



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: Gsunderland@keystonehumanservices.org

MAILING DATE: June 26, 2020

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

RE: Keystone Community MH
1009 Old Noblestown Road
Oakdale, Pennsylvania 15071
License #: 438760

Dear Mr. Baker:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 20, 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 "Suzy Quinn".

Suzy Quinn
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

3/12/20

Western Region Field Office
Bureau of Human Services Licensing

Violation Report

Facility Information

Name: *KEYSTONE COMMUNITY MH*License Number: *43876*Address: *1009 OLD NOBLESTOWN ROAD,, OAKDALE, PA 15071*County: *ALLEGHENY*Region: *WESTERN*

Administrator

Name: *LISA FRANCIS*Phone: *7243073085*Email: *RBAKER@KEYSTONEHUMANSERVICES.ORG*

Legal Entity

Name: *KEYSTONE HUMAN SERVICES*Address: *4391 STURBRIDGE DRIVE, HARRISBURG, PA, 17110*

Certificate(s) of Occupancy

Type: *Other*Date: *05/28/1981*Issued By: *PA Dept L&I*

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

12/20/2019 - On-Site: Barbara Barone

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: *4*Diagnosed with Mental Illness: *8*Diagnosed with Intellectual Disability: *0*Have Mobility Need: *0*Have Physical Disability: *0*

17 - Record Confidentiality

Regulations

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.

Description of Violation

The privacy coding document containing resident #1's name was posted with the LIS dated 9/24/18 on the front lobby bulletin board.

Repeat Violation: 9/24/18

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.)

The Program Administrator removed the photocopied documents containing PHI from the license Inspection Summary dated 9/24/18 while the department of human services, licensing inspector was still on site on 12/20/19 (See attachments #4 (a), and #4 (b).

The Program Administrator reviewed licensing requirement for posting the License Inspection Summary and review regulation 2600.17 on keeping resident information confidential at the next staff meeting scheduled on 1/16/2020 (See attachment #7).

A daily checklist for the Program Administrator and/or designated person was created to track compliance with 2600 regulations for posting required documents. The Program Administrator will delegate the checklist to a designated person in the event of absence. (See attachment #2).

The daily checklist was implemented 4/23/20. *SE* 6/18/20

Legal Entity Representative

Signature *RJB*

Robert J. Baker, President/CEO, KSS

Printed Name and Title

3/12/2020
Date

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

The above plan of correction is approved as of 6/18/20
(Date)

Plan of correction implementation status as of 6/18/20
(Date)

The above plan of correction was approved by *SE*
(Initials)

Implemented
 Not Implemented

95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

A brown leatherette chair in the right corner of the TV room near the dining room had a crack in the seat upholstery approximately 1"x 6".

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 chair on 12/20/19 while the inspector was present. A desk and computer for resident use was put in the place of the damaged chair. (See attachment #6).

A daily checklist for the Program Administrator and/or designated person was created to track compliance on mandatory postings and also a building walkthrough to ensure all furniture and equipment is in good repair, clean and free of hazards. (See attachment # 2).

The daily checklist was implemented 4/23/20. The Program Administrator reviewed the licensing requirement that furniture and equipment must be in good repair, clean and free of hazards during the 1/16/20 staff meeting. *se* 6/18/20

Legal Entity Representative

Signature 

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

3-12-2020
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(Initials)

Implemented
 Not Implemented

132e - Fire Drill Sleeping Hours

Regulations

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last sleeping hours fire drill was conducted 4/30/2019 at 4:00 am.

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 conducted the overnight fire drill on 12/21/2019 at 3:23am (See attachment #1).

The Program Administrator reviewed the Licensing requirements for conducting an overnight fire drill with staff during the staff meeting on 1/16/2020. (See attached #7).

The Program Administrator will schedule the overnight fire drills in the Outlook calendar with notifications to all management and staff for upcoming drills. (See attachment #3).

Legal Entity Representative



Signature

Robert J. Baker, President/CEO, KSS

Printed Name and Title

3-12-2020

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 Not Implemented

227g -Support Plan Signatures

Regulations

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #2's support plan, dated 3/6/19, was not signed by the resident nor does it indicate the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

Resident #3's support plan, dated 3/29/19, was not signed by the resident nor does it indicate the resident was unable to participate, declined to participate, refused to sign or was unable to sign.


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 (PA), Mental Health Professional (MHP), Personal Care Specialist (PCS) and Registered Nurse (RN) reviewed all current resident RASPs for completion, including staff and resident signatures and/or refusals to sign on January 16, 2020. (See attachment 9(a))

The Program Administrator and MHP along with Nursing, PCS and/or PCAs when available, will meet monthly, and review 2 different resident RASPs for completion including signatures and/or refusals. (See attachments 9(b))

The Program Administrator has updated the chart audit forms to include signatures of the RASP by staff and resident or marked refused. The chart audit forms are completed for 2 different residents from the RASP meeting each monthly by the PCS and/or Overnight PCA. (See attachment #5)

The Program Administrator reviewed the licensing requirement that individuals who participate in the development of the support plan shall sign and date the support plan during the 1/16/20 staff meeting.  6/18/20

Legal Entity Representative



Signature

Robert J. Baker, President/CEO, KSS

Printed Name and Title


3-12-2020

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