



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 18 2018

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's Bureau of Human Services Licensing annual inspection on September 24, 2018, 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

10/9/2018

Violation Report: 43876 - 09/24/2018 - Mirini, Michael PCH Name: KEYSTONE COMMUNITY MH	Western Region Field Office Bureau of Human Services Licensing
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1. REGULATION 55 Pa. Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 The home's license inspection summary, dated 7-28-17 et.al. Was not posted in a public and conspicuous place 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.

The Program Administrator posted a copy of the License Inspection Summary dated 7/28/17 (see photo #2) on the bulletin board in the front entry of the home. In a public place assessable to everyone (see photo #1).

The Program Administrator will review the Licensing requirements for posting required documents in a public place at the next staff meeting on 10/24/18.

The Program Administrator will ensure that all license inspection summaries throughout the licensing year are posted in a public place.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) Robert J. BAKA KSS CEO

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) X [Signature] Date 10/8/18

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

The above plan of correction is approved as of <u>10/9/18</u> (Date) <u>[Signature]</u> The above plan of correction was approved by (Initials)	Plan of correction implementation status as of <u>10/9/18</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>LN</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 43876 - 09/24/2018 - Marini, Michael
PCI Name: KEYSTONE COMMUNITY MH

Western Region Field Office
Bureau of Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

At 9:15 AM, the privacy coding document, which contained resident #1's name, was attached to the license inspection summary, dated 10-12-17, and was posted in the front lobby.

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.

The Program Administrator removed the documents containing PHI from the License Inspection Summary dated 10/12/17 while the Department of Human Services, Licensing inspector was still on site (see attachments #1 and #2).

The Program Administrator will review Licensing requirements for posting the License Inspection Summary and review regulation 2600.17 on keeping resident information confidential at the next staff meeting schedule for 10/24/18.

The Program Administrator will ensure that there are no documents containing confidential information are posted in public places in the home. The Program Administrator will ensure resident records remain confidential, except in an emergency. The Program Administrator will ensure that resident records remain confidential.

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

Robert J. Baker - KSS, CEO 10/8/18

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

The above plan of correction is approved as of 10/9/18
(Date)

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

Plan of correction implementation status as of 10/9/18
(Date)

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