



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to KEYSTONE SERVICE SYSTEMS, INC.  
LEGAL ENTITY

To operate KEYSTONE MENTAL HEALTH SERVICES - MCKINLEY ST. PCH  
NAME OF FACILITY OR AGENCY

Located at 1280 MCKINLEY STREET, CHAMBERSBURG, PA 17201  
(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 August 29, 2019 until December 12, 2019,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **320340**

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
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 KEYSTONE MENTAL HEALTH SERVICES - MCKINLEY ST. PCH

NAME OF FACILITY OR AGENCY

Located at 1280 MCKINLEY STREET, CHAMBERSBURG, PA 17201

(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

(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 December 12, 2019 until December 12, 2020,

unless sooner revoked for non-compliance with applicable laws and regulations.

No: **320340**

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
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

August 30, 2019

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

RE: KHS Mental Health Services - McKinley St. PCH  
1280 East McKinley Street  
Chambersburg, Pennsylvania 17202  
Certificate #: 320340

Dear Mr. Baker:

The Department has received your August 29, 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 McKinley St. PCH to KHS Mental Health Services - McKinley St. PCH . 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 - McKinley St. PCH 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-pwarlheadquarters@state.pa.us](mailto:ra-pwarlheadquarters@state.pa.us).

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock".

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosure  
License