

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

October 9, 2026

[REDACTED] EXECUTIVE DIRECTOR
KEYSTONE SERVICE SYSTEMS INC
[REDACTED]

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 09/09/2026 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-QUEEN ST
SPECIALIZED PC

License #: 32950

License Expiration: 06/20/2027

Address: 2033 SOUTH QUEEN STREET, YORK, PA 17402

County: YORK

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: 03/20/2012

Issued By: York Township

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 7

Waking Staff: 5

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 09/09/2026

Inspection Dates and Department Representative

09/09/2026 - 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: 7

Are 60 Years of Age or Older: 4

Diagnosed with Mental Illness: 7

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

Inspections / Reviews

09/09/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/28/2026

09/25/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/09/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 10/09/2026

Inspections / Reviews (*continued*)

10/09/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/09/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 9/9/2026 at 2:27 PM, a container of Clorox 3-in1 disinfecting wipes with a manufacturer's label indicating " First aid: if in eyes, hold eye open and rinse slowly and gently with water for 15 to 20 minutes; call a poison control center or doctor for further treatment advice," was unlocked, unattended, and accessible in the bathroom on the first floor, west side of the home. Resident #1 had not been assessed capable of recognizing and using poisons safely.

Repeated Violation - 8/7/2025

Plan of Correction

Accept () - 09/25/2026)

On 09/09/2026, at the time of the inspection, the Clorox 3-in 1 disinfecting wipes were locked and made inaccessible to residents by the Program Administrator. Keystone Service Systems, Inc (Keystone) maintains a process in which program standards, including but not limited to, ensuring all poisonous materials are locked and made inaccessible to residents who have not been assessed to safely use or avoid poisonous materials. This program standard is to be formally assessed and monitored monthly by the Program Administrator through the use of the electronic Site Safety Inspection. Any non-compliance noted on the Site Safety Inspection will be monitored through reporting by the Director and Program Administrator until full remediation is achieved. Through review of the process, in context to the citation, it was determined that the Site Safety Inspection was being completed however, the Clorox wipes were used at the program that morning and errantly left out in the bathroom. As a result, on 09/21/2026, the Director re-trained the Program Administrator on regulation 2600.82(c), and completing the Site Safety Inspection accurately; proof of this remediation is found in Attachment #2. Additionally, on 09/21/2026, the Program Administrator trained all staff of this personal care home on regulation 2600.82(c) and ensuring poisons remain inaccessible when not in use due to residents being assessed as incapable of recognizing and using poisons safely. Proof of this training is found in Attachment #1. Effective 10/08/2026, the Director, or designee, will complete a site audit quarterly to assess the efficacy of the Site Safety Inspections completed by the Program Administrator. The Program Administrator will continue to use the Site Safety Inspection to monitor compliance with this standard.

Licensee's Proposed Overall Completion Date: 10/08/2026

Implemented () - 10/09/2026)

100a - Exterior - Free of Hazards

2. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On 9/9/2026 at 2:08 PM, the right descending railing leading from the rear porch deck was missing the cover for the top post, leaving nails exposed on the inside of the post.

Plan of Correction

Accept () - 09/25/2026)

On 09/18/2026, a new cover was purchased and added to the top post of the right descending railing; proof of this remediation is found in Attachment #3 and Attachment #4. Keystone Service Systems, Inc (Keystone) maintains a process in which program standards, including but not limited to, ensuring the exterior of the building and the building grounds or yard are in good repair and free of hazards.. This program standard is to be formally assessed

100a Exterior Free of Hazards (continued)

and monitored monthly by the Program Administrator through the use of the electronic Site Safety Inspection. Any non compliance noted on the Site Safety Inspection will be monitored through reporting by the Director and Program Administrator until full remediation is achieved. Through review of the process, in context to the citation, it was determined that the Site Safety Inspection was being completed however, the missing cover was not identified as a noncompliance. As a result, on 09/21/2026, the Director re trained the Program Administrator on regulation 2600.100(a), and completing the Site Safety Inspection accurately; proof of this remediation is found in Attachment #2. Additionally, on 09/21/2026, the Program Administrator trained all staff of this personal care home on regulation 2600.100(a) and ensuring physical site concerns are identified timely. Proof of this training is found in Attachment #1. Effective 10/08/2026, the Director, or designee, will complete a site audit quarterly to assess the efficacy of the Site Safety Inspections completed by the Program Administrator. The Program Administrator will continue to use the Site Safety Inspection to monitor compliance with this standard.

Licensee's Proposed Overall Completion Date: 10/08/2026

Implemented () - 10/09/2026)

132e - Fire Drill Sleeping Hours**3. 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 10/6/2025 at 5:07 AM. The previous sleeping hour fire drill was conducted on 4/15/2026 at 2:39 AM.

Plan of Correction

Accept () - 09/25/2026)

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 09/21/2026, the Director trained the Program Administrator and all staff 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 #2. Additionally, on 08/25/2026, 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

132e Fire Drill Sleeping Hours (continued)

training can be found in Attachment #5. 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: 09/25/2026

Implemented () - 10/09/2026)