



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to KEYSTONE HUMAN SERVICES
LEGAL ENTITY

To operate KEYSTONE HUMAN SERVICES
NAME OF FACILITY OR AGENCY

Located at 759 CRAWFORD ROAD, PITTSBURGH, PA 15237
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 8
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from May 12, 2016 until November 12, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 447391

Robert E. Robinson
ISSUING OFFICER

Jay Baulch
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



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DEPARTMENT OF HUMAN SERVICES

MAY 12 2016

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

RE: Keystone Human Services
759 Crawford Road
Pittsburgh, Pennsylvania 15237
License #: 447391

Dear Dr. Berger:

As a result of the Department of Human Services' licensing inspection on April 27, 2016 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) or 55 Pa.Code § 2800.11(b) (relating to procedural requirements for licensure or approval of personal care homes a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the 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 PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,


Jay Bausch
Deputy Secretary

Enclosures
License
License Inspection Summary

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

PCH Name: Keystone Human Services		License Number: 44739
Address: 759 Crawford Road, Pittsburgh, PA 15237		County: Allegheny
Administrator: Sue Talich		Region: WEST
Legal Entity Name: Keystone Human Services		RECEIVED MAY 04 2016 WEST REGION FIELD OFFICE Human Services Licensing
Legal Entity Address: 8182 Adams Drive, Hummelstown, PA 17036		
Certificate(s) of Occupancy R-4 01/11/2016 Ohio Twp, Allegheny Cty		
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 0	Waking Staff: 0
Type of Inspection: Partial	BHA Docket Number: N/A	Notice: Announced
Reason(s) for Inspection(s) New		
On-Site Inspections Dates and Department Representatives On-Site 04/27/2016: Park, Beth		
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: 0 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: 0 Are 60 Years of Age or Older: 0 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0

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MAY 04 2016

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Violation Report: 44739 - 04/27/2016 - Park, Beth
PCH Name: Keystone Human Services

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
There was an accumulation of approximately 1/4 inch of lint in the the lint trap of the dryer in the basement at the bottom of the stairs. There were no clothes in the dryer at the time.

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 4/27/16 the area in question was cleaned and all lint was removed. As of 5/2/16 the cleaning of the dryers was added to the daily staff checklist to ensure that fire hazards of lint are reduced. The Program Administrator and or Maintenance staff will check to ensure that the the free from lint daily.
A sign indicating "Remove lint each load" has been placed on each clothes dryer. g.v. 5/6/16

Immediately - a designated staff person will check each dryer daily to ensure that lint is removed from the lint trap and drum after each use. g.v. 5/6/16
Within 15 days of receipt of the plan of correction - all staff persons will be educated in the potential fire risk of lint build-up and the requirement for lint to be removed from the lint trap and drum of the dryer after each use. documentation of education will be kept. g.v. 5/6/16

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 5-4-16

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

The above plan of correction is approved as of 5/6/16 (Date)
The above plan of correction was approved by [Signature] (Initials)
Plan of correction implementation status as of 5/6/16 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress g.v.
 Partially Implemented - Inadequate Progress
 Not Implemented