

Department of Human Services
Bureau of Human Service Licensing

March 4, 2022

[REDACTED], CHIEF EXECUTIVE OFFICER
[REDACTED]
[REDACTED]
[REDACTED]

RE: KEYSTONE COMMUNITY MH
1009 OLD NOBLESTOWN ROAD
OAKDALE, PA, 15071
LICENSE/COC#: 43876

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/24/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

Facility Information

Name: *KEYSTONE COMMUNITY MH* License #: *43876* License Expiration: *04/29/2023*
Address: *1009 OLD NOBLESTOWN ROAD, OAKDALE, PA 15071*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *05/28/1981* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *7* Waking Staff: *5*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *01/28/2022*

Inspection Dates and Department Representative

01/24/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* Residents Served: *7*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *7* Are 60 Years of Age or Older: *4*
Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

01/24/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/06/2022*

Inspections / Reviews *(continued)*

03/04/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *03/08/2022*

03/04/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

At approximately 11:45 a.m., the water temperature at the sink faucet and at the bathtub faucet in the unlocked second floor staff bathroom accessible to residents, measured 130.1 degrees Fahrenheit. At 3:30 p.m. the water temperature measured 130.0 degrees Fahrenheit.

Plan of Correction

Accept

Immediately following the inspection, on 1/24/22, the water heater setting was adjusted by the Program Administrator. The water temperature was checked periodically after the adjustment was made and found to be consistently under 120 degrees Fahrenheit. Evidence of this adjustment and documentation of the water temperature can be found in Attachment #1; Keystone Service Systems, Inc. (Keystone) maintains a process in which program standards, including but not limited to ensuring the program's hot water supply does not exceed 120 degrees Fahrenheit is assessed and monitored weekly through the use of the Weekly Hot Water Temperature Log. The Program Administrator is responsible to ensure accuracy and completion of water temperature monitoring through oversight of the Weekly Hot Water Temperature Log. Through review of the process, it was determined that the Weekly Hot Water Temperature Log was being completed; however, temperature checks were not being completed in this bathroom as it is designated for staff use only. Keystone will continue to use the Weekly Hot Water Temperature Log to ensure water temperature is maintained at or below 120 degrees Fahrenheit. On 2/1/2022, the Director emailed the Program Administrator directions on the process for testing water temperatures and how to adjust the temperature if needed through a work order; proof of this communication is found in Attachment #2.

Document Submission

Implemented

Implementation of this POC has been completed and will continue to be followed.

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

On 8/4/21, resident #2 was prescribed [REDACTED], inject straight order PLUS low dose sliding scale for blood glucose readings above 80 as follows:

[REDACTED]

- 141 - 180 = 1 unit
- 181 - 220 = 2 units
- 221 - 260 = 3 units
- 261 - 300 = 4 units
- 301 - 340 = 5 units
- 341 - 380 = 6 units
- 381 - 420 = 7 units

184a - Labeling OTC/CAM (continued)

However, resident #2's medication label did not indicate any medication coverage for breakfast dosage and did not indicate the addition of low dose sliding scale for blood glucose readings above 80.

Plan of Correction

Accept

The Program Administrator contacted the pharmacy to have new labels delivered while licenser was on site on 1/28/22. Keystone Service Systems Inc (Keystone) did not have a process to reconcile medications upon delivery by the pharmacy with the MARs. As such, a new process has been established in which the Medication Check-in log is completed each time medications are delivered to the program. This check ensures that medications are properly and completely labeled and that medications match the MAR, and is completed by the nurse or designee. The designee must be a medication practicum observer to be qualified to complete the reconciliation. The nurse, medication practicum observers as well as program staff were trained on the new process and the Medication Check-in log on 2/10/2022 by the Program Administrator. Proof of training can be found in Attachment #3. This process was implemented on 2/17/2022; see Attachment #4 for proof of implementation .

Document Submission

Implemented

Implementation of this POC has been completed and will continue to be followed.

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 4. Strength.
- 6. Dose.

Description of Violation

On 10/9/20, resident #1 was prescribed [REDACTED], take two tabs every six hours as needed for mild pain. However, the January 2022 medication administration record indicated [REDACTED], take two tabs as needed for pain.

On 8/4/21, resident #2 was prescribed [REDACTED], inject straight order PLUS low dose sliding scale for blood glucose readings above 80 as follows:

[REDACTED]

- 141 - 180 = 1 unit
- 181 - 220 = 2 units
- 221 - 260 = 3 units
- 261 - 300 = 4 units
- 301 - 340 = 5 units
- 341 - 380 = 6 units
- 381 - 420 = 7 units

However, resident #2's January 2022 medication administration record did not indicate the numerical values of any sliding scale insulin administered.

187a - Medication Record (continued)**Plan of Correction****Accept**

This violation was a result of staff not entering the complete sliding scale values on the MAR. The Program Administrator corrected the MAR while licensor was on site on 1/28/22 . Keystone Service Systems Inc (Keystone) did not have a process to reconcile medications upon delivery by the pharmacy with the MARs. As such, a new process has been established in which the Medication Check-in log is completed each time medications are delivered to the program. This check ensures that medications are properly and completely labeled and that medications match the MAR, and is completed by the nurse or designee. The designee must be a medication practicum observer to be qualified to complete the reconciliation. The nurse and the medication practicum observers were trained on the new process and the Medication Check-in log on 2/10/2022 by the Director of SCR Services . Proof of training can be found in Attachment #3. This process was implemented on 2/17/2022; see Attachment #4 for proof of implementation .

Document Submission**Implemented**

Implementation of this POC has been completed and will continue to be followed.