



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 30 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's Bureau of Human Services Licensing annual inspection on September 25, 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](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: 44739 - 09/25/2018 - Marini, Michael  
PCH Name: KEYSTONE HUMAN SERVICES

10/23/2018

Western Region Field Office

Bureau of Human Services Licensing

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 most recent license inspection summary, dated 9-27-17 was not posted in a conspicuous and public place 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 licensing inspection summary dated 9-27-17 was hung immediately at the entrance to Crawford Rd. (See Attachment #1)
2. The Program Administrator and Personal Care Specialist will assure that the current Licensing Inspection summary is always posted in a conspicuous and public place in the home.
3. The Program Administrator will do a daily walk through the home to assure the current Licensing Inspection summary is always hanging.
4. The most current Licensing Inspection Summary dated 9-25-18 was hung at the front entrance to Crawford Road. ( See Attachment #2)

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) <b>Robert J. Baker, KSS CEO</b>	Date <b>10/19/2018</b>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10/23/18  
(Date)

The above plan of correction was approved by LN  
(Initials)

Plan of correction implementation status as of 10/23/18  
(Date)

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

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Western Region Field Office  
Bureau of Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 12/10/12, did not receive annual training on care for residents with dementia and cognitive impairments during the 2017 training year.

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. Direct Care staff person A had completed a HCQU training entitled "aging and Physical Changes" on 1-28-17 (See attachment #5. He then completed Dementia training on the Relias system on 1-18-18 and 6-8-18. (See Attachments #4 and #5 )
- 2. The Program Administrator will assure that each direct care staff member competes the annual training required by BHSL.
- 3. The Program Administrator will document on the Annual Training Record as soon as trainings are completed.
- 4. The Program Administrator will check the Annual Training Record Monthly for compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Date 10/19/2018

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(Date)

The above plan of correction was approved by JM  
(Initials)

Plan of correction implementation status as of 10/23/18  
(Date)

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

Violation Report: 44739 - 09/25/2018 - Marini, Michael  
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10/23/2018

Western Region Field Office  
Bureau of Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The first aid kit did not include tweezers.

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. Tweezers were immediately replaced in the First Aid Kit on 9-25-18
2. The Program Administrator/ LPN will assure that the First Aid kit is checked monthly for contents via documentation on the First Aid Monthly check list. ( See Attachment #7)
3. The Program Administrator will review the requirement for the First Aid Kit content at the next monthly staff meeting on 10-17-18.

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(Initials)

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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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**RECEIVED**

10/23/2018

1. REGULATION 55 Pa. Code §2600  
 2600.102(d)(2) - Bathtubs and showers must have slip-resistant surfaces.

Western Region Field Office  
 Bureau of Human Services Licensing

2a. DESCRIPTION OF VIOLATION

A nonskid surface was not present on the floors of the showers in the 2nd bathroom on the left and the 1st bathroom on the right.

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. Non Skid surface was applied to the floors of bathroom showers 1 and 2 on 9-26-18. (See Attachment #8 for product information)
2. The Program Administrator, maintenance staff, and residential staff will check shower surfaces on the daily walk through to assure safety.

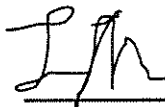
Repeat Violation: No	Date(s) of Previous Violation(s):				
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
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1. REGULATION 55 Pa. Code §2600

Western Region Field Office

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.

Bureau of Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Residents #1 and #2's glucometers were not calibrated to the current date and time.

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. Glucometers for Residents 1 and 2 were calibrated to the correct time and date. ( See attachments #9 and #10)
2. The Program Administrator/ LPN or residential staff will check glucometers daily for correct calibration to time and date and initial on the MAR. (See attachment #11).
3. The Program Administrator/LPN will review the sign off procedure for glucometer check at the monthly staff meeting on 10-17-18.

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