



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 10 2018

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

RE: Keystone Human Services  
759 Crawford Road  
Pittsburgh, Pennsylvania 15237  
Certificate #: 447390

Dear Mr. Baker:

As a result of the Department of Human Services' annual licensing inspection on September 27, 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](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



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NOV 27 2017

WEST VIRGINIA STATE OFFICE  
Human Services Licensing

Violation Report: 44739 - 09/27/2017 - Eveses, Joseph  
PCH Name: KEYSTONE HUMAN SERVICES

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

The Influenza Awareness Act (HB 1785) requires influenza information to be posted in a public place in the home year-round and there was no influenza awareness information poster in the home.

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 Pa. Department of Health Influenza poster was posted at the entrance to Crawford Rd. and in each office on 9-27-17 by the Program Administrator. (See attachment 1) The Program Administrator will assure that the influenza poster is updated annually or as needed per standards and guidelines.
2. The Program Administrator reviewed this requirement with all staff at the monthly staff meeting on 10-16-17.
3. The Program Administrator will check for any changes in the regulations on the DHHS website quarterly beginning 10-1-17 to ensure ongoing compliance with the standards and regulations.

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)

Robert J. Baker, CEO, KSS

Date  
11/22/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of <u>1/18/18</u> (Date)	Plan of correction implementation status as of <u>1/18/18</u> (Date)
The above plan of correction was approved by <u>RB</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

NOV 23 2017

Violation Report: 44739 - 09/27/2017 - Eveges, Joseph  
 PCI Name: KEYSTONE HUMAN SERVICES

WESTPHALIA COUNTY OFFICE  
 Human Services Licensing

**1. REGULATION 55 Pa. Code §2600**  
 2600.42(d) -A resident shall be informed of the rules of the home and given 30 days' written notice prior to the effective date of a new home rule.

**2a. DESCRIPTION OF VIOLATION**  
 On 7/13/17, the home rules were changed to permit smoking in the backyard gazebo and all resident contracts, including resident #1's, were updated on 7/17/17 to reflect this. However, a 30 days' written notice was not given to any residents prior to this change in home rules.

**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. A resident meeting was held on 7-12-17 to inform residents of the reopening of the Gazebo for the designated smoking area. A letter from the Service Director was also given on that day. (See attachment 2)
2. In the future a 30 day written notice will be provided to all residents from the Service Director or Program Administrator prior to any changes in the home rules being changed.

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	11/22/2017

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 (Initials)

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NOV 27 2017

Violation Report: 44739 - 09/27/2017 - Eveses, Joseph  
 PCH Name: KEYSTONE HUMAN SERVICES

WEST HUNTERFIELD OFFICE  
 Human Services Learning

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  
 The water temperature in the downstairs laundry sink measured 123 degrees Fahrenheit at 10:00 a.m.

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 10-9-17 plumbing and heating installed 4 mixing valves on all resident area sinks to ensure water will be maintained at or below 120 F. Temperatures were set below 120 degrees Fahrenheit. (See attachment 3)
2. Morning staff will check and document the water temperature on the daily temperature log and report any concerns to the Program Administrator.
3. The Program Administrator reviewed the regulatory and documentation requirement with all staff at the monthly staff meeting on 10-6-17.
4. The Program Administrator, Personal Care Specialist, and maintenance staff will review water temperatures logs weekly beginning 9-27-17.

Repeat Violation: YES	Date(s) of Previous Violation(s):	9/19/16		
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Robert J. Baker, CEO, KSS

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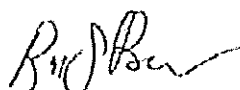
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Violation Report: 44739 - 09/27/2017 - Eveges, Joseph PCH Name: KEYSTONE HUMAN SERVICES		NOV 9 7 2017  WEST VIRGINIA DEPARTMENT OF HUMAN SERVICES TRAINING
<b>1. REGULATION 55 Pa. Code §2600</b> 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards		
<b>2a. DESCRIPTION OF VIOLATION</b> The screws securing the top hinge of the door to the common bathroom next to room #1 were stripped out of the wall, leaving the hinge loose and the door unable to be closed.		
<b>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</b> <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"> <li>1. The Program Administrator contacted the Construction Contractor on 9-27-17. The contractor repaired and secured all hinges to all three resident bathrooms on 9-28-17. (See Attachment 4).</li> <li>2. The Program Administrator or Personal Care Specialist will conduct a daily walk through of the home to check for any needed maintenance and inform maintenance staff of those needs via the task list beginning 9-28-17.</li> <li>3. The Program Administrator will meet with the maintenance staff to review task lists and any needed repairs in the home beginning 9-27-17.</li> <li>4. The Program Administrator will meet with maintenance staff for weekly supervision and will review the task lists and needed repairs during supervision. The Program Administrator will monitor for any deviation from needed repairs.</li> </ol>		
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<b>Signature of Legal Entity Representative</b> (Required on EVERY Page)		
		
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Violation Report: 44739 - 09/27/2017 - Eveges, Joseph PCH Name: KEYSTONE HUMAN SERVICES		NOV 27 2017 JUSTICE CHILD PROTECTIVE OFFICE Human Services Training								
<b>1. REGULATION 55 Pa. Code §2600</b> 2600.141(b)(1)- A resident shall have a medical evaluation at least annually										
<b>2a. DESCRIPTION OF VIOLATION</b> Resident #1 had a medical evaluation on 4/1/16 and the next medical evaluation wasn't conducted until 5/3/17. Resident #2 had a medical evaluation on 4/1/16 and the next medical evaluation wasn't conducted until 5/3/17.										
<b>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</b> 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.										
<ol style="list-style-type: none"> <li>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 beginning 10-1-17.</li> <li>2. The Program Administrator will schedule annual medical evaluations a minimum of 30 days in advance of the due date beginning 10-1-17.</li> <li>3. The Program Administrator will review all due dates with quarterly chart audits beginning 10-1-17.</li> </ol>										
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NOV 27 2017

Violation Report: 44739 - 09/27/2017 - Eveses, Joseph PCH Name: KEYSTONE HUMAN SERVICES		WEST VIRGINIA POLICE OFFICE Human Services Licensing
<b>1. REGULATION 55 Pa. Code §2600</b> 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.		
<b>2a. DESCRIPTION OF VIOLATION</b> The menus posted in the home's kitchen were for 9/11/17 through 9/30/17.		
<b>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</b> 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. A Grove Menu for the week of 10-1-17 was posted on 9-27-17. (See Attachment 5) 2. The due date reminder for Grove Menu posting has been added to the Outlook Calendar for the Program Administrator and Personal Care Specialist beginning 10-1-17 by the Regional Director. 3. The Program Administrator will monitor and ensure the weekly menu posting in order to maintain compliance beginning 10-1-17.		
Repeat Violation: YES	Date(s) of Previous Violation(s):	9/19/16
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Violation Report: 44739 - 09/27/2017 - Eveges, Joseph  
PCH Name: KEYSTONE HUMAN SERVICES

WEST VIRGINIA HEALTH OFFICE  
HUMAN SERVICES DIVISION

1. REGULATION 55 Pa. Code §2600  
2600.183(d)-Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION  
The home's medication cart contained 29 tablets of Haloperidol 5mg - take one tab by mouth every 6 hours as needed for agitation for Resident #3. However, there is no current prescription for the medication.

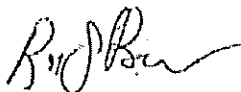
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the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

1. An order to Discontinue Haldol 5 mg every 6 hours as needed for agitation was written on 9-27-17 by psychiatrist Dr. (See attachment 6).
2. Program Administrator/ Nurse will conduct daily checks of the medication cart to ensure all medications listed on the Medication Administration Record are reflected in the medication supply in the medication cart 9-27-17.
3. Program Administrator/Nurse will inspect medication chart daily for any discontinued medications and remove as needed beginning 9-27-17.
4. Upon an order to discontinue any medication, the staff on duty will immediately update the Medication Administration Record and remove the discontinued medication from the medication cart and discard appropriately 9-27-17.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
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Robert J. Baker, CEO, KSS

Date

11/22/2017

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NOV 27 2017

WEST VIRGINIA HEALTH OFFICE  
Human Services Agency

Violation Report: 44739 - 09/27/2017 - Eveges, Joseph  
PCH Name: KEYSTONE HUMAN SERVICES

**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 is prescribed Hydroxyzine HCL 25mg - take one tablet by mouth four times daily as needed for anxiety. However, this medication was not available in the home

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

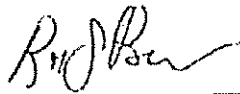
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

1. An order to Discontinue Hydroxyzine HCL 25 mg by mouth four times daily as needed for anxiety was written on 9-27-17 by psychiatrist Dr. (See attachment 7).
2. Program Administrator/ Nurse will conduct daily checks of the medication cart to ensure all medications listed on the Medication Administration Record are reflected in the medication supply in the medication cart 9-27-17.
3. Program Administrator/Nurse will inspect the medication chart daily for any added medications and add noted medications as needed beginning 9-27-17.
4. Upon an order to add any medication, the staff on duty will immediately update the Medication Administration Record and add the prescribed medication to the medication cart when received from the pharmacy.

Repeat Violation: No

Date(s) of Previous Violation(s):

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Robert J. Baker, CEO, KSS

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NOV 27 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44739 - 09/27/2017 - Evoges, Joseph  
PCH Name: KEYSTONE HUMAN SERVICES

**1. REGULATION 55 Pa. Code §2600**  
2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**2a. DESCRIPTION OF VIOLATION**  
The preadmission screening form for resident #4, dated 11/30/16, does not indicate if the home can meet the resident's needs. The determination section is blank.

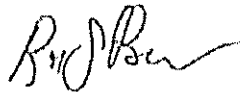
**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which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

1. The preadmission screen for resident #4 was corrected on 9-27-17 to reflect that the home could care for the resident's needs. (See Attachment 8)
2. The Program Administrator will complete the initial assessment to ensure that the individuals needs will be met in the residential program up to 30 days prior to admission.
3. Once the initial assessment is completed the Personal Care Specialist will review the assessment and all associated forms to ensure completion beginning 9-27-17.
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):

Signature of Legal Entity Representative  
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Robert J. Baker, CEO, KSS

Date

11/22/17

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NOV 9 8 2017

Violation Report: 44739 - 09/27/2017 - Evegges, Joseph  
 PCH Name: KEYSTONE HUMAN SERVICES

**1. REGULATION 55 Pn. Code §2600**  
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan

**2a. DESCRIPTION OF VIOLATION**  
 The support plan for resident #1, dated 11/2/17, is not signed by the resident and does not indicate the resident's refusal or inability to participate in the development of the support plan.

**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 meet with the resident to review and sign the RASP by 11/28/17.
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):

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