



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 25 2014

Dr. Larry S. Berger, PhD, Program Director
Keystone Human Services
8182 Adams Drive
Hummelstown, Pennsylvania 17036

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

Dear Dr. Berger:

As a result of the Department of Public Welfare's licensing inspection on January 31, 2014 and February 3, 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.

Your regular license for the period April 29, 2014 to April 29, 2015 was issued on January 31, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

**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: TED KLOTZBAUGH		Region: WEST
Legal Entity Name: KEYSTONE HUMAN SERVICES		RECEIVED
Legal Entity Address: 8182 ADAMS DRIVE, HUMMELSTOWN, PA 17036		MAY 09 2014
Certificate(s) of Occupancy Other 05/28/1981 L&I		WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 9	Waking Staff: 7
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/31/2014: Mandock, Nancy 02/03/2014: Mandock, Nancy		
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: 7 Are 60 Years of Age or Older: 2 Have Mental Illness: 8 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0

MAY 09 2014

Violation Report: 43876 - 01/31/2014 - Mandock, Nancy
PCH Name: KEYSTONE COMMUNITY MH

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, did not receive training in fire safety, emergency preparedness procedures, the Older Adult Protective Services Act (OAPSA), and falls and accident prevention during training year 1/1/13 to 12/31/13.

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. Staff person B completed fire safety training on 02/17/2014.
- 2. Staff person B completed falls and accident prevention training on 02/21/2014.
- 3. Staff person B was scheduled to complete emergency preparedness training in June 2014.
- 4. Staff person B resigned her employment from Keystone on 04/19/2014.
- 5. To ensure future compliance, Program Director has created a staff training grid which tracks trainings for each employee. There is an assigned training topic each month. Once staff completes the training, the certificate of completion is given to the Program Director to update the staff training grid. The certificate is then given to the appropriate Program Administrator who files the certificate in the employee's training record and makes note on the employee's development plan. Fire safety, emergency preparedness, OAPSA, and falls and accident prevention are included in the annual training plans as mandatory trainings.

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 legal entity representative

Date 5-9-14

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

The above plan of correction is approved as of

6/6/14
(Date)

Plan of correction implementation status as of

6/6/14
(Date)

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

The above plan of correction was approved by

Handwritten initials
(Initials)

RECEIVED

MAY 09 2014

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43876 - 01/31/2014 - Mandock, Nancy
PCH Name: KEYSTONE COMMUNITY MH

1. REGULATION 55 Pa.Code §2600
2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION

On 2/3/14, an unlocked and unattended 40 lb. sized container, accessible to residents, marked "laundry detergent" was on the kitchen floor; however, "calcium chloride" was handwritten on the container. According to staff person A, the material stored in this container was calcium chloride. The original product labeling, located on the bag of calcium chloride in the garage, indicates "if ingested in large quantities get medical attention."

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 calcium chloride containers that were in the house were removed on 02/03/2014.
2. The calcium chloride is now being stored in the garage, which is locked and not accessible to residents, and it is being kept in its original packaging.
3. Staff were educated on this issue at the February staff meeting on 02/26/2014 - all items purchased that have a warning label related to being a poisonous material must be kept in its original packaging and kept in a locked area that is not accessible by our residents.
4. Staff will be re-educated on this issue at a staff meeting on 05/07/2014.
5. To prevent future occurrences, the Program Administrator and the Personal Care Specialist have added a reminder for staff on the above information to the shift checklists. Also, the Program Administrator and the Personal Care Specialist will check for compliance as part of their daily checklist - started February 2014.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) X

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

Date 5-9-14

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

The above plan of correction is approved as of 6/6/14
(Date)

Plan of correction implementation status as of 6/6/14
(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 - 01/31/2014 - Mandock, Nancy
PCH Name: KEYSTONE COMMUNITY MH

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION
On 1/31/14, at 10:50 AM, a 45 ounce bottle of liquid laundry detergent, with a manufacturer's label indicating "If swallowed - call a physician," was unlocked, unattended and accessible to residents in the bedroom of resident #1.

On 2/3/14, an unlocked and unattended 40 lb. sized container, accessible to residents with an original label marked "laundry detergent" was on the kitchen floor; however, "calcium chloride" was handwritten on the container. According to staff person A, the material stored in this container was calcium chloride. The original product labeling, located on the bag of calcium chloride in the garage, indicates "If ingested in large quantities get medical attention."

Residents of the home, including resident #1, #2, #3 and #4, have not been assessed capable of recognizing and using poisons safely.

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. It was discovered that resident #1 brought the bottle of laundry detergent to the home from her storage unit during an outing with her Community Treatment Team (CTT). Keystone staff spoke to members of CTT in February 2014 asking them to not let the resident bring poisonous materials from her storage unit into the home.
2. The MHP reviewed all of the resident support plans in February 2014 and provided staff education on residents not being assessed capable of recognizing and using poisons safely at the staff meeting on 02/26/2014. Re-education on this will be provided at the staff meeting on 05/07/2014.
3. All poisonous materials are kept in locked areas that are not accessible by residents.
4. To prevent future occurrences, staff check resident rooms twice per day for housekeeping needs, including the presence of poisonous materials (started 02/26/2014). Also, the Program Administrator and Personal Care Specialist check the rooms daily as part of their routine checks - started February 2014.

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 *5-4-14*

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

The above plan of correction is approved as of 6/6/14
(Date)

Plan of correction implementation status as of 6/6/14
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[initials]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43876 - 01/31/2014 - Mandock, Nancy
PCH Name: KEYSTONE COMMUNITY MH

MAY 09 2014

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 1/31/14, at 10:45 AM, there was an accumulation of food crumbs on the following areas of the kitchen:

- * The counter beneath the toaster
- * Shelves in the "lazy susan" base cabinet between the stove and sink
- * The entire bottom of the bread drawer
- * The front broiler drawer, 1" wide

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. These areas of the kitchen were thoroughly cleaned on 02/01/2014.
2. The shift checklist was updated to include monitoring / cleaning of these areas, and staff were educated on these changes at the staff meeting on 02/26/2014.
3. The bread is no longer kept in the bread drawer but in a sealed container in a kitchen cabinet.
4. To prevent future occurrences, the Program Administrator and Personal Care Specialist will inspect these areas daily as part of their routine household checks - started February 2014.

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)

Melissa Carson, MD

Date

5-5-14

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The above plan of correction is approved as of

6/6/14
(Date)

Plan of correction implementation status as of

6/6/14
(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 - 01/31/2014 - Mandock, Nancy
PCH Name: KEYSTONE COMMUNITY MH

MAY 09 2014

1. REGULATION 55 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be maintained free of hazards.

WEST REGION FIELD OFFICE

Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 2/3/14, there was a 9" wide section of frayed carpeting across the doorway of resident # 5's bedroom, posing tripping hazard.

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 carpet in resident #5's doorway was professionally repaired on 02/13/2014.
2. The shift checklist was updated to include specific monitoring of resident carpeting and staff were educated on these changes at the staff meeting on 02/26/2014.
3. To prevent future occurrences, the Program Administrator and Personal Care Specialist will inspect resident rooms on a daily basis as part of their routine household checks - started February 2014.

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 5-9-14

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

The above plan of correction is approved as of 6/11/14
(Date)

Plan of correction implementation status as of 6/6/14
(Date)

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

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

Violation Report: 43876 - 01/31/2014 - Mandock, Nancy
PCH Name: KEYSTONE COMMUNITY MH

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

On 1/31/14, at 11:35 AM, the water temperature measured 123 degrees Fahrenheit at the sink in the first resident bathroom on the left side of the hallway across from the medication 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. The water temperature is checked in this particular bathroom weekly. Prior to 01/31/2014, in the past year, the water temperature in this location was above 120 degrees F on 01/24/2014 and on 03/19/2013.
2. After each occurrence, including 01/31/2014, the water temperature valve on the water heater was lowered, and the water temperature returned to below 120 degrees F. The water temperature has not been above 120 degrees F since 01/31/2014.
3. To help ensure future compliance, starting 05/12/2014, staff will complete water temperature checks twice per week and document these checks in the water temperature log. In addition, maintenance staff have been in contact with a local plumber to discuss additional modifications, if any, that can be made to help regulate the water temperature. These conversations are ongoing as of 05/07/2014.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/31/2013
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>[Signature]</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>[Signature]</i>	05-14

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

The above plan of correction is approved as of 6/6/14
(Date)

Plan of correction implementation status as of 6/6/14
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 43876 - 01/31/2014 - Mandock, Nancy
 PCH Name: KEYSTONE COMMUNITY MH

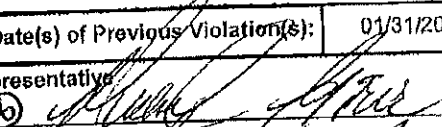
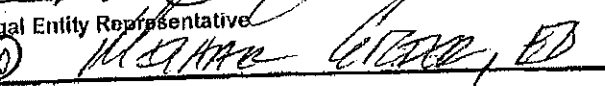
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

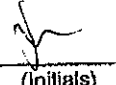

2a. DESCRIPTION OF VIOLATION
 On 1/31/14, the telephone in the basement by the laundry area did not have emergency service numbers posted nearby.

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. An emergency service number list was posted by this phone on 02/04/2014.
2. Whenever an emergency service number is updated, this list will updated along with all of our other ones.
3. To ensure future compliance, the Program Administrator and Personal Care Specialist will monitor the presence and accuracy of the emergency service number list as part of their routine checks - started February 2014.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/31/2013	
Signature of Legal Entity Representative (Required on EVERY Page) 			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) 			Date: 5-9-14

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

The above plan of correction is approved as of <u>6/6/14</u> (Date)	Plan of correction implementation status as of <u>6/6/14</u> (Date)
The above plan of correction was approved by  (Initials)	<input checked="" type="checkbox"/> Fully Implemented  <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAY 09 2014

Violation Report: 43876 - 01/31/2014 - Mandock, Nancy
 PCH Name: KEYSTONE COMMUNITY MH

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 1/31/14, dark gray colored soiled areas were on the seats, backs, and arms of the two beige/blue floral upholstered chairs in the first floor sitting room.

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

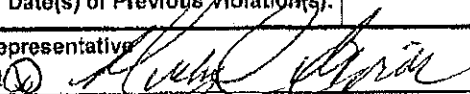
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. The above mentioned pieces of furniture were removed from the home on 02/07/2014, after being deemed as unable to be properly cleaned.
2. In February 2014, an upholstery cleaner was purchased and now all furniture is cleaned once per month or as needed.
3. The monitoring of furniture in the home was added to the shift checklist in February 2014 and staff were educated about this change and the importance of monitoring the furniture at the staff meeting on 02/26/2014. Staff will be re-educated on this issue at the 05/07/2014 staff meeting.
4. To ensure future compliance, staff will be checking the furniture daily. In addition, the Program Administrator and the Personal Care Specialist will be inspecting the furniture in the home as part of their routine checks - started February 2014.

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 Brown, LPD

Date: 5-9-14

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


The above plan of correction is approved as of

6/6/14
 (Date)

Plan of correction implementation status as of

6/11/14
 (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 - 01/31/2014 - Mandock, Nancy
 PCH Name: KEYSTONE COMMUNITY MH

RECEIVED

1. REGULATION 55 Pa.Code §2600
 2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

MAY 09 2014

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION
 On 1/31/14, there was an unsecurely attached grab bar in the shower of the common resident bathroom across from the bedroom of resident #5.

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 tightened the grab bar on 02/04/2014.
2. The resident bathrooms are cleaned each shift. Staff were educated about checking the grab bars, and other items, for being securely fastened. If any items are not securely fastened, then maintenance staff will be informed. This education occurred at the 02/26/2014 staff meeting, and staff will be re-educated at the 05/07/2014 staff meeting.
3. To prevent future occurrences, a maintenance log has been created for staff to complete to communicate specific maintenance needs. Staff will be educated on this log at the 05/07/2014 staff meeting and the log will go into effect immediately afterwards. In addition, the Program Administrator and the Personal Care Specialist will inspect the bathrooms as part of their routine checks - started February 2014.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>			Date <i>5-9-14</i>

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

The above plan of correction is approved as of <u>6/6/14</u> (Date)	Plan of correction implementation status as of <u>6/6/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>d</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43876 - 01/31/2014 - Mandock, Nancy
 PCH Name: KEYSTONE COMMUNITY MH

MAY 09 2014

1. REGULATION 56 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 1/31/14, the following foods were opened and unsealed:

- * A glass of milk on the top shelf in the kitchen refrigerator
- * A bag of potato chips in the kitchen cupboard where knives were stored
- * Containers of garlic and ginger in the "lazy susan" cabinet in the kitchen
- * A bag of frozen waffles in chest freezer #1 in the basement
- * The inner bag of a 2 lb. 4 oz. box of dry cereal in the basement food storage area

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 above mentioned items were closed and sealed appropriately, immediately after being noticed, on 01/31/2014.
2. Each shift, staff are to check for food items being kept in closed / sealed containers, and this is listed on the shift checklists.
3. To prevent future occurrences, staff were educated on the importance of storing food items in closed/ sealed containers and on the changes to the staff checklist at the staff meeting on 02/26/2014. Also, staff will be re-educated on this issue at the 05/07/2014 staff meeting. The Program Administrator and Personal Care Specialist will also monitor for food being stored appropriately during their routine checks - started February 2014.

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 5-8-14

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

The above plan of correction is approved as of 6/6/14
 (Date)

Plan of correction implementation status as of 6/6/14
 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress 2
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 49876 - 01/31/2014 - Mandock, Nancy
PCH Name: KEYSTONE COMMUNITY MH

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(h) - Food shall be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process.

2a. DESCRIPTION OF VIOLATION
On 1/31/14, at 10:10 AM, a package of turkey lunchmeat was thawing on the kitchen countertop. The meat was for the lunchtime meal later that same 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 shift checklist was altered to show that the midnight shift is responsible for removing meat products from the freezer, for the next day's meals, and placing the meat products in the walk-in refrigerator to thaw. No meat is to be placed in the kitchen to thaw.
2. Staff were educated about this change to the checklist and the food thawing process on 02/26/2014. The change was implemented immediately after that. Staff will be re-educated on this issue at the 05/07/2014 staff meeting.
3. To prevent future occurrences, the Program Administrator and Personal Care Specialist will monitor where the food for the day is thawing as part of their daily checks - started February 2014.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>William Green, MD</i>			Date <i>5-19-14</i>

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

The above plan of correction is approved as of <u>4/1/14</u> (Date)	Plan of correction implementation status as of <u>4/16/14</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>2</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAY 09 2014

Violation Report: 43876 - 01/31/2014 - Mandock, Nancy
PCH Name: KEYSTONE COMMUNITY MH

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(c) - 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

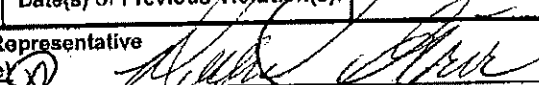

The fire drill record for the drills conducted on the following dates does not include the number of residents in the home at the time alarm sounded:

- * 3/28/13 at 1:47 p.m.
- * 4/30/13 at 6:45 a.m.
- * 5/30/13 at 11:15 a.m.

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.

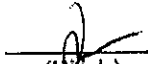
1. This error occurred due to the staff completing the log writing over into the column where the number of residents in the home at the time of the drill was supposed to be written. The number of residents who were evacuated during the drill was the same number of residents in the home at the time of the drill.
2. This information was entered correctly into the fire drill log for all subsequent fire drills.
3. The new Personal Care Specialist was hired on 02/10/2014, and was educated on the fire drill log and how to complete the log appropriately.
4. Staff were educated on completing the fire drill log in its entirety at the 02/26/2014 staff meeting and will be re-educated at the 05/07/2014 staff meeting.
5. To ensure future compliance, the Program Administrator and the Program Director will check the fire drill log for completion on a monthly basis.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/31/2013	
Signature of Legal Entity Representative (Required on EVERY Page) 			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) 			Date: 5-9-14

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The above plan of correction is approved as of 6/6/14
(Date)

Plan of correction implementation status as of 6/6/14
(Date)

The above plan of correction was approved by 
(Initials)

- Fully Implemented 2
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

MAY 09 2014

Violation Report: 43876 - 01/31/2014 - Mandock, Nancy
PCH Name: KEYSTONE COMMUNITY MH

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

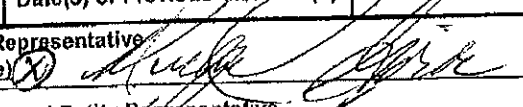

The home does not have a designated evacuation time from a fire safety expert. The home's fire drill evacuation times exceeded 2 minutes and 30 seconds on the following dates:

Date	Time	Evacuation Time
04/30/13	06:45 a.m.	2 minutes - 47 seconds
05/30/13	11:15 p.m.	2 minutes - 53 seconds
07/11/13	08:45 a.m.	2 minutes - 35 seconds
08/30/13	09:00 a.m.	3 minutes - 27 seconds
11/27/13	06:07 a.m.	3 minutes - 16 seconds
12/18/13	12:04 p.m.	3 minutes - 46 seconds


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.

- On 02/17/2014, staff from the Rennerdale Volunteer Fire Department conducted the annual supervised fire drill and revised the evacuation time to 3 minutes and 10 seconds.
- Residents were educated on the evacuation time and the importance of fire drills at the March resident meeting and again at the May resident meeting on 05/05/2014 to help prevent future occurrences.
- Also to prevent future occurrences, staff were educated on the new evacuation time and how to prompt residents to evacuate the home at the annual fire safety trainings on 02/17/2014 and 02/20/2014. They will be re-educated on this at the 05/07/2014 staff meeting.
- The Program Administrator and Personal Care Specialist will monitor the fire drill logs for evacuation times. If an evacuation time exceeds the designated evacuation time, the PA, PCS, and Program Director will look at the reason(s) why, put together an action plan, and address the situation immediately. If a resident fails to consistently meet the evacuation time, then the resident will be assessed for appropriateness of placement.

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: 5-9-14

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The above plan of correction is approved as of <u>6/6/14</u> (Date)	Plan of correction implementation status as of <u>6/6/14</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>2</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43876 - 01/31/2014 - Mandock, Nancy
PCH Name: KEYSTONE COMMUNITY MH

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

According to the staff schedule, the average number of staff persons on duty during the 11 p.m. - 7 a.m. shift is one. Per the home's fire drill record, none of the fire drills conducted in the home during the period 2/15/13 - 12/28/13 were conducted with only one staff person participating in 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. An overnight fire drill was conducted on 02/26/2014 at 12:50AM. One staff participated in the drill and the evacuation time was 3 minutes and 5 seconds.
2. To prevent future occurrences, all overnight fire drills will only have participation from one staff since there is normally only one staff present during the overnight shift - started February 2014.
3. The Program Administrator and Personal Care Specialist will monitor the fire drill log 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)

M. J. ...

Date: 5-9-14

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The above plan of correction is approved as of 6/6/14
(Date)

Plan of correction implementation status as of 6/6/14
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *2*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

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MAY 09 2014

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43876 - 01/31/2014 - Mandock, Nancy

PCH Name: KEYSTONE COMMUNITY MH

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

Records for residents #2, #3, and #4 do not contain a photograph of the resident that is no more than 2 years old. The most recent photographs of residents #3 and #4 are dated 2011. The most recent photograph of resident #2 is dated 1/2012.

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. On 02/04/2014, staff replaced all of the resident photographs with current photographs.
2. To prevent future occurrences, the Program Administrator and Personal Care Specialist will take new photographs of the residents, for their charts, each year, at the same time that their leases are renewed. The Program Administrator will monitor for compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *[Signature]* Date *5-2-14*

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

The above plan of correction is approved as of <u>6/6/14</u> (Date)	Plan of correction implementation status as of <u>6/6/14</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>or</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented