pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: AUG 13 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 July 12, 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.

Sincerely,

Maria Stepanovich

Maria Stepanovich
Regional Licensing Administrator

Enclosure(s)

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

PCH Name: KEYSTONE COMMUNITY MH	License Number: 43876
Address: 1009 OLD NOBLESTOWN ROAD, OAKDALE, PA 15071	County: Allegheny
Administrator: Louise Linberg	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 | Waking Staff: 6

Type of Inspection: Partial | BHA Docket Number: | Notice: Unannounced

Reason(s) for Inspection(s)
Incident

On-Site Inspections Dates and Department Representatives On-Site
07/12/2013: Garrigan, Laurie; Cutter, Jan

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: 8

Secured Dementia Care Unit in Home: No

Area:

Secured Dementia Unit Capacity, if Applicable:

Number of Residents Served in Secured Dementia Care Unit, if applicable:

Number of Current Hospice Residents: 0

Number of Hospice Residents in past year: 0

Number of Residents who:

Receive Supplemental Security Income: 8

Are 60 Years of Age or Older: 2

Have Mental Illness: 8

Have an Intellectual Disability: 0

Have a Mobility Need: 0

Have a Physical Disability: 0

Violation Report: 43576 - 07/12/2013 - Garrigan, Laurie
PCH Name: KEYSTONE COMMUNITY MH

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

The July 2013 medication administration record for resident #1 does not include the diagnosis or purpose for the following medications:

* Benztropine, 1 mg - take one tablet twice daily
* Haloperidol, 10 mg - take 1 tablet 3 times daily for 3 weeks to end 7/8/13
* Haloperidol, 10 mg - take 2 tablets 3 times daily to start 7/9/13

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.

Please See attachment
See hand attached plan of correction
By 8/9/13 - All staff administering medication will be educated on the required information for the medication administration record. Documentation of training will be kept.
Immediately - If staff add a medication to the MAR, after the printed copy is received from the pharmacy the staff person will include all the information required in 2600.187(a) to include a diagnosis. MS 8/9/13

See attachment A page 2A of 5

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/07/2012		

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

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

Date 8-8-13

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

The above plan of correction is approved as of 8/9/13 (Date)

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

Plan of correction implementation status as of 8/9/13 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress MS
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Attachment A

Plan of Correction for Violation Report 43876 for Keystone Community Mental Health

2600.187 (a)

1. A copy of the MAR is attached. Noted at the bottom of the MAR, the diagnoses for the medications are listed there. This is pre-printed information by the pharmacy.

2. The nursing staff added the missing diagnoses to the cited medications on 7/15/2013.

3. To prevent future occurrences, nursing staff (RN and LPN) and the pharmacy have agreed on the following process. The pharmacy will send a copy of the current month's MARs to nursing staff to review for corrections. This copy is sent between the 25th and 27th of each month. Nursing staff will then review the copies, make all necessary corrections, and the pharmacy will pick-up the copies the next day. After the pharmacy picks-up the corrected copies of the MARs, they will make all necessary corrections and generate the next month's MARs. These will be delivered to Keystone nursing staff between the 27th and 29th of each month. Nursing staff will then review the new MARs to ensure the requested corrections have been made. If the diagnosis or purpose is missing, nursing staff will handwrite that information on the MAR. The MARs will then be placed in the medication room for use by the 1st of each month. For example, nursing staff audited the corrected, new MARs for August 2013 on 7/30/2013.

4. If a diagnosis is missing, nursing staff will also contact the pharmacy about the mistake to enhance the likelihood if it being corrected by the pharmacy for the subsequent month.

5. Program Director will audit nursing staff by the 5th of each month to ensure the MAR audits were completed.

MARIA STEPANOVICH (ms) 8/2/13
Regional Licensing Approval of Plan of Correction
Maria Stepanovich

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

Resident #1 was admitted to the home on 11/12/09 from a greater than 4 year stay at a Long Term Structured Residence (LTSR), which is a locked facility. Prior to the LTSR, resident #1 resided in a state psychiatric institution.

Between 6:00 pm and 9:00 pm on 7/6/13, resident #1 left the home. It is the home's policy that residents are to inform staff if they are leaving the home; however, resident #1 did not do this. The police were notified on this date but would not take the report until the resident was missing for 24 hours. Therefore, the police were notified again on 7/7/13 at approximately 6:30 pm. Resident #1's whereabouts were unknown until 7/9/13. At this time, resident #1's brother notified the home that the resident was at his residence. The resident's mental health care team was notified and returned resident #1 to the home on 7/9/13 at 10:00 am.

Resident #1 was presribed Haloperidol, 10 mg - take 1 tab 3 times daily for 3 weeks (to end 7/8/13); however, refused the medication as follows:

* 7/4/13 - 4:00 pm and 8:00 pm doses
* 7/5/13 - 8:00 am, 4:00 pm and 8 pm dose

Resident #1 was prescribed Haloperidol, 10 mg - take 2 tablets 3 times daily to start 7/8/13. However, resident #1 refused the Haloperidol as follows:

* 7/10/13 - 8:00 am, 4:00 pm and 8:00 pm doses
* 7/11/13 - 8:00 am, 4:00 pm and 8:00 pm doses
* 7/12/13 - 8:00 am dose.

Resident #1 has refused the 8:00 am dose of Voltaren on the following dates:

* 3/15/13 - 3/18/13
* 3/19/13
* 3/21/13
* 3/25/13
* 3/26/13

However, resident #1's assessment, dated 9/18/12, indicates the resident is compliant with medications.

A psychiatric evaluation, dated 11/13/09, indicated resident #1 eloped from the LTSR twice and used cocaine while visiting family members. It also indicated " In the past, the patient served 11 months in jail for the statutory rape of her 13-year-old stepson." In 1999, the resident "attempted to kill her mother." Records indicate "suicidality in 1996. She was initially aggressive and irritable, although this subsided with time. Has been chronically noncompliant with treatment."

A psychiatric evaluation, dated 2/5/09, for resident #1 indicated he/she "threatened suicide by cutting her wrist and two days later made an attempt to hang herself. Presented with medication noncompliance." However, resident #1's assessment, dated 9/18/12, indicates the resident has no problems with irritebility and aggression. It does not address elopements or suicidality. The assessment indicates moderate supervision needs and the resident needs attendance when outside 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. Please See attachment. See home's attached plan of correction See attachment B Page 4 of 5

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!

Violation Report: 43876 - 07/12/2013 - Garrigan, Laurie
PCH Name: KEYSTONE COMMUNITY MH

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.

The above plan of correction is approved as of 8/5/13 (Date)

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

Plan of correction implementation status as of 7/9/13 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress MS
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Attachment B

Page 44 of 45

Plan of Correction for Violation 2a on Violation Report 43876 for Keystone Community Mental Health

2600.225(c)

1. The Mental Health Professional will review Resident #1's psychiatric history and incorporate the information regarding the resident's history of issues with irritability, aggression, and history of suicide attempts, related to medication noncompliance, by 8/9/2013.

2. The Mental Health Professional will add the following "plan to meet service needs" for situations where Resident #1 has been noncompliant with medications: If the resident is noncompliant with any prescribed medication for seven calendar days, an Early Warning Report will be sent to Allegheny County. This will also trigger the resident being placed on an observation schedule. The observation schedule will be determined by nursing, clinical, and other associated treatment staff. Once on an observation schedule, the resident will be assessed weekly to determine if the observation schedule remains medically and clinically necessary. This will be added to Resident #1's RASP by 8/9/2013.

3. All medication refusals are reported to the prescribing physicians and noted in the nursing notes in the resident's record within 24 hours of the refusal.

4. The Mental Health Professional will review the other resident charts for historical information on irritability, aggression, history of suicide, and medication noncompliance and review and update their support plans accordingly. These reviews and updates will be completed by 8/21/2013.

5. To prevent future occurrences, when developing a support plan for a new admission, the Mental Health Professional will review all of the new resident's psychiatric history and incorporate information on past irritability, aggression, suicide, and medication noncompliance into the initial and subsequent support plans. The initial support plan will be completed within 15 days of admission.

6. Program Director will audit the support plans for the updates on the completion dates noted above. Program Director will audit support plans for new admissions within 72 hours of the support plan's completion.

7. The Mental Health Professional will also coordinate with Keystone's Clinical Director for monitoring purposes and to ensure the plan of correction is enacted.

8/2/13

MARIA STEFANOVICH (MS) 8/9/13
Regional Licensing Approval of Plan of Correction
Maria Stefanovich

Violation Report: 43876 - 07/12/2013 - Garrigan, Laurie
PCH Name: KEYSTONE COMMUNITY MH

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

Resident #1 was admitted to the home on 11/12/09 from a greater than 4 year stay at a Long Term Structured Residence (LTSR), which is a locked facility. Prior to the LTSR, resident #1 resided in a state psychiatric institution. .

Between 6:00 pm and 9:00 pm on 7/6/13, resident #1 left the home. It is the home's policy that residents are to inform staff if they are leaving the home; however, resident #1 did not do this. The police were notified on this date but would not take the report until the resident was missing for 24 hours. Therefore, the police were notified again on 7/7/13 at approximately 6:30 pm. Resident #1's whereabouts were unknown until 7/8/13. At this time, resident #1's brother notified the home that the resident was at his residence. The resident's mental health care team was notified and returned resident #1 to the home on 7/9/13 at 10:00 am.

A psychiatric evaluation, dated 11/13/09, indicated resident #1 eloped from the LTSR twice and used cocaine while visiting family members. It also indicated " in the past, the patient served 11 months in jail for the statutory rape of her 13-year-old stepson." In 1999, the resident "attempted to kill her mother." Records indicate "suicidality in 1995. She was initially aggressive and irritable, although this subsided with time. Has been chronically noncompliant with treatment." Resident #1's assessment, dated 9/18/12, indicates the resident requires moderate supervision and the resident needs attendance when outside the home . However, the support plan, dated 9/18/12 does not include specific supervision needs or frequency, due to dangerous behaviors, and only addresses the resident needing supervision and prompting in new and unfamiliar surroundings.

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. Please see attachment.

See home's attached plan of correction

See attachment C page 5A of 5

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/07/2012		

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 8-8-13

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

The above plan of correction is approved as of 8/9/13 (Date)

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

Plan of correction implementation status as of 8/9/13 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress MS
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Attachment C

Plan of Correction for Violation 2a on Violation Report 43876 for Keystone Community Mental Health

2600.227 (d)

1. The Mental Health Professional will review Resident #1's psychiatric history and incorporate the information regarding the resident's history of issues with irritability, aggression, and history of suicide attempts, in relation to supervision needs, by 8/9/2013.

2. The Mental Health Professional will add the following "plan to meet service needs" for situations where Resident #1's behaviors are becoming dangerous to self and/or others and supervision needs require adjustment: If it is assessed by nursing and clinical staff that the resident is becoming a danger to self or others, an Early Warning Report will be sent to Allegheny County. This will also trigger the resident being placed on an observation schedule. The observation schedule will be determined by nursing, clinical, and other associated treatment staff. Once on an observation schedule, the resident will be assessed weekly to determine if the observation schedule remains medically and clinically necessary. This will be added to Resident #1's RASP by 8/9/2013.

3. The Mental Health Professional will review the other resident charts for historical information on irritability, aggression, history of suicide, and medication noncompliance and review and update their support plans accordingly. These reviews and updates will be completed by 8/21/2013.

4. To prevent future occurrences, when developing a support plan for a new admission, the Mental Health Professional will review all of the new resident's psychiatric history and incorporate information on past irritability, aggression, suicide, and medication noncompliance into the initial and subsequent support plans. The initial support plan will be completed within 15 days of admission.

5. Program Director will audit the support plans for the updates on the completion dates noted above. Program Director will audit support plans for new admissions within 72 hours of the support plan's completion.

6. The Mental Health Professional will also coordinate with Keystone's Clinical Director for monitoring purposes and to ensure the plan of correction is enacted.

8/8/13

MARIA STEFANOVICH (MS) 8/9/13
Regional Licensing Approval of Plan of Correction
Maria Stefanovich