



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL -- RETURN RECEIPT REQUESTED
MAILING DATE: September 1, 2016

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

RE: Keystone Community MH
License #438760

Dear Mr. Berger:

As a result of the Department of Human Services' licensing inspection on August 13, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig".

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing 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 APR 09 2016 WEST REGION FIELD OFFICE Human Services Licensing
Legal Entity Address: 1009 OLD NOBLESTOWN ROAD, OAKDALE, PA 15071		
Certificate(s) of Occupancy Other 05/28/1981 L & I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 14	Waking Staff: 11
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 08/13/2015: Bartlett, Patricia		
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: 2 Have Mental Illness: 13 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0

APR 09 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43876 - 08/13/2015 - Bartlett, Patricia
PCH Name: KEYSTONE COMMUNITY MH

1. REGULATION #5 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 7/3/15, an allegation of sexual abuse regarding resident #1 by the resident's roommate was reported to staff person A; however, the home did not report either of the allegations of abuse to the local Area Agency on Aging.

On 7/29/15, another allegation of sexual abuse regarding resident #1 by the resident's roommate was reported to staff persons B and C; however, the home did not report the allegation of abuse 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. Resident #1 did not move into the program until [redacted] 2015. The first part of this violation is an error, and therefore, does not require a plan of correction.
2. Per the attached documentation, Keystone staff did follow proper procedure and reported the initial allegation on 7/16/2015. As a result of the initial allegation, which was investigated by the local Area Agency on Aging office, it was determined at a treatment team meeting, on 7/22/2015, that staff would not report allegations that were assessed to be part of the resident's psychological issues. However, as a result of this violation, this process will change.
3. Each time resident #1 reports an allegation of sexual abuse, staff will report the information to the Program Administrator or the member of the management team who is on-call.
4. The Program Administrator or on-call person will then follow our normal incident reporting procedures for this type of situation, which would include notifying the local Area Agency on Aging office.
5. All incident reports will be completed within 24 hours of the resident reporting the allegation to staff.
6. This will be communicated to all staff via an email on 4/6/2016 and again during the next staff meeting on 4/27/2016.
7. The 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 4-6-16

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

The above plan of correction is approved as of <u>8/26/16</u> (Date)	Plan of correction implementation status as of <u>8/26/16</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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

APR 09 2016

Violation Report: 43876 - 08/13/2015 - Bartlett, Patricia
PCH Name: KEYSTONE COMMUNITY MH

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is ordered Novolog insulin on a sliding scale, with twice daily blood glucose readings daily at 8:00 a.m. and 4:00 p.m. On 7/30/15, the resident refused his/her 4:00 p.m. blood glucose test, and therefore received no insulin. The resident's physician was not notified of the refusal.

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. Since the date of the licensing visit, 8/13/2015, nursing staff has been in contact with the prescribers for all medication refusals.
- 2. By 4/13/2016, the Program Director will provide education to all staff who administer medications related to the prescribing physician being notified for all medication refusals. This information will also be addressed at the next staff meeting on 4/27/2016 by nursing staff.
- 3. The Nursing Supervisor, or designated staff, will be responsible for monitoring medication refusals and making sure the prescribing physicians are notified within 24 hours of the refusal. *The home will follow prescriber's requirements for reporting subsequent refusals.*

8/26/16

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) *Michelle Lopez, ED* Date *4-6-16*

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The above plan of correction is approved as of 8/26/16
(Date)

Plan of correction implementation status as of 8/26/16
(Date)

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

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

Violation Report: 43876 - 08/13/2015 - Bartlett, Patricia
 PCH Name: KEYSTONE COMMUNITY MH
 WEST REGION FIELD OFFICE
 Human Services Licensing

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
 Residents #2 and #3 receive physician services for mental health needs. However neither the support plan for resident #2, dated 6/22/15, nor the support plan for resident #3, dated 6/15/15, indicate the name of physician(s) who provide these services for the residents.

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 support plans for both residents were updated shortly after the licensing visit on 8/13/2015.
2. To help prevent this from re-occurring, management staff have been having monthly support plan meetings on the first Thursday of each month to review the support plans for each resident for these types of errors. The Program Director is responsible for scheduling the monthly support plan meeting - designated on the calendar as a "RASP Meeting." The Mental Health Professional is responsible for ensuring the support plans are completed in their entirety.

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 4-6-16

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 (Initials)

Plan of correction implementation status as of 8/26/16
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