



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: October 21, 2014**

Mr. Michael Grier, Executive Director  
Keystone Service Systems, Inc.  
8182 Adams Drive  
Hummelstown, Pennsylvania 17036

RE: Reynolds Lane Specialized Personal Care  
5250 Reynolds Lane  
Harrisburg, Pennsylvania 17111  
License #: 316580

Dear Mr. Grier:

As a result of the Department of Public Welfare's Human Services licensing inspection on September 8, 2014 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Sincerely,

A handwritten signature in black ink that reads "Jaime Erb".

Jaime Erb  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 31658 - 09/08/2014 - Rosenblat, Dale  
 PCH Name: REYNOLDS LANE SPECIALIZED PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.224(c) - The preadmission screening shall be completed by the administrator or designee.

2a. DESCRIPTION OF VIOLATION

The preadmission screening dated 2/17/2014, for resident #1, admitted 7/17/2014, was not completed within 30 days prior to admission.

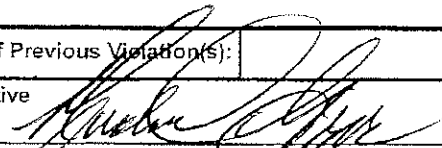
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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.

This was a result of the individual moving from another personal care home run by this agency. In the future the program admitting an individual that is a transfer from another program will complete all paperwork required for a new admission. The Mental Health Professional or Program Administrator will use an admission checklist to confirm all paperwork was completed and in the correct time frames. The Mental Health Professional and the Program Administrator will submit the admission check to the Program Director for confirmation that the paperwork is completed as required.

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
Robert Lopez, EB	10-17-14

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

The above plan of correction is approved as of <u>10/21/14</u> (Date)	Plan of correction implementation status as of <u>10/21/14</u> (Date)
The above plan of correction was approved by <u>JE</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