



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 4, 2017

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 October 24, 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 that reads "Larry Mazza".

Larry Mazza
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: Shane Pasquinnelli		Region: WEST
Legal Entity Name: KEYSTONE HUMAN SERVICES		RECEIVED
Legal Entity Address: 1009 OLD NOBLESTOWN ROAD, OAKDALE, PA 15071		DEC 06 2016
Certificate(s) of Occupancy Other 05/28/1991 Labor and Industry		WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: 0	Total Daily Staff: 8	Waking Staff: 6
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site		
Off-Site Inspection Dates and Inspectors, if Applicable <i>10/24/16: Garrigan, Laurie</i>		
Other Details Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 8 Number of Residents Served: 8 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: 8 Are 60 Years of Age or Older: 4 Have Mental Illness: 8 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

DEC 06 2016

Violation Report: 43876 - 10/24/2016 - Garrigan, Laurie
PCH Name: KEYSTONE COMMUNITY MH

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2800.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #1's medical evaluation was completed on 6/18/16; however, the previous medical evaluation was completed on 5/19/15.

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.

Violation 1:

1. Upon admission to the program, the Program Administrator in conjunction with the nursing team will ensure that each resident has a complete and current medical evaluation.
2. In order to ensure all medical evaluations are completed annually for each resident, the Registered Nurse and Licensed Practical Nurse will review all chart documentation by (12/16/2016) in order to assess compliance with regulations including, but not limited to the timeliness of medical evaluations. Due to each resident having a specific date in which their medical evaluation was completed a process to monitor these dates will be established and implemented by (12/16/2016). The process to monitor all resident's medical evaluation dates will contain a rolling schedule of medical evaluations. The rolling schedule of all resident's medical evaluations will be maintained and monitored by the Program Administrator and the nursing staff for scheduling purposes.
3. The Program Administrator and nursing team will be educated on the expectations surrounding the medical evaluation rolling schedule by 12/7/2016.
4. An internal audit process will be completed by the Program Administrator and/or an identified audit team. The Program Administrator and/or an identified audit team will conduct a comprehensive documentation review of two charts per month. Any deficiencies identified during the documentation review, including but not limited to, timeliness of the medical evaluation will be reviewed during a staff meeting and/or supervision. (Not sure what the current audit process is, so please elaborate here if needed.)

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 12-6-16

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

The above plan of correction is approved as of 12/6/16
(Date)

Plan of correction implementation status as of 12/6/16
(Date)

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

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

Violation Report: 43876 - 10/24/2016 - Garrigan, Laurie

PCH Name: KEYSTONE COMMUNITY MH

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa. Code §2800

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

Sometime following lunch on 10/20/16, resident #1 reached up and grabbed resident #2's breast when the two residents exchanged a hug during a party in the main living room of the other licensed personal care home, owned by the same legal entity. Resident #2 was so upset and shocked by the incident, the resident did not report the incident to staff members until 10/22/16.

Resident #1's assessment, dated 9/2/16, indicates the resident requires minimal supervision. The resident's support plan, dated 9/2/16, does not address the recent inappropriate sexual behaviors or additional supervision 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.

Violation 2:

1. In response to a recent investigation, involving inappropriate behavior of resident #1 on 10/22/2016, the Mental Health Professional updated the resident's Residential Assessment and Support Plan to reflect moderate supervision of resident #1 while in the home and in the community on 11/2/2016.
2. In addition to altering the resident's Residential Assessment and Support Plan to reflect supervision changes, the Mental Health Professional also provided education to resident #1 on 11/2/2016. The education that the Mental Health Professional reviewed with resident #1 included an understanding of boundaries and inappropriate behaviors. The Program Administrator, Program Director, and Mental Health Professional were educated by the DHS Director on the timeliness requirements in reviewing and/or changing any resident's Residential Assessment and Support Plan within 5 days of an incident taking place.
3. In order to educate all residents regarding boundaries and inappropriate behaviors, all residents of the Oakdale and Crawford programs underwent training conducted by the Pittsburgh Action Against Rape Coalition on 11/21/2016 and 11/22/2016. Subsequently, all staff members were educated on recognition and supervision of inappropriate behaviors through the monthly staff meeting that was held on 11/30/2016.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 08/13/2015

Signature of Legal Entity Representative (Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

Date 12-6-16

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