

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

August 6, 2024

[REDACTED], CHIEF EXECUTIVE OFFICER
KEYSTONE HUMAN SERVICES
[REDACTED]

RE: KEYSTONE HUMAN SERVICES
759 CRAWFORD ROAD
PITTSBURGH, PA, 15237
LICENSE/COC#: 44739

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/29/2024 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 HUMAN SERVICES* License #: *44739* License Expiration: *01/10/2025*
 Address: *759 CRAWFORD ROAD, PITTSBURGH, PA 15237*
 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: *R-4* Date: *01/11/2016* Issued By: *Ohio Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *8* Waking Staff: *6*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *05/29/2024*

Inspection Dates and Department Representative

05/29/2024 - On-Site: [REDACTED]

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: *7* Are 60 Years of Age or Older: *6*
 Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

05/29/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/13/2024*

06/14/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *08/01/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/20/2024*

Inspections / Reviews (*continued*)

06/26/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/01/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 08/01/2024

08/06/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/01/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

103g - Storing Food

1. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At 9:56 AM, there was an open and unsealed 2 lb. bag of light brown sugar in an upper cabinet in the Cape Cod Kitchen.

Plan of Correction

Directed (████) - 06/26/2024)

On 5/29/2024 , the unsealed, light brown, bag of sugar was discarded by the Program Administrator. Keystone Service Systems, Inc (Keystone) maintains a process in which program standards, including but not limited to ensuring that food is contained in closed or sealed containers, is to be formally assessed and monitored monthly by the Program Administrator or Program Coordinator through the use of the electronic SCR Site Audit. Any non-compliance noted on the SCR Site Audit will be monitored through reporting by the Director and Program Administrator until full remediation is achieved. Through review of the process, in context to the citation, it was determined that the SCR Site Audit was being completed by the Program Administrator or Program Coordinator; however, this requirement was not thoroughly reviewed upon completion of the audit. As a result, on or before 6/28/2024, the Director will re-train the Program Administrator and Program Coordinator on regulation 2600.103(g) and the business process to maintain compliance with this standard that is to be completed by the Program Administrator/Program Coordinator and the expectations around monitoring and following up on non-compliances by the Director; proof of this re-training will be forthcoming. On 6/13/2024, the Program Administrator trained all personal care home staff on regulation 2600.103(g), the need to store all food in sealed or closed container and the SCR Monthly Site Audit; proof of this training is found in Attachment #1. Effective 7/1/2024, the Program Administrator will continue to use the SCR Site Audit to monitor compliance with this standard. On/or before 6/25/2024, at the all staff meeting, all licensing violations and the plan of corrections will be reviewed by the Program Administrator with all staff. Finally, effective, 6/24/2024 a task was entered in Keystone's task tracking software that prompts staff to check food expirations and concealment of food in sealed storage containers on a weekly basis.

DIRECTED: By 7/15/24: The home shall conduct a quality management review which includes a review of all items specified in 2600.26b. Documentation of the review shall be kept. █████ 6/26/24

Proposed Overall Completion Date: 06/28/2024

Directed Completion Date: 07/15/2024

Implemented (████) - 08/06/2024)

141b1 - Annual Medical Evaluation

2. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation, dated █████, does not include resident #1's allergies. This section of resident #1's medical evaluation is blank.

Resident #2's most recent medical evaluation, dated █████, does not include resident #2's pulse rate or allergies.

141b1 - Annual Medical Evaluation (continued)

These sections of resident #2's medical evaluation are blank.

Plan of Correction

Directed ([REDACTED]) - 06/26/2024)

Resident #1 is scheduled for their annual medical evaluation on [REDACTED]. Resident #2 is scheduled for their annual medical evaluation on [REDACTED]. Due to the timeframe of the citation, Keystone Service Systems (Keystone), is unable to correct the issue and have the annual medical evaluations from almost a year ago signed off on by the rendering physician. Therefore the issue will be mitigated in going forward. Keystone Service Systems, Inc. (Keystone) maintains a process wherein all medical evaluations are scheduled by the Program Administrator (or designee) in the individual's electronic health record (EHR) for 365 days from the date of the last evaluation. Upon completion of the medical evaluation form, the Program Administrator (or designee) would then review the medical evaluation form to ensure it is complete and compliant prior to marking the appointment as complete in the individual's EHR and uploading the supporting documentation. Additionally through reporting functionality, the Program Administrator (or designee) will monitor timeliness of medical evaluations to ensure they are completed within the regulatory timeframe. Through review of this citation in context to the business process, it was found that Program Administrator did not review the medical evaluation for completeness or compliance prior to uploading the documentation. As a result, on or before 06/28/2024, the Director will train the Program Administrator and Program Coordinator on regulation 2600.141(b)(1) and the business process to maintain compliance with this standard regardless of staffing issues. Proof of this training will be forthcoming. Effective 06/28/2024, the Program Administrator will monitor all medical evaluations for timeliness by completing monthly resident record reviews. The Director will provide oversight for these reviews and ensure any identified remediation is completed by the Program Administrator (or designee). On/or before 7/5/2024, the Program Administrator will conduct an audit of all other resident's medication evaluations to ensure all regulatory required elements are present on the form. If issues are identified during the audit, then those issues will be addressed by the Program Administrator and sent to the physician. Finally, on/or before 6/25/2024, at the all staff meeting, all licensing violations and the plan of corrections will be reviewed by the Program Administrator with all staff.

DIRECTED: By 7/15/24: The home shall conduct a quality management review which includes a review of all items specified in 2600.26b. Documentation of the review shall be kept. [REDACTED] 6/26/24

Proposed Overall Completion Date: 06/28/2024

Directed Completion Date: 08/01/2024

Implemented ([REDACTED]) - 08/06/2024)

184a - Resident's Meds Labeled

3. Requirements

2600.

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

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #2 is prescribed [REDACTED]

184a - Resident's Meds Labeled (continued)

however, resident #2's pharmacy label indicates

Plan of Correction**Directed () - 06/26/2024)**

On 05/29/2024 the Resident #2's primary care physician was contacted to clarify the dosage for the medication ; due to the updated prescription, a new label was issued by the pharmacy. As of 5/29/2024, the physician order, medication label, and electronic medication administration record (eMAR) all reconcile; proof of the clarification, updated label and prescription is contained in Attachment #2. Keystone Service Systems, Inc. (Keystone) did not have a formalized process to audit all medical components of individuals supported, including medications. Therefore, effective 06/28/2024, roles and responsibilities were defined for the agency nurse by the Associate Executive Director and Director of Nursing which includes weekly medication audits. As part of the medication audit, effective 6/24/2024, the nurse is to evaluate if the medication label contains the dosage and instruction for administration. The weekly medication audit would require a review of all individuals medications on a weekly basis. If issues are found with the medication label, the nurse is responsible to contact the pharmacy or physician and complete remediation as required. Effective 7/1/2024, the Director of Nursing and Director of Residential Services will review the medical audits completed by the agency nurse bi-weekly to ensure accuracy in the review and follow up on findings occurs timely. On/or before 6/28/2024, the Associate Executive Director will train the Director, Director of Nursing, Program Administrator and agency nurse on regulation 2600.184(a) and the agency nurse roles and responsibilities around medication cart audits medications being present, being administered as prescribed and in the original medication packaging. Proof of this training will be forthcoming. On/or before 6/25/2024, at the all staff meeting, all licensing violations and the plan of corrections will be reviewed by the Program Administrator with all staff. Finally, on/or before 6/25/2024, all staff will be trained by the agency nurse and Program Administrator on regulation 2600.184(a) and the process in place for updating the electronic medication administration record immediately upon receipt of being issued a new medication order. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. 6/26/24).

DIRECTED: By 7/15/24: The home shall conduct a quality management review which includes a review of all items specified in 2600.26b. Documentation of the review shall be kept. 6/26/24

Proposed Overall Completion Date: 06/28/2024

Directed Completion Date: 07/15/2024

Implemented () - 08/06/2024)

187a - Medication Record

4. Requirements

2600.

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

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.

187a - Medication Record (*continued*)

8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #2 is prescribed [REDACTED] however, resident #2's May 2024 Medication Administration Record (MAR) indicates [REDACTED] mg

Resident #3 is prescribed [REDACTED] however, resident #3's May 2024 MAR indicates [REDACTED]

Resident #3 is prescribed [REDACTED] however, resident #3's May 2024 MAR indicates [REDACTED]

Resident #3 is prescribed [REDACTED]; however, resident #3's May 2024 MAR indicates [REDACTED]

Plan of Correction

Directed ([REDACTED]) - 06/26/2024)

05/29/2024, Resident #2's primary care physician was contacted to clarify the dosage and time of administration. An updated prescription was obtained to reflect taking the medication daily in the morning and in the evening. Resident #2's electronic medication administration record (eMAR) was updated on 5/29/2024 to match the prescription update. Proof of this remediation is found in Attachment #2.

On 5/29/2024, Resident #3's eMAR was updated to reflect [REDACTED]. Resident #3's eMAR was updated to reflect [REDACTED] being discharged by the physician on 5/31/2024. Proof of this remediation is found in Attachment #5. Keystone Service Systems, Inc. (Keystone) did not have a formalized process to audit all medical components of individuals supported, including medications. Therefore, effective 06/28/2024, roles and responsibilities were defined for the agency nurse by the Associate Executive Director and Director of Nursing which includes weekly medication audits. As part of the medication audit, effective 6/24/2024, the nurse is to evaluate if the medication label contains the dosage and instruction for administration. If issues are found with the medication label, the nurse is responsible to contact the pharmacy or physician and complete remediation as required. If the medication label doesn't match the eMAR, the agency nurse will update the eMAR to match the prescription label. Effective 7/1/2024, the Director of Nursing and Director of Residential Services will review the medical audits completed by the agency nurse bi-weekly to ensure accuracy in the review and follow up on findings occurs timely. On/or before 6/28/2024, the Associate Executive Director will train the Director, Director of Nursing, Program Administrator and agency nurse on regulation 2600.187(a) and the agency nurse roles and responsibilities around medications being present, medication prescriptions/eMAR matching, medications being administered as prescribed and in the original medication packaging. Proof of this training will be forthcoming. On/or before 6/25/2024, at the all staff meeting, all licensing violations and the plan of corrections will be reviewed by the Program Administrator with all staff. Finally, on/or before 6/25/2024, all staff will be trained by the agency nurse and Program Administrator on regulation

187a - Medication Record (continued)

2600.187(a) and the process in place for updating the electronic medication administration record immediately upon receipt of being issued a new medication order. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 6/26/24)

DIRECTED: By 7/15/24: The home shall conduct a quality management review which includes a review of all items specified in 2600.26b. Documentation of the review shall be kept. [REDACTED] 6/26/24

Proposed Overall Completion Date: 06/28/2024

Directed Completion Date: 07/15/2024

Implemented ([REDACTED] - 08/06/2024)

187d - Follow Prescriber's Orders

5. Requirements

2600.187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed [REDACTED]; however, according to resident #3's May 2024 MAR, [REDACTED] has not been administered to resident #3 daily from 5/1/24 through 5/29/24.

Plan of Correction

Directed ([REDACTED] - 06/26/2024)

Keystone Service Systems, Inc. (Keystone) maintains a process wherein upon receiving a prescription, the prescription is transcribed onto the electronic medication administration record (eMAR) by the Program Administrator at the time of issuance. All staff would administer medications as outlined on the eMAR and in accordance with the Department approved Medication Administration Training. Through review of this violation, it was found that [REDACTED] was transcribed on the eMAR incorrectly as a PRN medication by the Program Administrator and the medication should have been listed as a routine medication on the eMAR. It should be noted that the medication [REDACTED] was discharged by the physician on 5/31/2024; proof of the medication discharge is found in Attachment #4.

(DIRECTED: Within 24 hours of receipt of the plan of correction: The administrator shall ensure resident #3's [REDACTED] is removed from resident #3's MAR in accordance with the discontinued physician order, dated 5/31/24. [REDACTED] 6/26/24). As a result of the citation in context to the business process, effective 6/24/2024, the agency nurse is to evaluate a sample of medications for all residents to ensure the medication label matches the medication order and eMAR. Additionally, the audit will check to see if the medications are being administered as ordered. If errors are found, the agency nurse will immediately notify the Program Administrator. The Program Administrator will complete re-education with the staff and file an incident report as necessary. On/or before 6/25/2024, at the all staff meeting, all licensing violations and the plan of corrections will be reviewed by the Program Administrator with all staff. Finally, on/or before 6/25/2024, all staff will be trained by the agency nurse and Program Administrator on regulation 2600.187(d) and the validation process in place to administer medications as prescribed in accordance with the medication administration training. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 6/26/24)

DIRECTED: By 7/15/24: The home shall conduct a quality management review which includes a review of all

187d - Follow Prescriber's Orders (continued)

items specified in 2600.26b. Documentation of the review shall be kept. [REDACTED] 6/26/24

Proposed Overall Completion Date: 06/28/2024

Directed Completion Date: 07/15/2024

Implemented ([REDACTED] - 08/06/2024)