



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: December 21, 2017

Mr. Robert J. Baker
Chief Executive Officer
Keystone Service Systems, Inc.
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' licensing inspection on October 12, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig", with a checkmark at the end of the signature.

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PGH Name: KEYSTONE COMMUNITY MH		License Number: 43876
Address: 1009 OLD NOBLESTOWN ROAD, OAKDALE, PA 16071		County: Allegheny
Administrator: LISA FRANCIS		Region: WEST
Legal Entity Name: KEYSTONE HUMAN SERVICES		
Legal Entity Address: 124 PINE STREET, HARRISBURG, PA 17101		
Certificate(s) of Occupancy Other 05/28/1981 Labor & Industry		RECEIVED DEC 1 2017 WEST REGIONAL FIELD OFFICE Human Resources Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 10	Working Staff: 8
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complain		
On-Site Inspection Dates and Department Representatives On-Site 10/12/2017: Flinner-Alman, Lisa		RECEIVED DEC - 1 2017 WEST REGIONAL FIELD OFFICE Human Resources Licensing
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 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: 0 Are 80 Years of Age or Older: 6 Have Mental Illness: 8 Have an Intellectual Disability: 0 Have a Mobility Need: 2 Have a Physical Disability: 0	

Violation Report: 43876 • 10/12/2017 • Flinner-Alman, Lisa
 PCH Name: KEYSTONE COMMUNITY MH

1. REGULATION 55 Pa. Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 9/11/17, between approximately 4:00 p.m. and 5:00 p.m., staff person A witnessed staff person B arguing for 15-20 minutes with resident #1 that he/she owed him/her \$3.00 for coleslaw the resident had eaten.

On 9/14/17, resident #1 separately told staff persons C and D that he/she gave staff person B \$5.00 as compensation for the ingredients of the coleslaw that he/she had eaten and that staff person B was demanding three more dollars.

This allegation was not reported to the local Area Agency on Aging until 9/26/17.

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

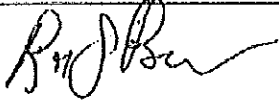
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

1. A mandatory training for all staff working at this location will be conducted on December 14, 2017 by the KSS Mental Health Services Education Department staff. The training will include a review of the requirements relating to reporting suspected abuse as required under the Older Adults Protective Services Act to the local Area Agency on Aging.
2. In the future the Service Director will ensure that any applicable allegations of suspected abuse will be reported timely and in accordance with the laws and/or regulations governing this program.

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Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)




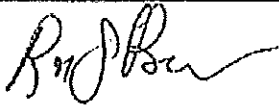
Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Robert J. Baker, CEO, KSS

Date
 11/30/17

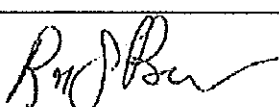

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

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


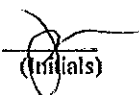
Violation Report: 43876- 07/28/2017 -Flinner-Alman, Lisa PCH Name: KEYSTONE COMMUNITY MH	
1. REGULATION 55 Pa. Code §2600 2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.	
2a. DESCRIPTION OF VIOLATION On 9/11/17, between approximately 4:00 p.m. and 5:00 p.m., staff person A witnessed staff person B arguing for 15-20 minutes with resident #1 that he/she owed him/her \$3.00 for coleslaw the resident had eaten. On 9/14/17, resident #1 separately told staff persons C and D that he/she gave staff person B \$5.00 as compensation for the ingredients of the coleslaw that he/she had eaten and that staff person B was demanding three more dollars. Staff person B continued to work in the home unsupervised from 9/11/17 to 10/2/17.	
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.	
<ol style="list-style-type: none"> 1. A mandatory training for all staff working at this location will be conducted on December 14, 2017 by the KSS Mental Health Services Education Department staff. The training will include a review of the requirements relating to Incident Management. 2. By December 15, 2017 the Regional Director will review with both the Program Administrator and the Service Director for this program the Operational Directive on Abuse and Neglect Allegations, as well as the process and documentation thereof for placing an employee who is a target of an abuse allegation on administrative leave immediately pending the outcome of an investigation. 3. In the future the Service Director will ensure that any employee named as a target in an allegation of abuse shall immediately be placed on administrative leave pending the outcome on an investigation. 	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <div style="text-align: center; margin-top: 10px;">  </div>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Robert J. Baker, CEO, KSS Date 11/30/2017 </div>	
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Violation Report: 43876- 07/28/2017 -Flinner-Aiman, Lisa PCH Name: KEYSTONE COMMUNITY MH									
1. REGULATION 55 Pa. Code §2600 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).									
2a. DESCRIPTION OF VIOLATION On 9/11/17, between approximately 4:00 p.m. and 5:00 p.m., staff person A witnessed staff person B arguing for 15-20 minutes with resident #1 that he/she owed him/her \$3.00 for coleslaw the resident had eaten. On 9/14/17, resident #1 separately told staff persons C and D that he/she gave staff person B \$5.00 as compensation for the ingredients of the coleslaw that he/she had eaten and that staff person B was demanding three more dollars. The home did not submit an incident report to the Department until 9/26/17.									
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.									
<ol style="list-style-type: none"> 1. A mandatory training for all staff working at this location will be conducted on December 14, 2017 by the KSS Mental Health Services Education Department staff. The training will include a review of the requirements relating to reporting and submitting incidents to the Department within 24 hours of learning of the incident. 2. In the future the Service Director will ensure any incident, which requires reporting to the Department, is done so in the appropriate timeframe. 									
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Violation Report: 43876- 07/28/2017 -Flinner-Alman, Lisa PCH Name: KEYSTONE COMMUNITY MH									
1. REGULATION 55 Pa. Code §2600 2600.42(b) -A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.									
2a. DESCRIPTION OF VIOLATION On 9/11/17, between approximately 4:00 p. m. and 5:00 p.m., staff person A witnessed staff person B arguing for 15-20 minutes with resident #1 that he/she owed him/her \$3.00 for coleslaw the resident had eaten. On 9/14/17, resident #1 separately told staff persons C and D that he/she gave staff person B \$5.00 as compensation for the ingredients of the coleslaw that he/she had eaten and that staff person B was demanding three more dollars. The resident was upset and felt like he/she was being scolded. The resident stated that staff person B "seems like he/she is always looking to argue with me."									
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. A mandatory training for all staff working at this location will be conducted on December 14, 2017 by the KSS Mental Health Services Education Department staff. The training will include a review of the resident rights, abuse awareness and professionalism. 2. In the future any issues witnessed by the Service Director or raised to the Service Director that may be considered neglect, intimidation, physical or verbal abuse, mistreatment, corporal punishment or discipline will be reported within the designated timeframe and the incident process will commence including placing the identified staff member on administrative leave per company policy the Service Director will monitor staff interactions with residents and provide feedback as necessary. 3. The Service Director will ensure that all staff have annual training in resident rights, abuse awareness and professionalism. <p style="margin-left: 40px;"> <i>Immediately - The home will keep only residents food in the kitchen refrigerators. Staff will not prepare food for themselves and store in the home's refrigerator.</i> </p>									
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