

Department of Human Services  
Bureau of Human Service Licensing

September 14, 2022

[REDACTED]  
KEYSTONE SERVICE SYSTEMS, INC.  
4391 STURBRIDGE DRIVE  
HARRISBURG, PA, 17110

RE: KEYSTONE MENTAL HEALTH  
SERVICES - MCKINLEY ST. PCH  
1280 MCKINLEY STREET  
CHAMBERSBURG, PA, 17201  
LICENSE/COC#: 32034

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/12/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

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: *KEYSTONE MENTAL HEALTH SERVICES - MCKINLEY ST.* License #: *32034* License Expiration: *12/12/2022*  
*PCH*

Address: *1280 MCKINLEY STREET, CHAMBERSBURG, PA 17201*

County: *FRANKLIN*

Region: *CENTRAL*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] [REDACTED] [REDACTED]

**Legal Entity**

Name: *KEYSTONE SERVICE SYSTEMS, INC.*

Address: *4391 STURBRIDGE DRIVE, HARRISBURG, PA, 17110*

[REDACTED] [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *R-4* Date: *07/28/2006* Issued By: *Gilfrd twnshp*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *7* Waking Staff: *5*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #: *0*  
Reason: *Renewal* Exit Conference Date: *07/12/2022*

**Inspection Dates and Department Representative**

07/12/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *8* Residents Served: *7*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *2*  
Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

07/12/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/31/2022*

Inspections / Reviews (*continued*)

09/09/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/15/2022*

09/14/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

25a - Written Contract and Review

1. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident’s designated person if any, prior to signature.

Description of Violation

The home did not provide an initial contract for Resident 1, admitted 0 [REDACTED].

Plan of Correction

Accept

Keystone Service Systems Inc. (Keystone) did not have a standardized process to ensure all resident-home contracts were present, complete and signed by all required parties outside of the first level manager. Therefore a new process was established effective 5/3/2021 wherein the resident- home contract was built in Keystone's electronic health record (EHR) and prompts staff automatically for completion with the individual on the date of intake. Additionally through reporting functionality, the Director (or administrative assistant) will monitor initial resident-home contract executions to ensure they are completed prior to and/or no later than the date of intake. Through review of this citation it was found that this report was not being utilized by the administrative assistant. Training will occur on the process and expected frequency for running this report, as well as steps for elevating any identified issues, by 9/23/2022. Proof of this training will be forthcoming.

Completion Date: 09/23/2022

Document Submission

Implemented

Steps have been completed. See Proof of Training Attachment

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 07/12/22, the home's ceilings were stained and bedroom walls were smudged with marks. Four nails were protruding from the window sill in Resident 1's room, maximizing the risk of potential injury.

Plan of Correction

Accept

While licensor was on-site, Program Coordinator removed four nails from Resident #1's window sill. On 7/19/2022, the ceilings and bedroom walls were painted; proof of these actions is contained in Attachment #5a and Attachment #5b. Keystone Service Systems, Inc. (Keystone) has a process in which program standards, including but not limited to ensuring the homes floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazard are to be formally assessed and documented weekly through the use of the SCR Weekly Site Audit. Through review of the process, it was determined that the SCR Weekly Site Audit was not being completed and/or monitored to ensure compliance with physical site standards. As a result, on 9/6/2022, the Program Administrator retrained the direct staff as it relates to the use of and monitoring of the SCR Weekly Site Audit. The Director of the SCR Services will be responsible to ensure accuracy and completion through oversight of the SCR Weekly Site Audit completed by the Program Supervisor (or Program Coordinator). An outline of the training conducted on 9/6/2022 as well as proof of staff training are contained in Attachment #1 and Attachment #1a.

Completion Date: 09/08/2022

## 88a - Surfaces (continued)

**Document Submission****Implemented***Steps have been completed.*

## 95 - Furniture and Equipment

**1. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

**Description of Violation***The sink faucet in Bathroom # 2 was not securely fastened when attempting to turn on the water.***Plan of Correction****Accept**

*On 7/19/2022, the faucet in the second bathroom was secured; proof of this maintenance is found in Attachment #3 and Attachment #3a. Keystone Service Systems, Inc. (Keystone) has a process in which program standards, including but not limited to ensuring all equipment in the bathroom is in good repair. This is to be formally assessed and documented weekly through the use of the SCR Weekly Site Audit. Through review of the process, it was determined that the SCR Weekly Site Audit was not being completed and/or monitored to ensure compliance with physical site standards. As a result, on 9/6/2022, the Program Supervisor retrained direct staff as it relates to the use of and monitoring of the SCR Weekly Site Audit. The Director will be responsible to ensure accuracy and completion through oversight of the SCR Weekly Site Audit completed by the Program Supervisor (or Program Coordinator). An outline of the training conducted on 9/6/2022 as well as proof of staff training are contained in Attachment #1 and Attachment #1a.*

**Completion Date:** 09/08/2022**Document Submission****Implemented***Steps have been completed.*

## 103f - Refrigerator/Freezer Temps

**1. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**Description of Violation***There was no thermometer in the main refrigerator located in the hallway.***Plan of Correction****Accept**

*On 7/16/2022, a thermometer was placed in the main refrigerator of the program; proof of the thermometer in the refrigerator is found in Attachment #2 and Attachment #2a. Keystone Service Systems, Inc. (Keystone) has a process in which program standards, including but not limited to ensuring all freezers/refrigerators are equipped with a functioning thermometer is to be formally assessed and documented weekly through the use of the SCR Weekly Site Audit. Through review of the process, it was determined that the SCR Weekly Site Audit was not being completed and/or monitored to ensure compliance with physical site standards. As a result, on 9/6/2022, the Program Supervisor retrained direct staff as it relates to the use of and monitoring of the SCR Weekly Site Audit. The Director will be responsible to ensure accuracy and completion through oversight of the SCR Weekly Site Audit completed by the Program Supervisor (or Program Coordinator). An outline of the training conducted on 9/6/2022 as well as proof of staff training are contained in Attachment #1 and Attachment #1a.*

**Completion Date:** 09/08/2022

**103f - Refrigerator/Freezer Temps (continued)****Document Submission****Implemented***Steps have been completed.***105g - Lint Removal and Duct Cleaning****1. Requirements**

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

**Description of Violation**

*On 07/12/22, there was an approximate 1 inch accumulation of lint in the lint trap of the dryer. There were no clothes in the dryer at the time.*

**Plan of Correction****Accept**

*While licensor was on-site, the dryer lint was removed by Program Coordinator. Keystone Service Systems, Inc. (Keystone) has a process in which program standards, including but not limited to ensuring dryer lint traps are cleaned and free of hazard is to be formally assessed and documented weekly through the use of the SCR Weekly Site Audit. Through review of the process, it was determined that the SCR Weekly Site Audit was not being completed and/or monitored to ensure compliance with physical site standards. As a result, on 9/6/2022, the Program Supervisor retrained direct staff as it relates to the use of and monitoring of the SCR Weekly Site Audit. The Director will be responsible to ensure accuracy and completion through oversight of the SCR Weekly Site Audit completed by the Program Supervisor (or Program Coordinator). An outline of the training conducted on 9/6/2022 as well as proof of staff training are contained in Attachment #1 and Attachment #1a.*

**Completion Date:** 09/08/2022

**Document Submission****Implemented***Steps have been completed.***107c - Food/Water 3 Day Supply****1. Requirements**

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

**Description of Violation**

*On 07/12/22, the home served 7 residents, requiring a 3 day supply of non perishable food for each resident. The home's current supply is insufficient in meeting this need.*

**Plan of Correction****Accept**

*On 7/14/2022, the emergency food supply was stocked; proof of the restocking is found in Attachment #4. Keystone Service Systems, Inc. (Keystone) has a process in which program standards, including but not limited to ensuring 3 days' worth of emergency food is available for each resident is to be formally assessed and documented weekly through the use of the SCR Weekly Site Audit. Through review of the process, it was determined that the SCR Weekly Site Audit was not being completed and/or monitored to ensure compliance with physical site standards. As a result, on 9/6/2022, the Program Supervisor retrained direct staff as it relates to the use of and monitoring of the SCR Weekly Site Audit. The Director will be responsible to ensure accuracy and completion through oversight of the SCR Weekly Site Audit completed by the Program Supervisor (or Program Coordinator). An outline of the training conducted on 9/6/2022 as well as proof of staff training are contained in Attachment #1 and Attachment #1a.*

**Completion Date:** 09/08/2022

**107c - Food/Water 3 Day Supply (continued)****Document Submission*****Implemented****Steps have been completed.*