

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 8, 2011 until April 8, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **305710**

Robert E. Robinson

ISSUING OFFICER

R.C. King

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

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

APR 08 2011

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 March 8, 2011 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.

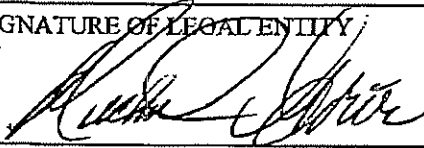

Sincerely,

A handwritten signature in black ink, appearing to read 'Ronald Melusky' with a stylized flourish at the end.

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

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 305710	
INSPECTION DATES (Include all dates of the inspection) 03/08/2011		REGIONAL REPRESENTATIVE Rebecca Riel, McKinley Rouse	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p align="center">Mike Grier</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 3-8-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/29/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	The last fire drill observed by a fire safety expert was conducted on 10/15/2009.	5/25/11	The program Administrator will reschedule the fire safety expert to complete a fire drill. The Program Administrator will assure that Residents are on-site to participate in the fire drill. The administrator will monitor by use of outlook calendar or other calendar the due date for annual drill to ensure it is scheduled in advance. 03/29/11	

MAR-25-2011 FRI 02:58 PM KCHMS



FAX NO. 7175589940

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RECEIVED TIME MAR. 25. 2:59PM

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME SILVER SPRING SPECIALIZED COMMUNITY RESIDENCE, 427 HOGESTOWN ROAD MECHANICSBURG, PA 17058		CURRENT LICENSE NUMBER 305710	
INSPECTION DATES (Include all dates of the inspection) 03/08/2011		REGIONAL REPRESENTATIVE Rebecca Riel, McKinley Rouse	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 		DATE 3-25-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 3/28/11	

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	According to the home's "Monthly Fire Drill & Inspection Log", during the fire drill of November 16, 2010 Resident # 1 did not evacuate to a public thoroughfare or a fire safe area.	4/30/11	In the future the program Administrator will audit each fire drill ^{that} occurs. The PA will ensure that it was completed correctly and determine if it needs to be re-done. The Program Administrator will initial next to the entry in the fire log to confirm it was completed correctly. Prior to the end of each month the Assistant program director will also audit and initial the fire drill log.	
		4/30/11	The administrator will provide additional education and training to residents and staff to ensure timely evacuation of all in the future. 3/21/11	

Steps have been taken to correct violation; full compliance is not verifiable
3/27/11
Date Initials (DPW)

RECEIVED TIME MAR. 25. 2:59PM

MAR-25-2011 FRI 02:58 PM KCMHS

FAX NO. 7175589940

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