

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 June 14, 2013 until June 14, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 305710

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
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.



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUN 15 2013

Mr. Jeffery Brown, Regional Director  
Keystone Service Systems, Inc.  
3609 Derry Street  
Harrisburg, Pennsylvania 17111

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

Dear Mr. Brown:

As a result of the Department of Public Welfare's (Department) licensing inspection on February 12, 2013, 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 Human Services 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 "R. Melusky", with a long horizontal stroke extending to the right.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

PCH Name: SILVER SPRING SPECIALIZED COMMUNITY RESIDENCE		License Number: 305710
Address: 427 HOGESTOWN ROAD, MECHANICSBURG, PA 17050		County: Cumberland
Administrator: Deborja Arnold (temporary)		Region: CENTRAL
Legal Entity Name: KEYSTONE SERVICE SYSTEMS INC		
Legal Entity Address: 3609 DERRY STREET, HARRISBURG, PA 17111		
Certificate(s) of Occupancy R- 3 11/07/2005 Silver Spring Township		
Staffing Hours	Total Daily Staff: 8	Waking Staff: 6
Resident Support: NM		Notice: Unannounced
Type of Inspection: Ind- Full	BHA Docket Number: NA	
Reason(s) for Inspection(s) Indicator		
On-Site Inspections Dates and Department Representatives On-Site 02/12/2013: Riel, Becky; McCloskey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: 132d; 187a		
Random Indicators: 251a; 189e; 42w; 101h; 101a		
Resident Demographic Data as of Inspection Date		
Licensed Capacity: 8	Number of Residents who:	
Number of Residents Served: 8	Receive Supplemental Security Income: 7	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 6	
Area:	Have Mental Illness: 6	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 6	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

Violation Report: 30571-02/12/2013- Riel, Becky  
PCH Name: SILVER SPRING SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600  
2600.93(a)- Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

The stairway leading from the 1st floor to the second floor of the home, has a handrail on the right side that is loose and poorly secured at the bottom of the steps.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The handrail in question was fixed on February 13<sup>th</sup> 2013 by Keystone Property Management.

To prevent any further violations, inspection of each handrail has been added to the daily staff checklist to ensure the safety of the program. Property Management will be notified of any needed repairs are required..

Repeat Violation: Yes  Date(s) of Previous Violation(s): 03/06/2012

Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *[Handwritten Name]* Date *2-22-13*

DEPARTMENT USE ONLY- HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *4-8-13* (Date) Plan of correction implementation status as of *4-8-13* (Date)

The above plan of correction was approved by *[Handwritten Initials]* (Initials)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 30571-02/12/2013- Riel, Becky  
 PCH Name: SILVER SPRING SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600  
 2600.101(c) - Each bedroom for one or more residents with a mobility need must have at least 100 square feet per resident, to allow for easy passage between beds and other furniture, and for comfortable use of a resident's assistive devices, including wheelchairs, walkers, special furniture or oxygen equipment. This requirement does not apply if there is a medical order from the attending physician that states the resident can maneuver without the necessity of the additional space. A legal entity with a personal care home license for the home as of October 24, 2005, that has one or more bedrooms serving a resident with physical mobility needs as of October 24, 2005, shall be exempt from the requirements specified in this subsection for the bedroom. If a bedroom is exempt in accordance with this subsection, additional square footage may be required sufficient to accommodate the assistive devices of the resident with mobility needs.

2a. DESCRIPTION OF VIOLATION  
 The bedroom located downstairs, is occupied by Resident #1 who has a mobility need. The bedroom measures 90 square feet.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Program Administrator/Mental Health Professional will assess mobility needs of all residents and if deemed necessary will be re-assigned to a room with a minimum of 100 sq feet. Resident #1 has requested to stay in her room and has a medical order stating the resident can maneuver without the necessity of additional living space.

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date

DEPARTMENT USE ONLY- HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4-8-13</u> (Date)	Plan of correction implementation status as of <u>4-8-13</u> (Date)
The above plan of correction was approved by <u>EE</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented-Adequate Progress <input type="checkbox"/> Partially Implemented- Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 30571 - 02/12/2013- Riel, Becky  
PCH Name: SILVER SPRING SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600  
2600.132(d)- 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.

2a. DESCRIPTION OF VIOLATION  
The home's fire safety letter, dated 6/4/12, designates an evacuation time of 2 minutes and 0 seconds. The home's fire drill evacuation time was 2 minutes and 45 seconds on 9/28/2012 @ 6:57pm.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All fire drill evacuations will be done within the guidelines set forth by the fire safety expert. If a fire drill fails it will be repeated within 7 days by the Program Administrator. Documentation of the drills will be kept. *ES*  
The Fire safety expert has been contacted in regards to the mobility issue of a resident. An drill will be conducted within 30 days of the violation report to reevaluate the needed time for evacuation during a fire drill.

*Residents will be educated on the importance of evacuating quickly within specified time. ~~be~~*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

*William [unclear], ES*

Date 2-20-13

DEPARTMENT USE ONLY- HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4-8-13  
(Date)

Plan of correction implementation status as of 4-8-13  
(Date)

The above plan of correction was approved by *[Signature]*  
(Initials)

- Fully Implemented
- Partially Implemented- Adequate Progress
- Partially Implemented- Inadequate Progress
- Not Implemented

Violation Report: 30571-02/12/2013- Riel, Becky  
PCH Name: SILVER SPRING SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600  
2600.141(a)(1) -A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION  
Resident #2 was admitted on 9/6/2012. The resident was medically evaluated on 5/23/2012, and the Department form was completed on 6/7/2012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Upon intake of a new resident, all medical evaluations will be updated by the program L.P.N./medical health professional within the allowed time frame set forth by the Department of Public Welfare.  
*Completed by the Physician (see)*

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative *[Name]* Date *2-22-13*  
(Required on EVERY Page)

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4-8-13 (Date)      Plan of correction implementation status as of 4-8-13 (Date)

The above plan of correction was approved by BE (Initials)  
 Fully Implemented  
 Partially Implemented -Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 30671-02/12/2013- Riel, Becky  
PCH Name: SILVER SPRING SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600  
2600.187(a) -A medication record shall be kept to include the following for each resident for whom medications are administered:

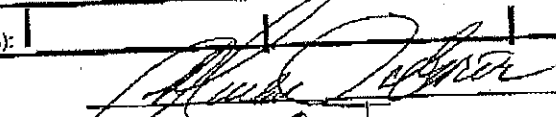
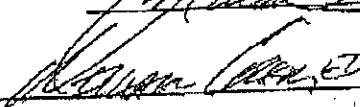
- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for Resident #3 does not include signatures from staff showing that the Bar medication on 2/7/13 were given (i.e. Clozapine/25mg, Fish Oil/1000mg, Namenda/1 Omg, Oxybutynin Chloride/5mg, Oyster Shell Calc 500/1250, Tab-A-Vite with Iron).

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Effective February 14, 2013 all staff have been re-trained on the proper medication administration. Staff will continue to re-check all MARs to ensure initials are in the correct space. The program administrator/LPN will monitor the MAR on a daily basis to ensure all medications that have been administered are signed for. Each shift will monitor the prior shift for ensure that all medications administered are signed for.

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date 2-27-13
	

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4-5-13</u> (Date)	Plan of correction implementation status as of <u>4-8-13</u> (Date)
The above plan of correction was approved by <u>SE</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented- Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented