



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to KEYSTONE SERVICE SYSTEMS INC

To operate KHS MENTAL HEALTH SERVICES-GREEN STREET SPECIALIZED PC
LEGAL ENTITY
NAME OF FACILITY OR AGENCY

Located at 2900 GREEN STREET, HARRISBURG, PA 17110
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

<small>ADDRESS OF SATELLITE SITE</small>	<small>ADDRESS OF SATELLITE SITE</small>
<small>ADDRESS OF SATELLITE SITE</small>	<small>ADDRESS OF SATELLITE SITE</small>
<small>ADDRESS OF SATELLITE SITE</small>	<small>ADDRESS OF SATELLITE SITE</small>

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 Human Services 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 March 8, 2019 until June 21, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **328780**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
DEPUTY SECRETARY

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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to KEYSTONE SERVICE SYSTEMS INC

LEGAL ENTITY

To operate KHS MENTAL HEALTH SERVICES-GREEN STREET SPECIALIZED PC

NAME OF FACILITY OR AGENCY

Located at 2900 GREEN STREET, HARRISBURG, PA 17110

(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 Human Services 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 21, 2019 until June 21, 2020,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **328780**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
DEPUTY SECRETARY

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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

March 8, 2019

Mr. Robert J. Baker
Chief Executive Officer
Keystone Service Systems, Inc.
4391 Sturbridge Drive
Harrisburg, Pennsylvania 17110

RE: KHS Mental Health Services-Green St.
Specialized PC
2900 Green Street
Harrisburg, Pennsylvania 17110
Certificate #: 328780

Dear Mr. Baker:

The Department has received your March 5, 2019 renewal application to operate the above Personal Care Home pursuant to Title 55, PA Code, Chapter 2600. A regular license is being issued in response to your application.

The license indicates the facility's recent change in name from Green St. Specialized Community Residence to KHS Mental Health Services- Green St. Specialized PC. Your license is enclosed.

Please be advised that, pursuant to 55 Pa.Code § 20.31 (relating to annual inspection), the Department is required to conduct an onsite inspection of the above Personal Care Home at least once every twelve months. The Department will conduct an inspection of KHS Mental Health Services Green St. Specialized PC within the next twelve months. If evidence of noncompliance with Title 55, PA Code, Chapter 2600 is found during the inspection, the Department will take appropriate enforcement action.

If you have any questions about the Department's process, please contact the Bureau of Human Services Licensing's Provider Support Hotline at 1-866-503-3926 or by electronic mail at ra-pwarheadquarters@state.pa.us.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License