



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUL 19 2013

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

RE: Keystone Human Services – Queen Street SCR  
2033 South Queen Street  
York, Pennsylvania 17402

Dear Mr. Grier:

As a result of the Department of Public Welfare's licensing inspection on April 23, 2013, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes).

Your regular license for the period June 20, 2013 until June 20, 2014 was issued on March 7, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", with a horizontal line extending to the right.

Ronald Melusky  
Director

Enclosure  
Violation Report



Violation Report: 32950 - 04/23/2013 - Riel, Becky  
 PCH Name: KEYSTONE HUMAN SERVICES QUEEN ST SCR

**1. REGULATION 55 Pa.Code §2600**  
 2600.25(d) SOPa - The resident-home contract is to include whether or not the home collects a portion of a resident's rebate under § 2600.25(d) (relating to resident-home contract).

**2a. DESCRIPTION OF VIOLATION**  
 The resident-home contracts for Residents #1 & #2 do not indicate whether the home collects a portion of the residents' rent rebate benefits.

**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.

The two residents signed addendum on 4/26/13 to the contract specifying that funds from the rent rebate will not be requested. All the resident contracts were audited and updated as needed. The contract addendum has been reviewed with the program administrator and in the future the program administrator will ensure that they are signed and filed with the contract. The program director will audit the files annually to ensure these are being completed correctly.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)      B.H. Newell      Date 6/12/13

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

The above plan of correction is approved as of <u>6-26-13</u> (Date)	Plan of correction implementation status as of <u>6-26-13</u> (Date)
The above plan of correction was approved by <u>BE</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented