

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to KEYSTONE SERVICE SYSTEMS, INC.

LEGAL ENTITY

To operate REYNOLDS LANE SPECIALIZED PERSONAL CARE

NAME OF FACILITY OR AGENCY

Located at 5250 REYNOLDS LANE, HARRISBURG, PA 17111

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 8  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 10, 2012 until June 10, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **316580**

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670

FAX: (717) 783-5662

MAY 22 2012

Mr. Michael Grier, CEO  
Keystone Service Systems, Inc.  
3609 Derry Street  
Harrisburg, Pennsylvania 17111

RE: Reynolds Lane Specialized Personal Care  
5250 Reynolds Lane  
Harrisburg, Pennsylvania 17111

Dear Mr. Grier:

As a result of the Department of Public Welfare's licensing inspection on April 24, 2012, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to be 'R. Melusky', written over a horizontal line.

Ronald Melusky  
Director

Enclosure  
License



Violation Report: 31658 - 04/24/2012 - Minnich, Ron  
PCH Name: REYNOLDS LANE SPECIALIZED PERSONAL CARE

1. REGULATION 55 Pa. Code §2600

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2. DESCRIPTION OF VIOLATION

On 4/24/12, the home had 6 residents, but only 12 gallons of emergency drinking water.

3. 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.

- 1) 24 gallons of emergency drinking water was purchased on 5/8/12. See attachment 1.
- 2) The Program Administrator will complete quarterly checks to ensure that a 3-day supply of drinking water is available.
- 3) IF it is discovered that a 3-day supply of drinking water is not available, the Program Administrator will purchase more water to accommodate the number of residents who reside in the home.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Name and Title]*

Date 5-18-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/10/12  
(Date)

Verification of Legal Entity Representative Signature *[Signature]*  
(Date)

The above plan of correction was approved by *[Signature]*  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented