



MAILING DATE: December 5, 2019

Mr. Robert Baker
Chief Executive Officer
Keystone Human Services
4391 Sturbridge Drive
Harrisburg, Pennsylvania 17101

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

Dear Mr. Baker:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 8, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Jon B. Kimberland". The signature is written in a cursive style.

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Received BHSL

12/2/19

Facility Information

Name: KEYSTONE HUMAN SERVICES

License Number: 44739

Address: 759 CRAWFORD ROAD, PITTSBURGH, PA 15237

County: ALLEGHENY

Region: WESTERN

Administrator

Name: Susan Tatich

Phone: 412-837-1428

Email: statich@keystonehumanservices.org

Legal Entity

Name: KEYSTONE HUMAN SERVICES

Address: 4391 STURBRIDGE DRIVE, HARRISBURG, PA, 17110

Certificate(s) of Occupancy

Type: R-4

Date: 01/11/2016

Issued By: Ohio Township

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 8

Waking Staff: 6

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

11/08/2019 - On-Site: Scott Klein

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 8

Residents Served: 8

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 8

Are 60 Years of Age or Older: 5

Diagnosed with Mental Illness: 8

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

3c - Post Current License

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The chapter 2600 book is not posted in a conspicuous and public place in the home.

Repeat Violation - 9/25/18

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 2600 Regulation book was placed on the entrance table at the front door of Crawford Road on 11-8-19. The copy of the License Inspection Summary is also on the table at the front door. The 2600 regulation book has been affixed to the front entry table with hole punch and cord. (See Attachment #1)
2. The Program Administrator or Personal Care Specialist will do a daily walk through to assure that the 2600 Regulation book and copy of LIS remain on the front entrance table.
3. Education will be provided to all staff by the Program Administrator on the importance of checking to assure the 2600 Regulation book stays in place on the front table.
4. The Services Director will assure that the 2600 regulation book is in place at the entry to the home during her visits to the CMHPCH.

By 1/1/20: A designated staff person shall ensure compliance with regulation 2600.(3)(c) on a weekly basis. 12/3/19



Legal Entity Representative



Signature

Robert J. Baker, CEO, KSS

Printed Name and Title

12-2-19

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

12/3/19
(Date)

Plan of correction implementation status as of

12/3/19
(Date)

The above plan of correction was approved by


(Initials)

Fully Implemented

Not Implemented

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

At approximately 3:00 p.m. the carbon monoxide detector located in the home's basement and furnace room has 2 AA batteries which are not dated, and the date 8/2018 is written in permanent marker on the back casing of the detector. In accordance with the Care Facility Carbon Monoxide Alarm Standards Act enacted June 2016, if a carbon monoxide detector is battery operated, the batteries shall be labeled with the date of installation and replaced at least once annually or at such time as the unit signals a drained or failing battery, whichever is sooner.

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 11-8-19 at the recommendation of the inspector from DHS. The carbon monoxide detector was moved 15 feet away from the furnace. The batteries were changed and dated. (See Attachment 2)
2. The carbon monoxide batteries will be changed and dated yearly. This task was added to the Household Maintenance Check List. (See Attachment 3)
3. Education will provided to the Personal Care Specialist and the Personal Care Associated on the Household Maintenance check list. The check list will be posted in the staff office.

Legal Entity Representative



Signature

Robert J. Baker, CEO, KSS

Printed Name and Title

12-2-19

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191 - Resident Right to Refuse

Regulations

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

The home has no documentation of resident education on the right to question or refuse a medication if the resident believes it is being administered in error for resident #1, admitted 12/19/16.

The home has no documentation of resident education on the right to question or refuse a medication if the resident believes it is being administered in error for resident #2, admitted 6/17/19.

The home has no documentation of resident education on the right to question or refuse a medication if the resident believes it is being administered in error for resident #4, admitted 6/12/12.

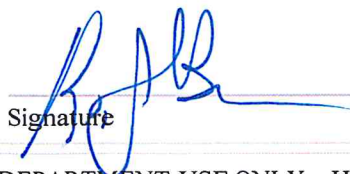
The home has no documentation of resident education on the right to question or refuse a medication if the resident believes it is being administered in error for resident #4, admitted 11/12/08.

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. All residents were provided education on 11-20-19 on the right to refuse medication if the resident believes there may be a medication error. (see attachment 4)
2. The signed education document was placed in each resident chart.
3. The Program Administrator will assure that the residents are provided annual education on the Right to Refuse Medication annually.
4. Education on the right to reuse medication will be provided to all new admissions.
5. Education to all staff was provided at the monthly staff meeting on 11-26-19. It will be included on the yearly training plan.

Legal Entity Representative



Robert J. Baker, CEO, KSS
Printed Name and Title

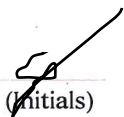
12-2-19
Date

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227c - Support Plan Revision

Regulations

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

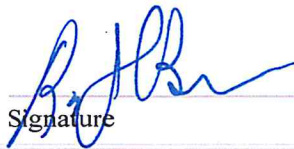
The significant change assessment for resident #4, dated 6/20/19, indicates a need for management of severe anemia. However, the support plan, dated 6/20/19, does not describe how the resident's need will be met.

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 Resident Support Plan for resident #4 was revised on 11-20-19 with a plan added to meet the need of severe anemia.
2. The Program Administrator will assure that RASP meetings to review each resident's plan of care are held at the time of any significant change and on a monthly basis. (See Attachment 5)
3. The Program Administrator will provide education to the Personal Care Specialist, Mental Health Professional and Nursing on the importance of the monthly RASP meeting. Education was provided at the monthly staff meeting on 11-26-19

Legal Entity Representative



Signature

Robert J. Baker, CEO, KSS

Printed Name and Title

12-2-19

Date

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