



JUL 19 2013

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 May 2, 2013, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period of June 10, 2013 to June 10, 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".

Ronald Melusky
Director

Enclosure
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: REYNOLDS LANE SPECIALIZED PERSONAL CARE		License Number: 316580
Address: 5250 REYNOLDS LANE, HARRISBURG, PA 17111		County: Dauphin
Administrator: Sherene Robinson		Region: CENTRAL
Legal Entity Name: KEYSTONE SERVICE SYSTEMS INC		
Legal Entity Address: 3609 DERRY STREET, HARRISBURG, PA 17111		
Certificate(s) of Occupancy C3 06/04/2003 L&I		
Staffing Hours Resident Support: NM Total Daily Staff: 8 Waking Staff: 6		
Type of Inspection: Ind - 49 Indicators		BHA Docket Number: NA Notice: Unannounced
Reason(s) for Inspection(s) Indicator		
On-Site Inspections Dates and Department Representatives On-Site: 05/02/2013: Riel, Becky; Bungo, John		
Off-Site Inspection Dates and Inspectors, if Applicable <div style="text-align: right; padding-right: 50px;"> <p>RECEIVED</p> <p>JUN 24 2013</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p> </div>		
Other Details Partial or Full Triggers: Random Indicators: 20b3; 28c; 83a; 85a; 181d		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 8 Number of Residents Served: 8 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 5 Have Mental Illness: 8 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 31658 - 05/02/2013 - Riel, Becky
 PCH Name: REYNOLDS LANE SPECIALIZED PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.28(f)(2) - Refunds shall be made within 30 days of the resident's discharge.


2a. DESCRIPTION OF VIOLATION
 Resident #1 was discharged on 2/23/2013. The home did not provide the required refund until 4/12/2013.

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 instance that occurred in January 2013 (discharged occurred in January not February as initially reported) was an exception and was a result of a problem with an outside party, which going forward the Finance Department will be more aggressive in making sure that all communications regarding payment status or changes are done to insure that our process runs smoothly.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
B.H. Newill	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 type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented