

Department of Human Services  
Bureau of Human Service Licensing

January 28, 2021

[REDACTED], CHIEF EXECUTIVE OFFICER  
KEYSTONE SERVICE SYSTEMS INC  
4391 STURBRIDGE DRIVE  
HARRISBURG, PA 17110

RE: KHS MENTAL HEALTH SERVICES-  
QUEEN ST SPECIALIZED PC  
2033 SOUTH QUEEN STREET  
YORK, PA, 17402  
LICENSE/COC#: 32950

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/25/2020, 11/30/2020, 12/01/2020, 12/02/2020, 12/04/2020, 01/05/2021, 01/06/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Gloria Emick

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *KHS MENTAL HEALTH SERVICES-QUEEN ST SPECIALIZED PC* License #: *32950* License Expiration Date: *06/20/2021*  
Address: *2033 SOUTH QUEEN STREET, YORK, PA 17402*  
County: *YORK* Region: *CENTRAL*

**Administrator**

Name: [REDACTED] Phone: *7175588450* Email: [REDACTED]

**Legal Entity**

Name: *KEYSTONE SERVICE SYSTEMS INC*  
Address: *4391 STURBRIDGE DRIVE, HARRISBURG, PA, 17110*  
Phone: *7175588450* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *R-4* Date: *03/20/2012* Issued By: *York Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *8* Waking Staff: *6*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *01/06/2021*

**Inspection Dates and Department Representative**

*11/25/2020 - Off-Site:* [REDACTED]  
*11/30/2020 - Off-Site:* [REDACTED]  
*12/01/2020 - Off-Site:* [REDACTED]  
*12/02/2020 - Off-Site:* [REDACTED]  
*12/04/2020 - Off-Site:* [REDACTED]  
*01/05/2021 - On-Site:* [REDACTED]  
*01/06/2021 - Off-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *8* Residents Served: *8*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *0*

**Resident Demographic Data as of Inspection Dates (*continued*)**

## Number of Residents Who:

Receive Supplemental Security Income: 6

Diagnosed with Mental Illness: 8

Have Mobility Need: 0

Are 60 Years of Age or Older: 4

Diagnosed with Intellectual Disability: 0

Have Physical Disability: 0

**Inspections / Reviews**

## 11/25/2020 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *01/18/2021*

## 1/26/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *02/15/2021*

## 1/28/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On 11/30/20 at 11 am, the licensing representative requested documentation of the investigation of abuse alleged to have occurred against Resident 1. The request was made verbally and in an email to Staff Person A, [REDACTED]. A copy of the investigation was not received until 12/2/20 at 1 pm.

Plan of Correction

Accept

Keystone Service Systems, Inc. (Keystone) stores all files, including but not limited to, investigation packets electronically for ease of access. Keystone maintains a process in which investigation records are released electronically upon formal request from the Program Administrator, as these records are not officially part of the individual's record. In this case, the request for release went through three different persons within Keystone's Administration for approval prior to releasing. In review of this process, all requests related to the individual's record, including any/all incident reports, related to the Departments investigation will be released by the Program Administrator at the time of the request. All additional requests related to employment action and/or other supplementary investigation materials will be submitted via email to the Compliance Department resource account directly by the Program Administrator and the Regional Director will be copied on the request. The Compliance Department will procure the requested documentation and electronically submit to the requester via secure email the requested documentation, and copy the Program Administrator and Regional Director on the submittal. The request will be processed as soon as possible and no later than 24 hours from the time of the request. The Program Administrator and Regional Director were trained on this new process on 1/15/21 by the Director of Corporate Compliance. Attachment A contains an outline of the training as well as email confirmation of attendance. Additionally a memo was issued with the aforementioned outlined process for all other Personal Care Home Program Administrators to implement on 1/15/21. Attachment B is a copy of the memo that was issued via email to all other Personal Care Home Program Administrators on 1/15/21.

Completion Date: 01/15/2021

Document Submission

Implemented

All steps have been completed