



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: December 14, 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 May 4, 2016, 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: Lakeyshla Price, Program Director		Region: WEST
Legal Entity Name: KEYSTONE HUMAN SERVICES		
Legal Entity Address: 1009 OLD NOBLESTOWN ROAD, OAKDALE, PA 15071		RECEIVED
Certificate(s) of Occupancy Other 05/28/1981 Dept L & I		NOV 16 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 16	Working Staff: 12
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 05/04/2016: Barry, Courtney; Garrigan, Laurie		
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 who:	
Number of Residents Served: 13	Receive Supplemental Security Income: 12	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 6	
Area:	Have Mental Illness: 13	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 3	
Number of Current Hospice Residents: 0	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 0		

NOV 16 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43876 - 05/04/2016 - Barry, Courtney
PCH Name: KEYSTONE COMMUNITY MH

1. REGULATION 56 Pa.Code §2600
2800.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

The annual medical evaluation for resident #1, signed by the physician on 2/17/16, does not have the date the resident was evaluated or the date the form was completed.

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 DME dates for 2/17/2016 was completed by the physician at the [REDACTED] On 11/4/2016, both dates of the resident's examination and the date the form was completed have been added.
- 2) Starting December 1, 2016 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's assessment and support plan current.
- 3) Staff will be educated at the monthly operational meetings on 11/30/2016.
- 4) Starting December 1, 2016, the Program Director will establish 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 one direct care staff member. (Please see attachment #1)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

<p>The above plan of correction is approved as of <u>11/28/16</u> (Date)</p> <p>The above plan of correction was approved by <u>[Signature]</u> (Initials)</p>	<p>Plan of correction Implementation status as of <u>11/28/16</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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NOV 16 2016

Violation Report: 43876 - 05/04/2016 - Barry, Courtney
PCH Name: KEYSTONE COMMUNITY MH

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The assessment for resident #2, dated 1/4/16, indicates that the resident has a minimal problem with aggression; however, the support plan indicates that the resident has a criminal history including [REDACTED]

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's RASP was updated on 11/7/2016, reflecting the initial assessment from the resident's admission to Keystone on [REDACTED] 2009. The resident has not had any medical/diagnostic changes since [REDACTED] admission to Keystone.
- 2) On the date of admission, the Program Administrator and the Mental Health Professional are responsible for the accurate completion of all paperwork.
- 3) The staff will be educated at the monthly operational meeting on 11/30/2016.
- 4) The Program Director will ensure that a member of the management team will review all initial paperwork to ensure it is completed appropriately.

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]

Date

11/16/16

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

The above plan of correction is approved as of

11/28/16
(Date)

Plan of correction implementation status as of

11/28/16
(Date)

The above plan of correction was approved by

[Handwritten initials]
(Initials)

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

Violation Report: 43876 - 05/04/2016 - Barry, Courtney
 PCH Name: KEYSTONE COMMUNITY MH

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION
 Resident #3 was assessed as a minimal problem for agitation by the home; however, the support plan, dated 4/7/16, does not address the services the home will provide to assist the resident during periods of agitation, signs to look for, or how to reduce the risk of agitation.

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's RASP was updated on 7/6/2016, addressing the services the home provides to assist the resident with periods of agitation, signs to look for, and how to reduce the risk of agitation.
- 2) On the date of admission, the Program Administrator and the Mental Health Professional are responsible for the accurate completion of all paperwork.
- 3) The staff will be educated at the monthly operational meeting on 11/30/2016.
- 4) The Program Director will ensure that a member of the management team will review all initial paperwork to ensure it is completed appropriately.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4/28/16</u> (Date)	Plan of correction implementation status as of <u>11/28/16</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