

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to KEYSTONE SERVICE SYSTEMS, INC.

LEGAL ENTITY

To operate SILVER SPRING SPECIALIZED COMMUNITY RESIDENCE

NAME OF FACILITY OR AGENCY

Located at 427 HOGESTOWN ROAD, MECHANICSBURG, PA 17050

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 8  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from April 28, 2010 until April 28, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 305710

*Robert E. Robinson*

ISSUING OFFICER

*Kurt T. Casey*

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

APR 28 2010

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Mr. Michael Grier, CEO  
Keystone Service Systems, Inc.  
3609 Derry Street  
Harrisburg, Pennsylvania 17111

RE: Silver Spring Specialized Community Residence  
427 Hogestown Road  
Mechanicsburg, Pennsylvania 17050

Dear Mr. Grier:

As a result of the Department of Public Welfare's licensing inspection on February 16, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.



Sincerely,

A handwritten signature in black ink that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report


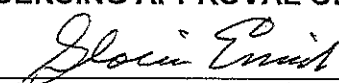
**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Silver Spring Specialized Community Residence 427 Hogestown Road, Mechanicsburg, PA 17050		<b>CURRENT LICENSE NUMBER</b> 305170	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 2/16/2010		<b>REGIONAL REPRESENTATIVE</b> S. Chou and L. Santa Maria	
<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 3/1/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 4/21/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
132f Alternate exit routes shall be used during fire drills.	Alternate exit routes are not used during fire drills.	3/31/10  on-going	An alternate exit route will be used during the next monthly fire drills.  The importance of using alternate routes during fire drills will be reviewed at the next staff meeting.  The program administrator will check the fire drill log monthly, to ensure alternate routes are being used during fire drills.	Steps have been taken to correct violation, full compliance is not verifiable Date: 4/21/10 Initials (DPW): [Signature]

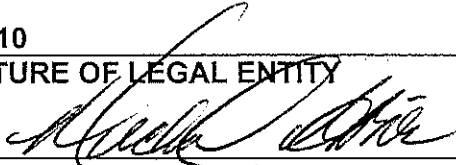
MAR 10 2010

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Silver Spring Specialized Community Residence 427 Hogestown Road, Mechanicsburg, PA 17050		<b>CURRENT LICENSE NUMBER</b> 305170	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 2/16/2010		<b>REGIONAL REPRESENTATIVE</b> S. Chou and L. Santa Maria	
<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 3/1/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 4/21/10

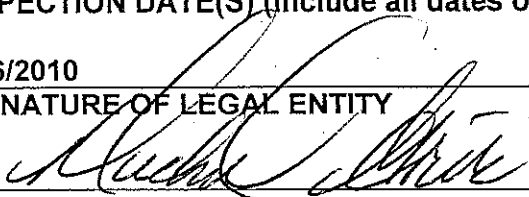
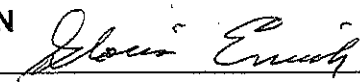
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187a A medication record shall be kept to include the following for each resident for whom medications are administered:  (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re	Resident # 1's Guituss 100 mg and Mucinex 600 mg are not listed on medication administration record. Novolog Flexpen syringe, Clozapine 100 mg, Atenolol 25 mg, Aspirin 81 mg and Miralax powder 17 gram have no diagnoses listed. Resident # 1's Lexapro 20 mg, take 1 tablet daily in the morning, is not initialed as given on 2/16/10.	3/31/10  Ongoing JE	The doctor has discontinued mucinex 600mg. Currently, the Program Administrator is contacting doctors to determine the proper diagnosis for each of the listed medications.  MAR's will be checked upon time of receipt to ensure that the proper diagnosis is listed with each medication. MAR's will also be checked daily to ensure that staff are documenting each time they <del>return</del> monitor medications.  Documentation of the MAR will continue to be reviewed quarterly at inservice trainings	Steps have been taken to correct violation; full compliance is not verifiable Date 4/21/10 Initials (DPW)

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Silver Spring Specialized Community Residence 427 Hogestown Road, Mechanicsburg, PA 17050		<b>CURRENT LICENSE NUMBER</b>  305170
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b>  2/16/2010	<b>REGIONAL REPRESENTATIVE</b> S. Chou and L. Santa Maria	
<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 3/1/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>
		<b>DATE</b>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600.**

NAME AND ADDRESS OF PERSONAL CARE HOME Silver Spring Specialized Community Residence 427 Hogestown Road, Mechanicsburg, PA 17050		CURRENT LICENSE NUMBER 305170	
INSPECTION DATE(S) (Include all dates of the inspection) 2/16/2010		REGIONAL REPRESENTATIVE S. Chou and L. Santa Maria	
SIGNATURE OF LEGAL ENTITY 	DATE 3/1/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/21/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187d The home shall follow the directions of the prescriber.	Resident # 1's Motrin 600 mg and Dulcolax Bisacodyl 5 mg are not available in the home.	2/23/10  on-going	Motrin 600mg and Dulcolax Bisacodyl 5mg were both discontinued on 2/23/10.  PRN medications will be counted weekly and ordered in a prompt manner so that the home does not run out of them.  Documentation of this audit will be kept. - SE	Steps have been taken to correct violation; full compliance is not verifiable Date 4/21/10 Initials (DPW) SE