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

August 31, 2026

[redacted] CEO
KEYSTONE SERVICE SYSTEMS INC
[redacted]

RE: KHS MENTAL HEALTH SERVICES - SCR CUMBERLAND ST
341 CUMBERLAND STREET
LEBANON, PA, 17042
LICENSE/COC#: 33672

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/13/2026 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 - SCR CUMBERLAND ST* **License #**: *33672* **License Expiration**: *02/11/2027*

Address: *341 CUMBERLAND STREET, LEBANON, PA 17042*

County: *LEBANON* **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: *R-4* **Date**: *09/12/2019* **Issued By**: *Lebanon City*

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**: *08/13/2026*

Inspection Dates and Department Representative

08/13/2026 - 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: *8* **Are 60 Years of Age or Older**: *6*

Diagnosed with Mental Illness: *8* **Diagnosed with Intellectual Disability**: *3*

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

Inspections / Reviews

08/13/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/28/2026*

08/27/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/28/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *09/03/2026*

Inspections / Reviews *(continued)*

08/31/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/28/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

107d - Procedure Emergency Management Agency Submission

1. Requirements

2600.
107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures were reviewed, updated and submitted to the local emergency management agency on 1/7/2026. The written emergency procedures were not reviewed, updated and submitted to the local emergency management agency in 2025.

Plan of Correction ***Accept ([redacted] - 08/27/2026)***

Keystone Services Systems, Inc. (Keystone) maintains a process in which the homes emergency written procedures are reviewed, updated, and submitted to the local emergency management agency (EMA) on an annual basis. In review of the process, in context of the citation, it was determined that the Program Administrator met with the local emergency management specialist to review the personal care homes emergency procedures in December 2025. During this review, changes were requested and the plan was not finalized until January 2026, resulting in the late submission. To prevent future recurrence, on 8/24/2026, the Director trained the Program Administrator on regulation 2600.107(d), maintaining documentation of correspondence with the EMA, and the process in place to monitor upcoming due dates for review and submission. Proof of this training can be found in Attachment #1.

Licensee's Proposed Overall Completion Date: *08/27/2026*

Implemented ([redacted] - 08/28/2026)

132e - Fire Drill Sleeping Hours

2. Requirements

2600.
132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

A fire drill was conducted during sleeping hours on 10/29/2025 at 9:30 PM. The previous sleeping hour fire drill was conducted on 4/12/2025 at 9:15 PM.

Plan of Correction ***Accept ([redacted] - 08/27/2026)***

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 all residents evacuating within the designated maximum time or 2 minutes and 30 seconds (or the approved extended evacuation time), 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 of the citation, it was determined that the overnight fire drills were held every 6 months (month to month) instead of every 6 months to the date. As a result, on 8/25/2026, the Director trained the Program Administrator and all staff

132e Fire Drill Sleeping Hours (continued)

of this program on regulation 2600.132(e) as it pertains to overnight drills being held 6 months to the date, the electronic fire drill process and oversight of the fire drill process by the Director. Proof of this remediation can be found in Attachment #1. Additionally, on 8/25/2026, the Associate Executive Director trained all Directors and Program Administrators on regulation 2600.132(e), the clarification around timely completion for 6 month overnight drills (to the date), the electronic fire drill process and oversight of the fire drill process by the Director. Proof of this training can be found in Attachment #2. The Program Administrator will continue to use the electronic Fire Drill Form and the Director will monitor regulatory compliance with fire drills using the reporting on the fire drill form to maintain compliance with this standard.

Licensee's Proposed Overall Completion Date: *08/27/2026*

Implemented ([redacted] - 08/28/2026)