



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
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Human Services 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 January 10, 2017 until January 10, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **447390**

Robert E. Robinson
ISSUING OFFICER

Jay Baul
DIRECTOR

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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 10 2017

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 #: 447390

Dear Mr. Berger:

As a result of the Department of Human Services' annual licensing inspection on September 19, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "J. Rowe".

Jacqueline L. Rowe
Director

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: Susan Talich		Region: WEST
Legal Entity Name: KEYSTONE HUMAN SERVICES		
Legal Entity Address: 8182 ADAMS DRIVE, HUMMELSTOWN, PA 17036		RECEIVED
Certificate(s) of Occupancy R-4 01/11/2016 Ohio Township		NOV 10 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 8	Waking Staff: 6
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Provisional, Interim		
On-Site Inspections Dates and Department Representatives On-Site 09/19/2016: Hultquist, Cliff; Eveses, Joseph		
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 who:	
Number of Residents Served: 7	Receive Supplemental Security Income: 6	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 4	
Area:	Have Mental Illness: 7	
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: 1	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

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NOV 10 2016

Violation Report: 44739 - 09/19/2016 - Hultquist, Cliff
PCH Name: KEYSTONE HUMAN SERVICES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600
2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
At approximately 10:45 a.m. The garbage can in the Cape Cod kitchen was uncovered, unattended and 3/4 full of garbage.

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 garbage can for the Cape Cod side of the residence was replaced on 9-16-16. (See attachment #1)
2. The daily task list was revised on 9-19-16. (See attachments #2, #3, #4)
3. The staff was educated by the Program Administrator on 9-19-16
4. The Program Administrator, program Personal Care Specialist, and Maintenance will ensure all garbage cans have lids and that the trash is emptied daily as part of their daily inspection of the home.

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 11-10-16

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

The above plan of correction is approved as of 11/30/16
(Date)

Plan of correction implementation status as of 11/30/16
(date...)

- Fully Implemented
- Partially Implemented - Adequate Progress *J.W.*
- Partially Implemented - inadequate Progress
- Not Implemented

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

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NOV 10 2016

Page 3 of 6

Violation Report: 44739 - 09/19/2016Hultquist, Cliff
PCH Name: KEYSTONE HUMAN SERVICES

WEST REGION FIELD OFFICE
Human Services Licensing

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
At 11:07 a.m. The hot water temperature in the wash tub in the basement measured 130.7 degrees Fahrenheit. This area is accessible to 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. On 9-19-16 the hot water temperature in the wash tub basement was adjusted to lower the temperature. It now measures 116 degrees F. (See Attachment #5)
2. The Program Administrator and the Maintenance Staff will ensure that the water temperatures are checked weekly, and documented on the water temperature log. (See Attachment #6)

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 C. ...

Date 11-10-16

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The above plan of correction is approved as of 11/30/16
(Date)

Plan of correction implementation status as of 11/30/16
(Date)

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

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

RECEIVED

NOV 10 2016

Violation Report: 44739 - 09/19/2016 - Hultquist, Cliff
PCH Name: KEYSTONE HUMAN SERVICES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.125(a)-Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
At 102 a.m., there were 10 furnace filters stored against the furnace in the basement.

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 furnace filters were removed from the area surrounding the furnace on 9-19-16. (See Attachment #7 and #8)
2. The Program Administrator and Maintenance Staff will ensure that no materials are stored near the furnace or any heat sources. The Program Administrator will provide ongoing education on the 2600 Regulations to the Maintenance Staff.

Immediately: a designated staff person will check the home daily to ensure no combustible or flammable materials are located near heat sources or hot water heaters. *D.W. 11/30/16*

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

DEPARTMENT USE ONLY - HOMES IN AY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11/30/16</u> (Date)	Plan of correction implementation status as of <u>11/30/16</u>(Date).....
The above plan of correction was approved by <u><i>D.W.</i></u> (Initials)	<input type="radio"/> Fully Implemented <input checked="" type="radio"/> Partially Implemented - Adequate Progress <i>D.W.</i> <input type="radio"/> Partially Implemented - Inadequate Progress <input type="radio"/> Not Implemented

RECEIVED

NOV 10 2016

Page 5 of 6

Violation Report: 44739 -09/19/2016 - Hutquist, Cliff
PCH Name: KEYSTONE HUMAN SERVICES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.162(c) Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home

2a. DESCRIPTION OF VIOLATION
On 09/19/2016, the home's menu was dated 09/18/16 through 09/24/16 and did not include the following week's menu.

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 9-19-16 the Program Personal Care Specialist hung the menu for 9-25-16 through 10-1-16. (See Attachments #9 and #10.)
2. The Program Administrator and Program Personal Care Specialist will assure that the menus are posted 1 week in advance. This is per Regulation 2600.162(c)

by checking menu postings at least weekly. g.w. 11/30/16

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

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The above plan of correction was approved by	<u>[Signature]</u> (Initials)	<input type="radio"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - inadequate Progress <input type="checkbox"/> Not Implemented	<u>[Signature]</u>

Violation Report: 44739-09/19/2016-Hultquist, Cliff
PCH Name: KEYSTONE HUMAN SERVICES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa Code §2600

2600.187(a) A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #1 does not include a diagnosis or purpose for the following medications:

- Olanzapine 20 mg- 1 tablet by mouth at bedtime
- Fluoxetine HCL 10 mg - 1 capsule by mouth each morning
- Ferrous Gluconate 35 mg- 1 tablet by mouth daily
- Polyethylene Glycol 3350-527 grams-use as directed daily as needed

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 9-19-16 the Medication Administration Record was corrected. The diagnosis was added for Olanzapine 20 mg -1 tablet by mouth at bedtime for mental health, Fluoxetine HCL 10 mg -1 capsule by mouth each morning for mental health, Ferrous Gluconate 325 mg- 1 tablet by mouth daily for supplement, and Polyethylene Glycol 3350-527 grams- use as directed as needed for constipation.
- 2. The program Administrator/ LPN has corrected the Medication administration record and reviewed the policy and regulations with staff and pharmacy. (See Attachment #11 an #12)
- 3. A pharmacy meeting was held 10-7-16 to review the regulations and ensure that diagnoses are added to the MAR and checked for accuracy.

Immediately: a designated staff person, qualified to administer medications, will conduct an initial and then monthly review of resident MARs to ensure they include all of the information in regulation 2600.187a, including diagnosis or purpose.

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 11-10-16

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(Date)

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- Partially implemented - Adequate Progress *NW*
- Partially implemented - inadequate Progress
- Not implemented

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

NW
11/30/16