

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

September 30, 2025

[REDACTED] VICE PRESIDENT OF CORPORATE COMPLIANCE & INTEGRITY  
KEYSTONE SERVICE SYSTEMS INC  
[REDACTED]

RE: KHS MENTAL HEALTH SERVICES-  
REYNOLDS LANE SPECIALIZED PC  
5250 REYNOLDS LANE  
HARRISBURG, PA, 17111  
LICENSE/COC#: 31658

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/28/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *KHS MENTAL HEALTH SERVICES-REYNOLDS LANE SPECIALIZED PC* License #: *31658* License Expiration: *06/10/2026*

Address: *5250 REYNOLDS LANE, HARRISBURG, PA 17111*

County: *DAUPHIN* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

Name: *KEYSTONE SERVICE SYSTEMS INC*

Address: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-3 SP* Date: *06/04/2003* Issued By: *L&I*

**Staffing Hours**

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

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:

Reason: *Renewal* Exit Conference Date: *08/28/2025*

**Inspection Dates and Department Representative**

08/28/2025 - On-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*

**Number of Residents Who:**

Receive Supplemental Security Income: *7* Are 60 Years of Age or Older: *4*

Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *2*

Have Mobility Need: *0* Have Physical Disability: *1*

**Inspections / Reviews**

**08/28/2025 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/18/2025*

**09/17/2025 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *09/26/2025*

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/24/2025*

Inspections / Reviews (*continued*)

## 09/17/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/26/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/03/2025

## 09/30/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/26/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract for resident #1, who was admitted to the home on [REDACTED], was not signed by the payer.

Plan of Correction

Accept ([REDACTED] - 09/17/2025)

On/or before 9/25/2025, the resident home contract dated [REDACTED] will be signed by Resident #1's representative payee. Proof of this remediation will be forthcoming. Keystone Service Systems, Inc (Keystone) maintains an intake process wherein the resident-home contract is prompted for completion within Keystone's electronic health record (EHR) for any new intake through an automatic workflow. Additionally through reporting functionality, the Program Administrator (or designee) can monitor initial resident-home contract executions to ensure they are completed prior to and/or no later than the date of intake. The Program Administrator would run the Service Document Due Date Report by noon the date after an admission to ensure the resident-home contract is complete, including all signatures. This would allow the Program Administrator to complete the resident-home contract within 24 hours of admission if for some reason it was not completed with the initial intake documentation. In review of the process, in context to the citation, it was determined that the Program Administrator followed the process in completing the contract however, failed to follow up with Resident #1's rep payee to obtain their signature. As a result, effective 9/16/2025, the Program Administrator (or designee) will monitor all resident-home contracts by running the Service Document Due Date Report by noon on the date after admission. The Director will run the Service Document Due Date Report for all new admissions on a weekly basis. Additionally, the Program Administrator will audit all other resident-home contracts to ensure compliance with this standard on/or before 9/16/2025; proof of this audit is found in Attachment #1. On 9/12/2025, the Director trained the Program Administrator/Designee on regulation 2600.25(b), the intake process/documentation required to be completed, and monitoring responsibilities to maintain compliance with this regulatory standard. Proof of this training is found in Attachment #2.

Licensee's Proposed Overall Completion Date: 09/25/2025

Implemented ([REDACTED] - 09/29/2025)

132h - Designated Meeting Place

2. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the following fire drills, all residents did not evacuate to a designated meeting place away from the building:

<u>Date of drill</u>	<u>Number of residents present</u>	<u>Number of residents participated</u>
11/23/24	8	7
12/12/24	8	6
3/13/25	8	7
4/10/25	8	7

132h - Designated Meeting Place (continued)

**Plan of Correction**

Accept (█) - 09/17/2025)

*It should be noted that the rationale for the residents not participating in the fire drill on the date/time of the fire drill form was due to the resident being out of personal care home at the time the fire drill took place thus the rationale for all residents not arriving at the designated meeting location. Keystone Services Systems, Inc. (Keystone) maintains a process in which all fire drills are prompted for completion monthly by the Program Administrator or designee. Upon completion of the monthly fire drill, the Administrator or staff on shift during the fire drill will complete an Electronic Fire Drill Form. The Electronic Fire Drill Form contains all regulatory required elements and can't be submitted until all fields are complete in their entirety, inclusive of any problems encountered during the fire drill. Once the Electronic Fire Drill Form is complete a copy is automatically submitted to Operational Leadership for a secondary review in order to improve overall monitoring of the monthly fire drill process. Effective 10/1/2023, the Quality Manager will pull reports on the Electronic Fire Drill Forms completed bi-weekly and will send this report to the Associate Executive Director, Director and Program Administrator. If a drill is not complete for any given month and/or any of the fields are incorrect and/or the fire drill was not completed within the regulatory requirements, including evacuating within the designated maximum time or 2 minutes and 30 seconds, then the Director will prompt the Program Administrator (or designee) to complete a fire drill or in some cases a secondary drill within the month in order to be in compliance with the regulatory requirements. Through review of the process, in context to the citation it was determined that the fire drill form was being completed; however, the fire drill form was not completed accurately. As a result, on or before 9/25/2025, the Director will train the Program Administrator and all staff of this program on regulation 2600.132(h), the electronic fire drill process and oversight of the fire drill process by the Director. Additionally, the Director will provide guidance to the staff on the steps to evacuate the home given the current needs of some residents. The resident with the most need will be assisted by staff immediately at the start of the fire drill and all other residents will evacuate independently to the meeting location. Proof of this training will be forthcoming. On/or before 9/25/2025, the Program Administrator will hold a resident meeting to outline the need to participate in fire drills and to evacuate timely. Proof of the resident meeting conducted is forthcoming. The Program Administrator will continue to use the electronic Fire Drill Form and the Director will monitor regulatory compliance with fire drills using reporting capabilities of the electronic Fire Drill Form. Additionally, effective 10/1/2025, to improve oversight of the fire drill process, the Director will observe fire drills on a quarterly basis to ensure staff are completing the fire drills accurately.*

Licensee's Proposed Overall Completion Date: 09/25/2025

Implemented (█) - 09/30/2025)

141a - Medical Evaluation

**3. Requirements**

141a - Medical Evaluation (continued)

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

The initial medical evaluation for resident #2, who was admitted to the home on [REDACTED] was completed on [REDACTED]

Repeated Violation - 8/21/24, et al

Plan of Correction

Accept [REDACTED] - 09/17/2025

Keystone Service Systems, Inc (Keystone) maintains an intake process wherein the medical evaluation is either reviewed or scheduled for completion by the Program Administrator (or designee). The Program Administrator (or designee) is responsible to review the medical evaluation form if it is completed prior to admission to ensure it is complete, compliant and does not exceed 60 days. Once reviewed, the Program Administrator (or designee) would then upload the completed medical evaluation form to the individual's electronic health record (EHR). The Program Administrator (or designee) would schedule the medical evaluation, if not completed for the individual prior to admission, within the EHR not to exceed 30 days post admission. Upon completion of the medical evaluation form, the Program Administrator (or designee) would then review the medical evaluation form to ensure it is complete and compliant prior to marking the appointment as complete in the individual's EHR and uploading the supporting documentation. Additionally through reporting functionality, the Program Administrator (or designee) will monitor timeliness of medical evaluations to ensure they are completed prior to and/or no later than 30 days post the date of admission. It should be noted that Keystone previously identified this citation for Resident #2 during an internal licensing review. During the internal review, it was found that the former Program Administrator, who is no longer employed by Keystone, was not made aware that a new medical evaluation was required for Resident #2 when he transferred to this program from another Keystone SCR as they operate under two separate licenses. The former Program Administrator was educated on this issue at the time of the internal review. To further prevent reoccurrence of this citation, on/or before 9/25/2025, the Associate Executive Director will train all Director's and Program Administrator's on regulation 2600.141(a), the business process around maintaining compliant Medical Evaluations and oversight of the process by the Director with emphasis on the requirements when residents transfer between Keystone Programs. Proof of this training will be forthcoming. The current Program Administrator audited all other resident records to ensure medical evaluation compliance with this standard on 9/16/2025; proof of this audit is found in Attachment #1. Effective 9/16/2025, the Program Administrator will monitor all medical evaluation timeliness by completing monthly resident record reviews. The Director will provide oversight for these reviews and ensure any identified remediation is completed by the Program Administrator (or designee).

Licensee's Proposed Overall Completion Date: 09/25/2025

Implemented [REDACTED] - 09/29/2025

185a - Implement Storage Procedures

4. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The medication administration record (MAR) for resident #1 [REDACTED] recorded for 8/19/25 at [REDACTED] however [REDACTED] for resident #1 [REDACTED]

## 185a - Implement Storage Procedures (continued)

Repeated Violation - 8/21/24, et al

**Plan of Correction**

Accept (█) - 09/17/2025)

Keystone Service Systems, Inc. (Keystone) maintains a process wherein █ is checked prior to use to ensure the █ is showing █. If the █ is incorrect, █ would be █ prior to use. A staff would assist the resident in completing █ through the use of a █ is then transcribed onto the electronic medication administration record (eMAR) by the rendering staff and the medications are provided based upon the physician protocol. Through review of this citation, it was determined that the transcription error was made on the responsible staff member's first day of independently administering medications. As a result of the citation, on or before 9/25/2025, the Licensed Practical Nurse (LPN) will train the Program Administrator and all staff on regulation 2600.185(a), accurately reading/documenting █, and verifying the results visually █ prior to documenting in the eMAR; proof of this training will be forthcoming. In addition, effective 9/25/2025, the program nurse will review █ weekly and compare █ to the eMAR to ensure accuracy █. The nurse will complete the weekly █ and eMAR audits for 3 months in order to ensure continued compliance. In the event that █ and eMAR do not reconcile, then the specific staff responsible for the error will be re-educated by the nurse (or Program Administrator) on regulation 2600.185(a) and monitoring will continue for another 3 month time period by the nurse. If in the extended 3 month time monitoring period further errors are found in the documentation, the specific staff responsible for the error will be re-educated by the nurse (or Program Administrator) on regulation 2600.185(a) and disciplined (if applicable). If no errors are found in the 3 month monitoring period, then the nurse will review █ and eMARs on a monthly basis to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 09/25/2025

Implemented (█) - 09/30/2025)

## 187a - Medication Record

**5. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

6. Dose.

**Description of Violation**

Resident #1 is prescribed █

█ The medication administration record (MAR) for this resident does not indicate █ per the physician's order.

Repeated Violation - 8/21/24, et al

**Plan of Correction**

Accept (█) - 09/17/2025)

Keystone Service Systems, Inc. (Keystone) maintains a process in which the agency nurse, on a bi-weekly basis, completes a Medication Cart Audit. As part of the Medication Cart Audit, the nurse ensures that all medications prescribed for the resident are present on-site and the medication prescribed is on the electronic medication administration record (eMAR) for staff to document administrations. Additionally, as part of the medication audit, the nurse is to evaluate if the medications, █ are being administered as prescribed. If issues are found

**187a - Medication Record (continued)**

in that staff are not documenting [REDACTED], then the nurse will immediately follow up with the staff who didn't document for re-education and will notify the Program Administrator of the issue. Through review of the process, in context to the citation, it was determined that the medication audits were being completed accurately. The medication audits for August 2025 for Resident #1 were completed on 8/7/2025 and 8/19/2025, prior to licensing. Therefore the documentation errors would not yet have been identified. On 9/11/2025, the Associate Executive Director trained the Director, Program Administrator and agency nurse on regulation 2600.187(a) and the agency nurse roles and responsibilities around medications being present, medication prescriptions/eMAR matching, medications being administered and documented as prescribed. Proof of this training is found in Attachment #3. Finally, on/or before 9/25/2025, all staff will be trained by the agency nurse and Program Administrator on regulation 2600.187(a) and the process in place for documenting the individuals [REDACTED] consistent with [REDACTED] Resident #1's physician. Proof of this remediation will be forthcoming.

Licensee's Proposed Overall Completion Date: 09/25/2025

Implemented ( [REDACTED] - 09/30/2025)

**225a - Assessment 15 Days****6. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**Description of Violation**

Resident #2 was admitted on [REDACTED]; however, the resident's assessment was not completed until [REDACTED]

**Plan of Correction**

Accept ( [REDACTED] - 09/17/2025)

Keystone Service Systems, Inc (Keystone) maintains a process wherein the initial assessment is prompted for completion as part of the initial intake documentation to be completed by the Program Administrator within Keystone's electronic health record (EHR). Additionally, through reporting functionality, the Program Administrator (or designee) will monitor initial assessment timeliness to ensure it is completed within 15 days of the admission date. Through review of this citation in context to the business process, it was found that the Program Administrator did not complete the business process and there was no oversight of the business process from anyone above the Program Administrator. It should be noted that Keystone previously identified this citation for Resident #2 during an internal licensing review. During the internal review, it was found that the Program Administrator was not aware that a new assessment was required for Resident #2 when [REDACTED] transferred to this program [REDACTED]. To prevent reoccurrence of this citation, on or before 9/25/2025, the Associate Executive Director will educate all Directors and Program Administrators on regulation 2600.225(a), the intake process, required documentation for completion, and the business process and oversight responsibilities of the business process. Content will focus on the requirements for both new admissions to Keystone and transfers [REDACTED]. Proof of this training will be forthcoming. Additionally, on 9/16/2025, the Program Administrator audited all other resident records to ensure RASP timeliness and compliance with this standard; proof of this audit can be found in Attachment #1. Effective 9/16/2025, the Program Administrator will monitor all initial assessments by completing monthly resident record reviews. The Director will provide oversight of these reviews and ensure any identified remediation is completed by the Program Administrator (or designee).

Licensee's Proposed Overall Completion Date: 09/25/2025

225a - Assessment 15 Days (continued)

Implemented (█) - 09/29/2025

227a - Support Plan 30 Days

7. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #2 was admitted on █ however, the resident's initial support plan was not completed until █

Plan of Correction

Accept (█) - 09/17/2025

Keystone Service Systems, Inc (Keystone) maintains a process wherein the initial assessment is prompted for completion as part of the initial intake documentation to be completed by the Program Administrator within Keystone's electronic health record (EHR). Additionally, through reporting functionality, the Program Administrator (or designee) will monitor initial support plan timeliness to ensure it is developed and implemented within 30 days of the admission date. Through review of this citation in context to the business process, it was found that the Program Administrator did not complete the business process and there was no oversight of the business process from anyone above the Program Administrator. It should be noted that Keystone previously identified this citation for Resident #2 during an internal licensing review. During the internal review, it was found that the Program Administrator was not aware that a new support plan was required for Resident #2 when █ transferred to this program █  
█ To prevent reoccurrence of this citation, on 9/25/2025, the Associate Executive Director will educate all Directors and Program Administrators on regulation 2600.227(a), the intake process, the required documentation for completion, and the business process and oversight responsibilities of the business process. Content will focus on the requirements for both new admissions to Keystone and transfers █ Proof of this training will be forthcoming. Additionally, on 9/16/2025, the Program Administrator audited all other resident records to ensure RASP timeliness and compliance with this standard; proof of this audit can be found in Attachment #1. Effective 9/16/2025, the Program Administrator will monitor all initial assessments and support plans by completing monthly resident record reviews. The Director will provide oversight of these reviews and ensure any identified remediation is completed by the Program Administrator (or designee).

Licensee's Proposed Overall Completion Date: 09/25/2025

Implemented (█) - 09/29/2025