



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 29 2017

Mr. Robert J. Baker
Chief Executive Officer
Keystone Human Services
124 Pine Street
Harrisburg, Pennsylvania 17101

RE: Keystone Community MH
1009 Old Noblestown Road
Oakdale, Pennsylvania 15071
License #: 438760

Dear Mr. Baker:

As a result of the Department of Human Services' annual licensing inspections on July 28, 2017 and August 23, 2017, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: KEYSTONE COMMUNITY MH		License Number: 43878
Address: 1009 OLD NOBLESTOWN ROAD, OAKDALE, PA 15071		County: Allegheny
Administrator: LAKEYSHIA PRICE		Region: WEST
Legal Entity Name: KEYSTONE HUMAN SERVICES		
Legal Entity Address: 124 PINE STREET, HARRISBURG, PA 17101		RECEIVED
Certificate(s) of Occupancy Other 05/28/1981 Labor & Industry		DEC - 1 2017 WEST PENNSYLVANIA STATE COLLEGE UNIVERSITY
Staffing Hours		
Resident Support: 0	Total Daily Staff: 8	Waking Staff: 8
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 07/28/2017: Filmer-Alman, Lisa; Winters, Lynn 08/03/2017: Filmer-Alman, Lisa; Winters, Lynn		
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 who:
Number of Residents Served: 8	Receive Supplemental Security Income: 8	Are 60 Years of Age or Older: 5
Secured Dementia Care Unit In Home: No	Have Mental Illness: 8	Have an Intellectual Disability: 0
Area:	Have a Mobility Need: 0	Have a Physical Disability: 0
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		

DEC 1 2017

Violation Report: 43876- 07/28/2017 -Pillner-Alman, Lisa
 PCH Name: KEYSTONE COMMUNITY MH

1. REGULATION 55 Pa. Code §2600
 2600.18 -A home shall comply with applicable Federal, State and local laws, ordinances and regulations

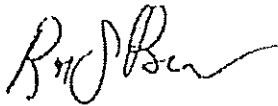
2a. DESCRIPTION OF VIOLATION
 Allegheny County requires a certified food protection safety manager to be on-site during all hours of operation in facilities where food preparation and handling take place. On 8/3/17, staff person A prepared and served breakfast and dinner to the residents. Staff person B was not a certified food protection safety manager, and there were no other certified staff present in the home on that date.

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 8/3/2017 there was not an employee working on-site who had underwent the Food Protection Safety Certification.
2. The Service Director enrolled three additional staff members on 11/27/2017 in the Food Protection Safety training course with the Allegheny Department of Health. The staff members are tentatively scheduled to attend the course on 2/15/2018 and 2/22/2018. (Attachment A1-A4)
3. The Service Director will enroll the remaining current staff members in an available Food Protection Safety training Course by 3/31/2018.
4. As new staff are hired the Service Director will enroll the staff in the first available Food Protection Safety Training course to ensure there will be sufficient certified food protection safety managers on site during all hours of operation in which the program prepares and handles food.
5. The Regional Director will work with the KSS Mental Health Services Education Department to have this Certification requirement tracked in the new electronic Learning Management System which becomes available 1/1/2018. The Service Director will then use this system to track employee certification for Food Protection Safety.


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
Robert J. Baker, CEO, KSS	11/30/17

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The above plan of correction is approved as of <u>12/5/17</u> (Date)	Plan of correction implementation status as of <u>12/5/17</u> (Date)
The above plan of correction was approved by  (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

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Violation Report: 43876- 07/28/2017 -Flinner-Alman, Lisa
PCH Name: KEYSTONE COMMUNITY MH

DEC - 1 2017

1. REGULATION 55 Pa. Code §2600
2600.64(c)- An administrator shall have at least 24 hours of annual training relating to the job duties.

DATE RECEIVED: 12/1/17
OFFICE OF THE DIRECTOR OF PCH

2n. DESCRIPTION OF VIOLATION

Staff person B. the home's administrator, completed only 20.5 hours of annual training during training year 2016.

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.

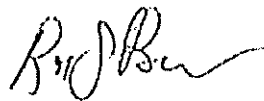
1. Effective 1/1/2018 KSS Mental Health Services will begin using a new electronic Learning Management System to track and monitor employee annual training hours requirement.
2. The Service Director and the Program Administrator will utilize this system effective 1/1/2018 to ensure the Program Administrator has at least 24 hours of annual training related to their job duties.
3. The Service Director will pull reports through the Learning Management System quarterly to ensure all Trainings are completed as required within the calendar year for the Program Administrator.

By 1/31/17 - The administrator will complete an additional 3.5 hours of administrator training, either online or in-person. Documentation will be kept. 12/5/17

Repeat Violation: No

Date(s) of Previous Violation(s):

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Printed Name and Title of Legal Entity Representative
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Robert J. Baker, CEO, KSS


Date

11/30/2017

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(Date)

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(Date)

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(Initials)

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

Violation Report: 43876- 07/28/2017 -Flinner-Almon, Lisa
 PCH Name: KEYSTONE COMMUNITY MH

1. REGULATION 55 Pa. Code §2600
 2600.52(c)- Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION
 On 7/28/17, a bottle of Jet Dry Finish Rinse Aid and a box of dishwasher detergent, with a manufacturers' labels indicating "FIRST AID: If swallowed, call a poison control center or physician immediately," were unlocked and accessible to residents in the cabinet below the kitchen sink. Not all residents of the home, including resident #1, have been assessed as capable of recognizing and using poisons safely.

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 7/28/2017 the Service Director locked up both the Jet Dry Finish Rinse and the box of dishwasher detergent.
2. The Service Director updated the Task Checklists that are completed by staff on duty to ensure that all poisonous materials are stored in their original containers and maintained in a locked location. (Attachment D1-3). *Staff will monitor home twice daily. pr 12/5/17*
3. The Service Director will educate all staff on the updates to the Task Checklists by 12/31/2017.
4. The Program Administrator will monitor the completion of the Task Checklists beginning 1/1/2018.

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 COMMUNITY SERVICES DIVISION

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Robert J. Baker

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12/28/2017

Violation Report: 43876- 07/28/2017 -Flinner-Alman, Lisa
 PCH Name: KEYSTONE COMMUNITY MH

DEC - 1 2017

1. REGULATION 55 Pa. Code §2600
 2600.85(a)- Sanitary conditions shall be maintained

2a. DESCRIPTION OF VIOLATION

On 7/28/17, there was a clear, substance on the shelf above the crisper drawers in the kitchen refrigerator and a build-up of a dried liquid substance covering the entire bottom area under the crisper drawers.

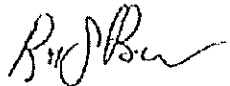
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 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. This crisper drawers of the kitchen refrigerator were cleaned on 7/28/2017 by direct care staff.
2. The Service Director updated the Task Checklists that are completed by staff on duty to ensure that all poisonous materials are stored in their original containers and maintained in a locked location. (Attachment D1-3).
3. The Service Director will educate all staff on the updates to the Task Checklists by 12/31/2017.
4. The Program Administrator will monitor the completion of the Task Checklists beginning 1/1/2018.

Repeat Violation: No

Date(s) of Previous Violation(s):

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Printed Name and Title of Legal Entity Representative
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Robert J. Baker, CEO, KSS

Date

11/30/2017

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- Not Implemented

DEC - 1 2017

Violation Report: 43876- 07/28/2017 -FInner-Alman, Lisa
 PCH Name: KEYSTONE COMMUNITY MH

1. REGULATION 55 Pa. Code §2600
 2600.132(a) -An unannounced fire drill shall be held at least once a month

2a. DESCRIPTION OF VIOLATION
 The home did not conduct an unannounced fire drill in July 2017.

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.

Fire drills conducted in August, September October and November 2017. J 12/5/17

1. On 11/17/2017, the Program Administrator created a PA Monthly Checklist to ensure there's an unannounced fire drill conducted each month. (Attachment E1)
2. The Program Administrator will complete the PA Monthly Checklist beginning 11/17/2017.
3. The Program Administrator will re-educate all staff regarding the requirement for a monthly unannounced fire drill by 12/31/2017.
4. The Service Director will review the fire drill log on a monthly basis to ensure that the fire drills meet the Department regulations beginning December 2017.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
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Robert J. Baker

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Robert J. Baker, CEO, KSS	11/30/2017

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12/28/2017

Violation Report: 43876- 07/28/2017 -Flinner-Alman, Lisa
 PCH Name: KEYSTONE COMMUNITY MH

DEC - 1 2017

1. REGULATION 55 Pa. Code §2600
 2600.141(a)(2)- The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The medical evaluation, dated 1/26/16, for resident #1, is blank in the areas of date form completed, weight and pulse rate.
 The medical evaluation, dated 1/4/17, for resident #2, is blank in the area of blood pressure.

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 Service Director will fax the medical evaluations for resident #1 and resident #2 to the applicable Primary Care Physician to request that the physician complete the blank areas of the medical evaluation.
2. The chart audit checklist will be amended to include a review of the DME to ensure all areas have been completed as required. The checklist will be updated by the Service Director by 12/15/2017.
3. Effective 11/17/2017 the nursing staff and the Program Administrator will review medical evaluations as they are completed and ensure the PCP has completed the medical evaluations in their entirety.
4. The audit team will complete chart audit reviews for all individual charts on a quarterly basis. If deviations are noted during the course of the quarterly chart audit, the Program Administrator in collaboration with the Service Director will address immediately.


Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Robert J. Baker, CEO, KSS	11/30/2017

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Violation Report: 43876- 07/28/2017 -Flinner-Alman, Lisa
 PCH Name: KEYSTONE COMMUNITY MH

1. REGULATION 55 Pa. Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #2's most recent medical evaluation was completed on 1/4/17; however, the previous medical evaluation was completed on 10/14/15.
 Resident #3's most recent medical evaluation was completed on 11/21/16; however, the previous medical evaluation was completed on 10/14/15.

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.

1. The Program Administrator will assure that the PCP conducts the medical evaluations on or before the date of the last medical evaluation from the previous year.
2. The Program Administrator will schedule annual medical evaluations a minimum of 30 days in advance of the due date.
3. The Program Administrator will review all due dates with quarterly chart audits to ensure all medical evaluations are current and within the required timeframe.

*Immediate -
 All staff involved in scheduling and reviewing medical evaluations will be reeducated on time frames for completion.*

Repeat Violation: YES	Date(s) of Previous Violation(s):	10/24/16	
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Signature of Legal Entity Representative
 (Required on EVERY Page)

R. J. Baker

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Robert J. Baker, CEO, KSS	11/30/2017

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Violation Report: 43876- 07/28/2017 -Flinner-Alman, Lisa PCH Name: KEYSTONE COMMUNITY MH	
1. REGULATION 55 Pa. Code §2600 2600.185(a)- The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	
2a. DESCRIPTION OF VIOLATION Resident #4's glucometer was not calibrated to the correct date and time.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<ol style="list-style-type: none"> 1. The registered nurse contacted the glucometer supplier for Resident #4. The glucometer for Resident #4 was registered on 7/28/2017 to ensure it is calibrated accurately to reflect the date and time. 2. For any individual who is supported of which requires a glucometer that is date and time calibrated, the registered nurse will ensure the glucometer is registered at the onset of use or as required. 3. Upon each glucometer use, trained staff on duty will ensure the correct date and time are present prior to use. 	
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)	
Robert J. Baker, CEO, KSS	Date 11/30/2017
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Violation Report: 43876- 07/28/2017 -Plinner-Alman, Lisa
 PCH Name: KEYSTONE COMMUNITY MH

DEC 1 21 17

1. REGULATION 55 Pa. Code §2600

2600.225(c) -The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2n. DESCRIPTION OF VIOLATION

The assessment, dated 8/10/16, for resident #3, does not include the diagnosis of foot spurs, as indicated on the medical evaluation, dated 11/21/16.

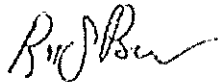
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- 1. The Mental Health Professional met with resident #3 on 11/20/2017 to review and update the diagnosis of foot spurs, as indicated on the medical evaluation, dated 11/21/2016 on the RASP. (Attachment G1)
- 2. The Program Administrator will review the RASP and all related documents upon completion to ensure all participants in the development of the plan have signed and dated said plan.
- 3. The audit team will complete chart audit reviews for all individual charts on a quarterly basis. If deviations are noted during the course of the quarterly chart audit, the Program Administrator in collaboration with the Service Director will address immediately.

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)

Robert J. Baker, CEO, KSS

Date

11/30/2017

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12/5/17
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Violation Report: 43876- 07/28/2017 -Flinner-Alman, Lisa
 PCH Name: KEYSTONE COMMUNITY MH

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

The support plan dated 2/9/17, for resident #1, does not address how the home will meet the resident's needs relating to the diagnosis of hydrocele.

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.

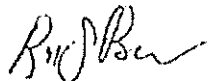
1. The Mental Health Professional met with resident #1 on 11/20/2017 to review and update the RASP to include follow up with the primary care physician daily regarding the diagnosis of hydrocele. The daily follow up with the primary care physician will be facilitated by the nurse on staff. (Attachment F1)
2. The Program Administrator will review the RASP and all related documents upon completion to ensure all participants in the development of the plan have signed and dated said plan.
3. The audit team will complete chart audit reviews for all individual charts on a quarterly basis. If deviations are noted during the course of the quarterly chart audit, the Program Administrator in collaboration with the Service Director will address immediately.

Repeat Violation: YES

Date(s) of Previous Violation(s):

10/24/16

Signature of Legal Entity Representative
 (Required on EVERY Page)



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

Robert J. Baker, CEO, KSS


Date

11/30/2017

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