

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

December 24, 2025

[REDACTED] VICE PRESIDENT  
KEYSTONE SERVICE SYSTEMS INC  
[REDACTED]

RE: KHS MENTAL HEALTH SERVICES-  
CHAMBERS ST. SPECIALIZED PC  
1025 CHAMBERS STREET  
HARRISBURG, PA, 17113  
LICENSE/COC#: 30483

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/13/2025, 11/14/2025 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-CHAMBERS ST. SPECIALIZED PC* License #: 30483 License Expiration: 06/17/2026

Address: 1025 CHAMBERS STREET, HARRISBURG, PA 17113

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: *Other* Date: 09/26/2005 Issued By: *Swatara Township*

Type: *C-3 SP* Date: 06/26/2005 Issued By: *Department of Labor & Industry*

**Staffing Hours**

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

**Inspection Information**

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

Reason: *Renewal, Complaint* Exit Conference Date: 11/14/2025

**Inspection Dates and Department Representative**

11/13/2025 - On-Site: [REDACTED]

11/14/2025 - 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: 6 Are 60 Years of Age or Older: 3

Diagnosed with Mental Illness: 8 Diagnosed with Intellectual Disability: 1

Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

11/13/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 12/11/2025

12/12/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/23/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 12/18/2025

12/19/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/23/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 12/23/2025

12/24/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/23/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on [REDACTED] The resident's previous medical evaluation was completed on [REDACTED]

Plan of Correction

Accept ( [REDACTED] - 12/19/2025)

On 9/16/2024, Keystone Service Systems, Inc. (Keystone) implemented the medical visit business process. The medical visit business process includes preparation of the medical evaluation form by the Program Administrator or Program Coordinator prior to the medical visit. A standard, formalized training was developed and recorded that reviewed scheduling of medical appointments in the electronic health record (EHR), completion of required medical evaluation documentation, how to upload completed documentation in the EHR and report monitoring of upcoming and completed medical appointments. In review of the citation, in context to the business process, it was found that the business process was not followed. To ensure ongoing compliance, on 12/4/2025, the Associate Executive Director trained the Director, Program Administrator and agency nurse on regulation 2600.141(b)(1), the medical visit process and the chart auditing process. Proof of this training is found in Attachment #1. Effective 8/2/2024, the Associate Executive Director (AED) holds bi-weekly Medical Visit Status (MVS) Leadership Meetings with all Program Administrators, Directors and agency nurses. During MVS meetings, all medical appointments and protocol changes are reviewed. In July 2025, review of completed initial and annual medical evaluations for timeliness, completion and accuracy was added to the MVS agenda. Proof of this change can be found in Attachment #10. If issues are identified during the MVS meeting, then guidance is given by the AED to the Program Administration on remediation actions required. All remediation actions issued are reviewed at the next bi-weekly meeting to ensure follow up occurs as directed. In addition, during the bi-weekly MVS meeting, any initial or annual medical evaluations scheduled for the upcoming week are reviewed to ensure the medical evaluation forms are prepped accurately by the Program Administrator or Program Coordinator prior to the appointment and include completion of all sections (with the exception of the Medical Professional Information section). Proof of the most recent bi-weekly MVS Meeting is found in Attachment #4. To ensure that all current resident's medical evaluations were completed timely, an audit was completed by the Program Administrator on 12/12/2025. Proof of this audit can be found in Attachment #11. Additionally, on 12/16/2025, the MVS Meeting Process was reviewed with the AED to ensure continued bi-weekly meetings are held with MH leadership staff. Proof of this re-education can be found in Attachment #12.

Licensee's Proposed Overall Completion Date: 12/19/2025

Implemented ( [REDACTED] - 12/24/2025)

181c - Self-administration Assessment

2. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #2's self-administers [REDACTED]; however, Resident #2 was assessed by a physician on [REDACTED] who determined the resident cannot self-administer medications.

181c - Self-administration Assessment (continued)

Plan of Correction

Accept ( [redacted] - 12/19/2025)

On 11/14/2025, Resident #2's physician was contacted and updated the Documentation of Medical Evaluation (DME) dated [redacted] to indicate that Resident #2 is capable of self-administering [redacted] consistent with Resident #2's RASP dated [redacted]. Proof of the updated DME can be found in Attachment #13. Keystone Service Systems, Inc. (Keystone) implemented a process on effective 8/2/2024 in which the Associate Executive Director (AED) holds bi-weekly Medical Visit Status (MVS) Leadership Meetings with all Program Administrators, Directors and agency nurses. The MVS meetings review all completed initial and annual medical evaluations for timeliness, completion and accuracy. If issues are identified during the MVS meeting, then guidance is given by the AED to the Program Administration on remediation actions required. All remediation actions issued are reviewed at the next bi-weekly meeting to ensure follow up occurs as directed. In addition, during the bi-weekly MVS meeting, any initial or annual medical evaluations scheduled for the upcoming week are reviewed to ensure the medical evaluation forms are prepped accurately by the Program Administrator or Program Coordinator prior to the appointment and include completion of all sections (with the exception of the Medical Professional Information section). Proof of the most recent bi-weekly MVS Meeting is found in Attachment #4. In review of this citation, in context to the business process, it was determined that there was confusion on the definition of self-administration [redacted]. As a result, on 12/19/2025, the Director of Nursing will provide education to all Directors, Program Administrators and agency nurses on regulation 2600.181(c), residents [redacted], the definition of self-administration and instructions for physician's on how to assess self-administration as it pertains [redacted] and how this should be documented on the DME and within the RASP. Proof of this training will be forthcoming. Finally, a chart audit will be conducted by the Director by 12/15/2025 on all other resident records to ensure accuracy between the DME, RASP and how the individual is administered medications in the home. Proof of this audit will be forthcoming.

Licensee's Proposed Overall Completion Date: 12/19/2025

Implemented ( [redacted] - 12/24/2025)

185a - Implement Storage Procedures

3. 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

Resident #2 was prescribed [redacted]. On 10/25/25 at 8:00 AM, [redacted] Resident #2's October 2025 Medication Administration Record (MAR). [redacted] On 10/18/25 at 8:00 AM, [redacted] was documented on Resident #2's October 2025 MAR. [redacted]

Plan of Correction

Accept ( [redacted] - 12/12/2025)

Keystone Service Systems, Inc. (Keystone) maintains a process wherein [redacted] is checked prior to use to ensure the correct date/time is showing [redacted]. If the date/time is incorrect, [redacted] staff would assist the resident [redacted] is then transcribed onto the electronic medication administration

**185a - Implement Storage Procedures (continued)**

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 staff were not verifying [REDACTED] before documenting and the transcription error was not identified by the LPN during the bi-weekly med-cart audit. As a result, on or before 12/4/2025, the Director of Nursing will re-train the agency nurse on the use of the bi-weekly medication cart audit. Additionally, on or before 12/15/2025, the agency nurse will train the Program Administrator and all staff on regulation 2600.185(a), [REDACTED]

[REDACTED] proof of this training will be forthcoming. In addition, effective 12/10/2025, the agency nurse will review [REDACTED]

[REDACTED] The agency nurse will complete [REDACTED] audits for 3 months in order to ensure continued compliance. In the event that the [REDACTED] do not reconcile, then the specific staff responsible for the error will be re-educated by the agency 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 agency 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 agency nurse will review [REDACTED] eMARs on a monthly basis to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/19/2025

Implemented ([REDACTED] - 12/24/2025)

**187a - Medication Record****4. Requirements**

2600.

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

6. Dose.

8. Frequency of administration.

**Description of Violation**

Resident #2 is prescribed [REDACTED]

[REDACTED] The resident's October 2025 Medication Administration Record (MAR) did not include [REDACTED] were administered to the resident from 10/1/25-10/13/25.

Resident #2 was prescribed [REDACTED]

[REDACTED] effective 10/23/25. However, the resident's October 2025 MAR did not indicate the frequency of the treatment.

Resident #2 was prescribed [REDACTED]

[REDACTED] effective 10/27/25. However, the resident's October 2025 and November 2025 MARs did not include the frequency of the treatment.

Plan of Correction

Accept ([REDACTED] - 12/12/2025)

As of the inspection, [REDACTED] prescribed to Resident #2

187a - Medication Record (continued)

have been documented daily on the eMAR by staff. Proof of this documentation can be found in Attachment #6. On 11/15/2025, [REDACTED] was discontinued for Resident #2. Proof of this eMAR update is found in Attachment #7. 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 are on the electronic medication administration record (eMAR) and that there is a documented dosage and frequency of administration on the eMAR. If there is an issue in which the dosage or frequency is not listed and/or incorrect, then the nurse will update the eMAR to reflect the correct information. In review of this citation, it was found that the agency nurse was completing the medication audits, but did not identify the missing dosage or frequency on the MAR [REDACTED]. As a result, on 12/4/2025, the Director of Nursing trained the agency nurse and Program Administrator on regulation 2600.187(a)(6)(8), the Medication Cart Audit and oversight of the Medication Cart Audit. Proof of this training is found in Attachment #3. Finally, on 12/10/2025, the agency nurse completed a Medication Cart Audit for all residents of this personal care home to ensure all medications prescribed contain a purpose and diagnosis. Proof of this remediation is found in Attachment #8. Effective 12/10/2025, the agency nurse will continue to use the Medication Cart Audit and the Director will monitor completion and non-compliance remediation actions identified through the use of the Medication Cart Audit. Additionally, effective 12/10/2025, to improve oversight of the Medication Cart Audit, the Director will observe the Medication Cart Audit on a quarterly basis to ensure the agency nurse is completing the audit accurately.

Licensee's Proposed Overall Completion Date: 12/19/2025

Implemented ([REDACTED] - 12/24/2025)

187d - Follow Prescriber's Orders

5. Requirements

2600.  
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed [REDACTED]. However, this medication was not administered to Resident #2 on 11/9/2025 at 4:00 PM and 9:00 PM because the medication was not available in the home.

Resident #3 was prescribed [REDACTED]. Resident #3 requires medications [REDACTED]. Staff Member A administered these medications on multiple occasions in October and November 2024. However, Staff Member A [REDACTED] Resident #3's medication as ordered [REDACTED].

Repeated Violation - 10/8/2024

Plan of Correction

Accept ([REDACTED] - 12/12/2025)

On 11/9/2025, an incident report was filed for the omitted doses [REDACTED] for Resident #2. Proof of this documentation can be found in Attachment #5. An incident report for Resident #3 was filed with the Department

**187d - Follow Prescriber's Orders (continued)**

on 11/20/2024 at the time of discovery. The circumstances regarding Resident #3's [REDACTED] were investigated and confirmed by Keystone's Administrative Review Team on 12/06/2024. As a result of the investigation, all staff were re-trained in medication administration and following special instructions for medications. On 11/21/2024, Resident #3's [REDACTED] was discontinued. 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 agency 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. If there is an issue in which the medication is not on-site the agency nurse would work with the pharmacy to determine the issue and obtain the medication. If there is an issue in which the medication has been discharged, the agency nurse will pull the medication from inventory, arrange for the medication to be picked up by the pharmacy and then will remove the medication from the eMAR. In review of this citation, it was found that there was a delay in receiving [REDACTED] from the pharmacy. As a result, on 12/4/2025, the Director of Nursing trained the agency nurse and Program Administrator on regulation 2600.187(d), the Medication Cart Audit and oversight of the Medication Cart Audit. Proof of this training is found in Attachment #3. Finally, on 12/10/2025, the agency nurse completed a Medication Cart Audit for all residents of this personal care home to ensure all medication prescribed is on-site and reconciles with the eMAR. Proof of this remediation is found in Attachment #8. Effective 12/10/2025, the agency nurse will continue to use the Medication Cart Audit and the Director will monitor completion and non-compliance remediation actions identified through the use of the Medication Cart Audit. Additionally, effective 12/10/2025, to improve oversight of the Medication Cart Audit, the Director will observe the Medication Cart Audit on a quarterly basis to ensure the agency nurse is completing the audit accurately.

**Licensee's Proposed Overall Completion Date: 12/19/2025**

**Implemented ( [REDACTED] - 12/24/2025)**