

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

January 29, 2025

[REDACTED]
KEYSTONE HUMAN SERVICES
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/23/2024 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 COMMUNITY MH* License #: *43876* License Expiration: *04/29/2025*
 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: *05/29/1981* Issued By: *L&I*

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *12/23/2024*

Inspection Dates and Department Representative

12/23/2024 - 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: *3*
 Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

12/23/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/09/2025*

01/09/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *01/28/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/16/2025*

Inspections / Reviews (*continued*)

01/16/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/28/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/23/2025

01/29/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/28/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

42c Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Sometime on or around [REDACTED] during the dinner time meal, direct care staff person A told resident [REDACTED], resident [REDACTED] and resident [REDACTED] "I hope you all burn in [REDACTED] and [REDACTED]" Resident [REDACTED] indicated "I felt really disrespected, and I told [REDACTED] that when [REDACTED] said it, and I said we need to find a solution instead of hate." Resident [REDACTED] indicated "It made me feel like someone that I trusted was not on my side, it made me feel inadequate, you know, just different, someone I thought was in my corner wasn't" and resident [REDACTED] also indicated [REDACTED] felt disrespected by the interaction with direct care staff person A.

Plan of Correction

Accept [REDACTED] - 01/16/2025)

On [REDACTED], an incident report was filed with the Department, county and Adult Protective Services by the Program Administrator; the initial and final reporting of this incident report is found in Attachment #1. Additionally, on [REDACTED], Staff Member A was placed on Administrative Leave pending the outcome of an internal investigation. On [REDACTED] Staff Member A severed employment with Keystone Service Systems, Inc. (Keystone) and didn't have any interactions with residents receiving services since being placed on Administrative Leave on [REDACTED]. Keystone maintains a process in which all staff receive training on Resident Rights, which includes treating all residents with dignity and respect, within the first 40 scheduled working hours and annually thereafter. Staff Member A most recently completed the Resident Rights training on 8/15/2024. Additionally, a Resident Rights Poster is placed in the common area of the residential home and outlines for residents what their rights entail and how to report any issues of rights violations. Finally, upon admission and annually thereafter, all residents receive education on their rights and how to file a complaint with the Program Administrator, should they feel their rights have been violated. Resident [REDACTED] had their rights reviewed with them on [REDACTED]; proof of this education is found in Attachment #2. Resident [REDACTED] had their rights reviewed with them on [REDACTED]; proof of this education is found in Attachment #2. Resident [REDACTED] had their rights reviewed with them on [REDACTED]; proof of this education is found in Attachment #2. In order to prevent future occurrence of this issue, on/or before 1/15/2025, the Program Administrator will re-train all direct support staff on regulation 2600.42(c), the Resident Rights poster and the need to report any issues reported by residents to the Program Administrator at the time in which the event occurs or is reported to them. Proof of this re-education is forthcoming. On 12/31/2024, the Program Administrator had a meeting with all residents to review their rights and how to report any issues to the Program Administrator at the time in which the event occurs. Proof of this re-education is found in Attachment #2. Finally, to ensure monitoring of compliance with regulation 2600.42(c), the Program Administrator will meet with all residents on a weekly basis to review any concerns/issues of the residents. Weekly, documented meetings with the residents will start the week of 1/20/2025 and will conclude the week of 4/13/2025. The Program Administrator will maintain documentation of the weekly meetings, participation of residents in meetings, reported issues and corrective actions taken to address concerns.

Licensee's Proposed Overall Completion Date: 04/18/2025

Implemented [REDACTED] 01/29/2025)