



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 9, 2014

Larry S. Berger, PHD, Program Director
Keystone Human Services
8182 Hummelstown Drive
Hummelstown, Pennsylvania 17036

RE: Keystone Community MH
1009 Old Noblestown Road
Oakdale, Pennsylvania 15071
License #438760

Dear Mr. Berger:

As a result of the Department of Public Welfare's licensing inspection on January 13, 2014 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Jon Kimberland" with a stylized flourish at the end.

Jon Kimberland
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: KEYSTONE COMMUNITY MH		License Number: 43878
Address: 1009 OLD NOBLESTOWN ROAD, OAKDALE, PA 15071		County: Clearfield
Administrator: Ted Klotzb		Region: WEST
Legal Entity Name: KEYSTONE HUMAN SERVICES		
Legal Entity Address: 3609 DERRY STREET, HARRISBURG, PA 17101		RECEIVED
Certificate(s) of Occupancy Other - SOBH 05/28/1981 L & I		SEP 03 2014
WEST REGION FIELD OFFICE Human Services Licensing		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 8	Working 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 01/13/2014: McConnell, Deb		
Off-Site Inspection Dates and Inspectors, if Applicable 01/13/2014: McConnell, Deb		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Date		
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 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: 7 Are 60 Years of Age or Older: 2 Have Mental Illness: 7 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0

Violation Report:

PCH Name: KEYSTONE COMMUNITY MH

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 1/8/14, at 9:41 a.m., staff person A was accused of physically restraining, intimidating and harassing resident #1 during a confrontation over attending a scheduled appointment out of the home. The home did not report the allegation to the local area agency on aging.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

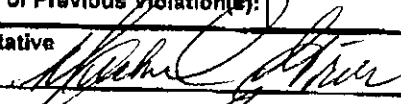
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. All new hires receive training on the Older Adult Protective Services Act within the first 40 hours of their employment with Keystone.
2. All other employees receive training on the Older Adult Protective Services Act as part of the annual training program. This training is scheduled to occur in October each calendar year.
3. On 1 July 2014, the program received an email from the Department of Public Welfare regarding the process of reporting allegations about abuse, neglect, or exploitation of adults with disabilities between the ages of 18 - 59 to the same number used to report allegations to Older Adult Protective Services. This information was given to all members of the management team and staff on 1 July 2014 via email. This information was also added to the On-Call binder in case of "off hour" and weekend reports, if necessary.
4. The number for Adult Protective Services is posted on the emergency phone number list posted near all telephones in the program and staff office.
5. The Program Director or a designee has been monitoring all incident reports since January 2014 (after the incident noted above) to assess if an abuse, neglect, or exploitation allegation should be reported. This process will remain in place to ensure all future allegations are reported to the appropriate entity.

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)

Michael [unclear] (unclear)

Date

9-3-14

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

The above plan of correction is approved as of

9-8-14
(Date)

Plan of correction implementation status as of

9-8-14
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

SEP 03 2014

Violation Report:

PCH Name: KEYSTONE COMMUNITY MH

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

The contract for resident #1, dated 1/23/13, was not signed by the resident until 1/30/13.

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.

1. The resident was given the contract to sign on 01/23/2013 during the intake process, but she refused to sign the contract until 01/30/2013 as she wanted to take time to read the document.
2. As noted above, the contract was signed and remains current and in effect.
3. To prevent future occurrences, a copy of the lease / rent contract will be given to potential residents before the actual intake date so that he/she has time to review the document prior to moving in and this will help ensure that the lease is signed within 24 hours of admission to the program. The Program Administrator and the Program Director will be responsible for ensuring this occurs during the potential resident interview and assessment process.

9-23-14 - The Administrator or designated staff person will review all current resident records to ensure all resident contracts are signed in accordance with regulation 2600.25(b). 9-8-14

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] ED

Date *9-3-14*

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(Date)

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

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(Date)

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RECEIVED

Violation Report:

PCH Name: KEYSTONE COMMUNITY MH

1. REGULATION 55 Pa.Code §2600

2600.42(c) - A resident shall be treated with dignity and respect.

SEP 03 2014

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 1/8/14, resident #1 was scheduled for an appointment with the Social Security Administration Office but wished not to go. Staff person A tried to verbally coerce the resident to go to the appointment, stating he/she needed to pay the money owed to the home.

Resident #1 became highly agitated and his/her screaming escalated. On multiple occasions, the resident demanded staff person A to leave their bedroom. However, the staff person remained at the bedroom doorway, continuing to indicate to the resident the need to go to the appointment.

As resident #1 left their bedroom to walk to the kitchen, staff person A followed the resident, continually directing the resident to get ready for the appointment. At 9:41 a.m., staff person A placed her hands on resident #1 to redirect the resident's movement within the home in attempt to get the resident to comply and leave for the appointment.

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. Keystone Human Services' first priority is always to protect the health, safety and welfare of the individuals we support. Appropriate action was taken per our practice and policy with regard to this event.
2. To prevent future occurrences of this type of behavior, all staff will be trained in Safe-Crisis Management, starting in September 2014. The Program Director and Mental Health Professional have received training to become certified instructors in Safe Crisis Management and will begin training new and current employees in Safe Crisis Management that emphasizes verbal de-escalation techniques prior to emergency safety physical interventions being utilized.

10-15-14 - All direct care staff and management staff, including the Administrator, will receive training in resident rights, abuse reporting and abuse prevention from a Department-Approved outside source. Documentation of training will be kept. 9-8-14

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)

Michael Cannon, ED

Date *9-3-14*

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SEP 03 2014

Violation Report:

PCH Name: KEYSTONE COMMUNITY MH

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.66(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Visiting staff person A, who provided direct care, administering AM medications on 1/7/14 and 1/8/14, did not receive training in general fire safety and emergency preparedness that is specific to 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. No other visiting staff have performed work duties in the program since this incident.
- 2. To prevent future occurrences, on the first shift that any visiting staff work in the program, the Program Administrator and the Personal Care Specialist will perform and document fire safety and emergency preparedness training, specific to the program, for the visiting employee. The Program Administrator and Personal Care Specialist were informed of this requirement on 08/28/2014. The trainings and documentation will follow the same format as what occurs with new employees and the Department required trainings.

9-25-14 - The Administrator or designated staff person will review all staff records to ensure all staff persons have completed the required training in accordance with regulation 2600.66a-9.814

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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