrator

Repeat Violation: Yes	1	Date(s) of Previous Violation(s)	05/09/2012
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			
			Date

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

The above plan of correction is approved as of _____

Plan of correction implementation status as of _____

PAGE 6A of 15

Page 7 of 15

3-11-13
(Date)

3-11-13
(Date)

The above plan of correction was approved by

[Handwritten initials]
(Initials)

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

RECEIVED

MAR 25 2013

Western Field Office
Adult Residential Licensing

FEB 25 2013

Violation Report: 43876-01/31/2013- Goedert, Caroline
PCH Name: KEYSTONE COMMUNITY MH

Western Field Office
Adult Program

1. REGULATION 56 Pa.Code §2600
2600.101(d)(7) -Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
Resident #3's bed does not have a source of light that can be turned on/off from bedside.

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. This consumer has an operable light, but chooses to not keep it by bedside.
- 2. Staff will ensure the light remains operable during weekly maintenance checks.
- 3. Program Administrator will monitor the completion of the weekly maintenance checks for the lights.

4-15-13 All staff persons will be educated regarding the importance of bedside lighting for resident safety and the monitoring of bedside lights. Documentation shall be kept.

4-15-13 A designated staff person will be instructed to check the home daily to ensure each resident has an operable bedside light and to report or replace missing bedside lights.

4-15-13 Resident # 3 along with all other residents will be educated on the importance of bedside lighting. Documentation shall be kept. 3-11-13 JYP

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/09/2012

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 2-22-13

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

The above plan of correction is approved as of 3-11-13
(Date)

Plan of correction implementation status as of 3-11-13
(Date)

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

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

Violation Report: 43876-01/31/2013- Goedert, Caroline
PCH Name: KEYSTONE COMMUNITY MH

Western Field Office
Adult Residential

1. REGULATION 55 Pa.Code §2600
2600.124- The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION
The home has not notified the local fire department in writing of the address of the home, the location of resident bedrooms or the assistance needed in an evacuation.

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. Program Administrator contacted the local fire department on 2/15/2013 and the spokesman for the fire department stated they do have a copy of the letter that was sent to them when the facility opened. The letter includes the address of the home, location of bedrooms, and assistance needed to evacuate in an emergency.
2. Program Administrator will obtain a copy of this letter and place it in the fire safety log by 3/1/2013.
3. Program Administrator will maintain a copy of the letter in the fire safety log.

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)

Deborah J. [unclear], CEO

Date 2-22-13

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

The above plan of correction is approved as of 3-11-13
(Date)

Plan of correction implementation status as of 3-11-13
(Date)

The above plan of correction was approved by

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

RECEIVED

Violation Report: 43878- 01/31/2013- Goederl, Caroline
FCH Name: KEYSTONE COMMUNITY MH

5

1. REGULATION 55 Pa. Code §2600
2600.132(a)- An unannounced fire drill shall be held at least once a month.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
A fire drill was not conducted during December, 2012.

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. Program Administrator will create a calendar to plan fire drills for the rest of 2013, so that exit locations and times can be appropriately varied. This will be completed before 3/1/2013. Only administrative staff will have access to the calendar. The fire drills for January and February 2013 have been completed.
2. Program Administrator / Personal Care Specialist / Maintenance staff will review the fire log on a monthly basis to ensure compliance.

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 2-22-13

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

The above plan of correction is approved as of

3-11-13
(Date)

Plan of correction implementation status as of

3-11-13
(Date)

The above plan of correction was approved by

(Initials)

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

Violation Report: 43878-01/31/2013- Goeder, Caroline
PCH Name: KEYSTONE COMMUNITY MH

Western Field Office

1. REGULATION 56 Pa.Code §2600
2600.132(b)- 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.

2a. DESCRIPTION OF VIOLATION
The home has not had a fire drill and fire safety inspection conducted by a fire safety expert within the past year.

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 agency did have annual supervised fire drills and annual fire safety inspections, but we were unaware that the staff of the agency we contacted with did not meet DPW guidelines.
2. The Collier Township Fire Department completed a fire safety inspection for the home on 2/11/2013. On 2/15/2013, Program Administrator spoke with a fire fighter from the local Volunteer Fire Department, and they agreed to complete a supervised fire drill for the home. The supervised fire drill will be completed by 3/15/2013, due to schedule limitations from the local Volunteer Fire Department (only able to complete on Mondays).
3. In the future, Program Administrator / Personal Care Specialist / and-or Maintenance staff will contact the local Volunteer Fire Department at the same time annually that we are contacted by the agency who completes the fire equipment safety inspections. This will ensure the fire equipment inspections, supervised fire drill, and house fire safety inspections are completed annually.
4. Program Director will monitor for compliance.

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 2-22-13

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

The above plan of correction is approved as of 3-11-13
(Date)

Plan of correction implementation status as of 3-11-13
(Date)

The above plan of correction was approved by

(Initials)

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

RECEIVED

Violation Report: 43876-01/31/2013- Goedert, Caroline
PCH Name: KEYSTONE COMMUNITY MH

5

1. REGULATION 55 Pa.Code §2600

2600.132(e)- 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.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the drill conducted on 11/19/12 does not include the time of the drill.

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. Program Administrator will create a calendar to plan fire drills for the rest of 2013, so that exit locations and times can be appropriately varied. This will be completed before 3/1/2013. Only administrative staff will have access to the calendar. The fire drills for January and February 2013 have been completed and the times of the drill are documented.
2. Program Administrator / Personal Care Specialist / Maintenance staff will review the fire log on a monthly basis to ensure compliance and that all information is completely documented, including times of the drills.
3. Program Director will review the fire drill log on a monthly basis to ensure it is accurate and current.

4-15-13 all staff persons completing the fire drill log will be educated regarding the required information for the fire drill record. 3-11-13

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

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

The above plan of correction is approved as of 3-11-13 (Date)

Plan of correction implementation status as of 3-11-13 (Date)

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

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

RECEIVED Page 12 of 15

Violation Report: 43876-01/31/2013- Goedert, Caroline
FCH Name: KEYSTONE COMMUNITY MH

5

1. REGULATION 86 Pa.Code §2600
2600.132(e) -A fire drill shall be held during sleeping hours once every 6 months.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
The last drill conducted during sleeping hours was on 5/29/12.

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. Program Administrator will create a calendar to plan fire drills for the rest of 2013, so that exit locations and times can be appropriately varied. This will be completed before 3/1/2013. Only administrative staff will have access to the calendar. The fire drills for January and February 2013 have been completed.
2. An overnight hours fire drill will be completed by 3/1/2013. Program Administrator will schedule an overnight hours fire drill at least every 6 months to maintain compliance.
3. Program Administrator / Personal Care Specialist / Maintenance staff will review the fire log on a monthly basis to ensure compliance.
4. Program Director will review fire drill logs on a monthly basis to ensure completeness of documentation.

4-15-13 The administrator will conduct a sleeping hours fire drill for the months of April and May 2013 and every 6 months afterwards. Documentation will be kept. 3-11-13 JAP

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 2-22-13

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

The above plan of correction is approved as of

3-11-13
(Date)

Plan of correction implementation status as of

3-11-13
(Date)

The above plan of correction was approved by

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

Violation Report: 43876- 01/31/2013- Goedert, Caroline
PCH Name: KEYSTONE COMMUNITY MH

5

Western Field Office
Admission Services

1. REGULATION 85 Pa.Code §2600
2600.141(a)(1) -A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
Resident #1 was admitted on 5/22/12, and has not had a medical evaluation documented on the form specified by the Department.

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. Nursing staff was able to contact the referring provider and obtain a copy of a medical evaluation for the resident dated for 5/17/2012.
2. Nursing staff went ahead and completed an updated medical evaluation form for the resident; the form is dated 2/5/2013.
3. Program Administrator and Nursing staff will follow the admission checklist to ensure all required documentation is completed prior to admission.
4. Program Director will review the admission checklists to ensure all paperwork is in place and plans are made for the completion of any evaluations needed within 30 days of admission.

4-15-13 The administrator or designated staff person will review all resident records to ensure a current medical evaluation has been completed on the form specified by the Department for each resident. 3-11-13 JAP

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)

Deborah (Gardner)

Date

2-22-13

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

The above plan of correction is approved as of

3-11-13
(Date)

Plan of correction implementation status as of

3-11-13
(Date)

The above plan of correction was approved by

JAP
(Initials)

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

5

Violation Report 43876-01/31/2013- Goedert, Caroline
PCH Name: KEYSTONE COMMUNITY MH

Western Field Office
Adult Inpatient Program

1. REGULATION 66 Pa.Code §2600
2600.224(a)- A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
The preadmission screening form for resident #4, admitted 1/23/13, was not dated when it was completed and does not include the determination that the home can meet the resident's service needs.

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. All preadmission screenings will be completed within the required timeframes by the Mental Health Professional and LPN.
2. The Mental Health Professional and LPN will complete a new preadmission screening form for this resident and place it in the chart by 2/22/2013.
3. Program Administrator will review the admission checklist to ensure all documentation is complete in the charts for new residents.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative *[Signature]* Date *2-22-13*
(Required on EVERY Page)

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

The above plan of correction is approved as of 3-11-13
(Date)

Plan of correction implementation status as of 3-11-13
(Date)

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

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

Violation Report: 49876- 01/31/2013- Goedert, Caroline
PCH Name: KEYSTONE COMMUNITY MH

1. REGULATION 56 Pa.Code §2600
2800.227(g)- Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
Resident #2 participated in the development of their support plan on 03/6/12. The resident did not sign the support plan.

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 reviewed the support plan with the resident and the resident signed the support plan on 2/4/2013.
2. The Mental Health Professional has a spreadsheet with the annual due dates for all support plans and updates them accordingly. She will offer the residents the opportunity to sign their support plans when she reviews them with the residents. If signature is declined, it will be documented accordingly.
3. Program Administrator and Nursing staff will check for completion of support plans during their regular chart audits.

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 2-22-13

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

The above plan of correction is approved as of 3-11-13
(Date)

Plan of correction implementation status as of 3-11-13
(Date)

The above plan of correction was approved by

(initials)

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