

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

June 5, 2023

[REDACTED]
KEYSTONE HUMAN SERVICES
[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 04/12/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *KEYSTONE COMMUNITY MH* License #: *43876* License Expiration: *04/29/2024*
 Address: *1009 OLD NOBLESTOWN ROAD, OAKDALE, PA 15071*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: *KEYSTONE HUMAN SERVICES*
 Address: [Redacted]
 Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

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

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint, Incident* Exit Conference Date: *04/25/2023*

Inspection Dates and Department Representative

04/12/2023 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: *5*
 Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *3*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

04/12/2023 - Full
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *05/07/2023*

05/08/2023 - POC Submission
 Submitted By: [Redacted] Date Submitted: *06/05/2023*
 Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *05/12/2023*

Inspections / Reviews (*continued*)

05/08/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/05/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/31/2023

06/05/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/05/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The only menu posted in the home was dated 4/10/23 through 4/16/23.

Plan of Correction

Accept (█) - 05/08/2023)

The menu dated 4/17/23 - 4/23/23 was posted at the program on the date of inspection, 4/12/23. Evidence of this can be found in Attachment #1. The current menu has since been created and posted by the Program Coordinator at the Personal Care Home; proof of this can be found in Attachment #2. Keystone Human Services, Inc (Keystone) has a process in which the Program Coordinator will create and post menus that state the specific food that will be served for each meal every Friday for the following week. Additionally, Keystone has implemented a new process in which program standards, including but not limited to, ensuring the current menu is posted, are to be formally assessed and monitored bi-weekly through the use of the Digital SCR Site Audit form. The Program Coordinator is responsible for completing the SCR Site Audit, and the MH Director is responsible for ensuring the site audit was completed and any deficiencies are appropriately addressed. Through review of this process, it was determined that the Program Coordinator was not posting the menus on the specified date ahead of time for the following week. The program Coordinator was retrained on their responsibility surrounding posting food specific menus on 5/1/23. Proof of this training as well as the content, can be found in Attachment #3. The Program Coordinator resumed this responsibility on 5/1/23 after this training. Staff received notification on 5/31/23 that the SCR Site Audit form was now digital; proof of this notification can be found in Attachment #5.

Licensee's Proposed Overall Completion Date: 05/08/2023

Implemented (█) 06/05/2023)

183e - Storing Medications

2. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #1's █ was dated as opened on █/23; however, according to the manufacturer's instructions for this medication, the █ is to be discarded 28 days after opening.

Resident #1's █ was open and undated. According to the manufacturer's instructions for this medication, the █ is to be discarded 28 days after opening.

Plan of Correction

Accept (█) - 05/08/2023)

Resident #1 has been admitted in the hospital since █/23. On the date of inspection, 4/12/23, the Program Supervisor disposed of the █ that was opened on █/23 as well as the █ that did not have the open date labeled on it. Resident #1 will not be returning to Keystone Human Services (Keystone) Personal Care Home after being discharged from the hospital. Keystone has a process in which the staff member who opened the insulin records

183e - Storing Medications (continued)

the opening date on the packaging using a premade label for the resident to ensure use within 28 days. Staff members discard [REDACTED] that are exceed 28 days past the opened date. Through review of the process, it was determined

that the staff were not following this process. As a result, all medication administering staff were retrained on 5/4/23 on the requirements for labeling [REDACTED] when opening the [REDACTED] and discarding after 28 days of opening. The Program Administrator (or designee) will be responsible to ensure all [REDACTED] are labeled with the opening date and discarded after 28 days of being opened. The Program Administrator, or designee, is responsible for reviewing the medication cart weekly to ensure expired medications are discarded, including unlabeled [REDACTED] or [REDACTED] that were open more than 28 days prior to the review date. An outline of the training conducted on 5/4/23 as well as proof of staff training are contained in Attachment #4. It should be noted that one of the medication administering staff were unavailable to attend this training; they will be attending another Personal Care Home's [REDACTED] training provided in June 2023. Proof of this staff's training will be provided by 6/30/23.

Licensee's Proposed Overall Completion Date: 05/08/2023

Implemented ([REDACTED] - 06/05/2023)