



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 12 2015

Dr. Larry S. Berger, PHD, Program Director
Keystone Human Services
1009 Old Noblestown Road
Oakdale, Pennsylvania 15071

RE: Keystone Community MH
License #: 438760

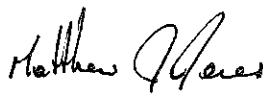
Dear Dr. Berger:

As a result of the Department of Human Services' licensing inspection on May 20, 2015 and May 27, 2015 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, 2015 to April 29, 2016 was issued on March 13, 2015. Your regular license remains in good standing.

Sincerely,


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: Lakeyshia Price		Region: WEST
Legal Entity Name: KEYSTONE HUMAN SERVICES		RECEIVED
Legal Entity Address: 1009 OLD NOBLESTOWN ROAD, OAKDALE, PA 15071		
Certificate(s) of Occupancy Special Occupancy e 05/28/1981 Labor & Industry		JUL 02 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 12	Total Daily Staff: 28	Working Staff: 21
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site		
05/20/2015: Flinner-Alman, Lisa; Mazza, Larry; Hultquist, Cliff		
05/27/2015: Flinner-Alman, Lisa; Mazza, Larry; Hultquist, Cliff		
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: 16 Number of Residents Served: 13 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: 13 Are 60 Years of Age or Older: 3 Have Mental Illness: 13 Have an Intellectual Disability: 0 Have a Mobility Need: 3 Have a Physical Disability: 0	

JUL 02 2015

Violation Report: 43876 - 05/20/2015 - Flinner-Alman, Lisa
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

Resident #3's resident-home contract, dated 12/08/14, was not signed by the resident.

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 reviewed the contract with the resident on 5/28/2015.
2. On the date of admission, the Program Administrator or designee is responsible for the accurate completion of all paperwork. The Program Administrator or designee reviews the contract with the resident and the contract is signed. If the resident refuses to sign, the Program Administrator or designee will document so on the contract and date with the day of refusal. If the contract is updated at any point, the Program Administrator or designee will meet with each resident to review and sign the new contract.
3. The Program Director will ensure that a member of the management team will review all intake paperwork with the Program Administrator to ensure it is completed appropriately on the date of admission.
4. Starting in June 2015, the Program Director established a quality team to conduct chart audits. Two charts will be audited each month to help ensure the charts are in order. The quality team consists of a member of the management team and a direct care staff member. Reviewing the resident contracts is part of the auditing process.

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>7/29/15</i>

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

The above plan of correction is approved as of <u>7/27/15</u> (Date)	Plan of correction implementation status as of <u>7/27/15</u> (Date)
The above plan of correction was approved by <u>SMP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SMP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43876 - 05/20/2015 - Flinner-Alman, Lisa
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 evacuation time for the fire drill conducted on 01/28/15 at 09:35 a.m., was 3 minutes 20 seconds; however, the maximum safe evacuation time, determined by a fire safety expert on 02/10/15, is 3 minutes 10 seconds. No other fire drills were conducted in January 2015.

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 referenced in the above drill could not get out of the house in time due to declining health. This resident passed away from those health issues on 2/3/2015.
2. Starting 6/1/2015, if a fire drill exceeds the maximum evacuation time, the fire drill will be reviewed and evaluated by the Program Administrator and Personal Care Specialist. The Program Administrator and Personal Care Specialist will discuss and implement necessary changes to increase the likelihood that the residents and staff can evacuate the program in the identified time frame.
3. Once the changes identified above have been implemented, the Program Administrator and Personal Care Specialist will conduct another unannounced fire drill, within the same month of the fire drill that exceeded maximum evacuation time, to evaluate the effectiveness of the changes. This process will continue until there is a completed fire drill, within a given month, that is within the determined evacuation time.
4. The Program Director will review the fire drill log on a monthly basis to ensure that the fire drills meet Department regulations starting in June 2015.

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/31/2014

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *[Signature]* Date 4/30/15

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The above plan of correction is approved as of 7/27/15 (Date)

Plan of correction implementation status as of 7/29/15 (Date)

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

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

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JUL 02 2015

Page 5 of 7

Violation Report: 43876 - 05/20/2015 - Flinner-Alman, Lisa
PCH Name: KEYSTONE COMMUNITY MH

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 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 #3 was admitted to the home on 12/8/14; however, the resident's medical evaluation was completed on 5/20/14.

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 resident's medical evaluation was updated on 6/30/2015, reflecting medical information from the resident's first appointment with his new Primary Care Physician on 1/2/2015. The resident has not had any medical / diagnostic changes since his admission to Keystone.
2. Starting immediately, The Program Administrator or designee and Nursing Staff review all intake paperwork regarding medical evaluations to ensure it meets Department time frames.
3. If the medical evaluation is outside of the Department time frames, Nursing Staff will coordinate with the Primary Care Physician and have the resident evaluated within 30 days of admission.
4. Nursing Staff will ensure the medical evaluation form is completed by the Primary Care Physician at the time of the evaluation, within 30 days of admission.
5. The Program Administrator will review all intake paperwork within 30 days of admission to ensure all of the intake paperwork has been completed according to Department time frames.
6. Starting in June 2015, the Program Director established a quality team to conduct chart audits. Two charts will be audited each month to help ensure the charts are in order. The quality team consists of a member of the management team and a direct care staff member. The timely completion of medical evaluations is on the chart audit form.

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)

Michael Brown, MD

Date

6-30-15

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7/27/15
(Date)

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7/27/15
(Date)

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SMP
(Initials)

Fully Implemented

Partially Implemented - Adequate Progress SMP

Partially Implemented - Inadequate Progress

Not Implemented

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Page 6 of 7

Violation Report: 43676 - 05/20/2015 - Pflinner-Alman, Lisa
PCH Name: KEYSTONE COMMUNITY MH

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 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's assessment, dated 03/17/15, does not include diagnosis Hyperlipidemia as indicated on the medical evaluation dated 02/19/15.

Resident #2's assessment, dated 03/17/15, does not include diagnoses Anemia and GI Ulcer, as indicated on the resident's medical evaluation dated 03/17/15.

Resident #5's assessment, dated 04/03/15, does not include diagnoses Recurring Cellulitis and Peripheral Vascular Disease (PVD), which are not indicated on the resident's medical evaluation dated 02/19/15.

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 assessments / support plans were corrected on 5/21/2015.
- 2. Starting 6/1/2015, when a resident receives a medical evaluation, Nursing Staff will inform the Mental Health Professional. Nursing Staff and the Mental Health Professional are responsible for keeping the resident assessment and support plans current.
- 3. The Mental Health Professional and Nursing Staff will review the medical information, after each evaluation, and incorporate any diagnostic changes into the resident's support plan within 30 days of the medical evaluation.
- 4. The Program Administrator will review the assessment and support plan to ensure that the two documents are integrated once the Mental Health Professional and Nursing Staff have updated the documents.
- 5. Starting in June 2015, the Program Director established a quality team to conduct chart audits. Two charts will be audited each month to help ensure the charts are in order. The quality team consists of a member of the management team and a direct care staff member. Integration of medical assessment diagnoses into the assessment and support plan is part of the chart auditing process.

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)

Michael Adams MD

Date

6/29/15

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Page 7 of 7

Violation Report: 43876 - 06/20/2015 - Flinner-Alman, Lisa
PCH Name: KEYSTONE COMMUNITY MH

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #1 (D.O.A. 06/12/12) and resident #5 (D.O.A. 09/28/2011) did not have dated photographs in their records, so it is unable to be determined if the photograph is less than two years old.

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. Resident #1 had a new photo taken, with the date on the photograph, on 6/30/2015. Resident #5 is no longer a resident of the Keystone program. The photograph is resident #1's chart was taken with the camera at the Crawford Road program, which did not automatically place the date on photographs.
2. The Keystone - Oakdale program has a camera that dates photographs. Effective immediately, all future resident photographs for the charts, will be taken with this camera. When the Crawford program reopens, a digital camera will be purchased for that program.
3. By July 1st of each year, the Program Administrator or designee will review each resident chart to ensure that resident photographs are not more than two years old.
4. Starting in June 2015, the Program Director established a quality team to conduct chart audits. Two charts will be audited each month to help ensure the charts are in order. The quality team consists of a member of the management team and a direct care staff member. Checking the dates of resident photographs is part of the auditing process.

Repeat Violation: Yes	Date(s) of Previous Violation(s): 01/31/2014
Signature of Legal Entity Representative (Required on EVERY Page) X <i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>	Date 6/30/15

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