



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 13 2015

Ms. Angela Bradley, PA/LPN
Keystone Service Systems, Inc.
8182 Adams Drive
Hummelstown, Pennsylvania 17036

RE: Silver Spring Specialized Community Residence
427 Hogestown Road
Mechanicsburg, Pennsylvania 17050
License #: 305710

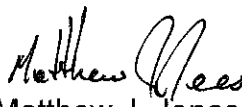
Dear Ms. Bradley:

As a result of the Department of Human Services' licensing inspection on March 24, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period June 14, 2015 to June 14, 2016 was issued on March 18, 2015. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director _{SH}

Enclosure
License Inspection Summary

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

PCH Name: SILVER SPRING SPECIALIZED COMMUNITY RESIDENCE		License Number: 30571
Address: 427 HOGESTOWN ROAD, MECHANICSBURG, PA 17050		County: Cumberland
Administrator: Amy Hurst		Region: CENTRAL
Legal Entity Name: KEYSTONE SERVICE SYSTEMS INC		
Legal Entity Address: 8182 ADAMS DRIVE, HUMMELSTOWN, PA 17036		
Certificate(s) of Occupancy R-3 11/07/2005 Silver Spring Township		
Staffing Hours Resident Support: 0 Total Daily Staff: 7 Waking Staff: 5		
Type of Inspection: Full		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/24/2015: McCloskey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>APR 10 2015</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 8 Number of Residents Served: 7 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 3 Have Mental Illness: 7 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 30571 - 03/24/2015 - McCloskey, Jason
 PCH Name: SILVER SPRING SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 On 3/24/15, a copy of 55 Pa. Code Chapter 2600 was not posted in a conspicuous and public place in the home.

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.

As of 3/25/15 the program administrator placed a copy of the department code 2600 in a public location within the home. The copy will remain in a public area at all times.

The administration will check at least monthly to ensure that the chapter 2600 regulations are posted as required. 4/16/15

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: 4-9-15

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

The above plan of correction is approved as of 4/16/15
 (Date)

The above plan of correction was approved by OB
 (Initials)

Plan of correction implementation status as of 4/16/15
 (Date)

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

Violation Report: 30571 - 03/24/2015 - McCloskey, Jason
 PCH Name: SILVER SPRING SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for Resident #1 was not signed by the payer.

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.

As of 4/1/15 the contract for resident #1 was sent to the Payee for signature, the Program Administrator will ensure that future residents will have their paperwork signed within the required time frame upon intake.

The administrator will review the records of newly admitted residents within one month of admission to ensure the contract is signed as required. JB 4/16/15

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
 (Required on EVERY Page) *WILLIAM LARSEN, ED* Date *4-9-15*

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 (Date)

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 (Initials)

Plan of correction implementation status as of 4/16/15
 (Date)

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Violation Report: 30571 - 03/24/2015 - McCloskey, Jason
 PCH Name: SILVER SPRING SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Person A, hired 6-27-14, has been providing unsupervised ADL services. The staff person did not complete the Department-approved direct care training course and pass the competency test until 3-21-15.

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 will ensure that each new staff member will complete this required training within the first week of employment.

The administrator will review the training records of each new staff person to ensure required training are in place prior to staff providing unsupervised ADL's. CB 4/6/15

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

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The above plan of correction is approved as of <u>4/6/15</u> (Date)	Plan of correction implementation status as of <u>4/6/15</u> (Date)
The above plan of correction was approved by <u>CB</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

Violation Report: 30571 - 03/24/2015 - McCloskey, Jason
 PCH Name: SILVER SPRING SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff Person B did not receive training in fire safety, residents rights or falls and accident prevention during training year July 2013 through June 2014.

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 has enrolled all staff into the college of direct support to ensure trainings are current and up to date. These trainings once completed will automatically be documented into our web based system for future reference. The Program Administrator will track all staff trainings using the Departments form to ensure trainings are current.

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)

Michael L. Carter, MD

Date

4-9-15

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The above plan of correction is approved as of

4/16/15
 (Date)

Plan of correction implementation status as of

4/16/15
 (Date)

The above plan of correction was approved by

CB
 (Initials)

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

Violation Report: 30571 - 03/24/2015 - McCloskey, Jason
 PCH Name: SILVER SPRING SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.86(a) - All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

2a. DESCRIPTION OF VIOLATION
 A second floor ventilation unit, in the ceiling at the top of the back steps, has an air filter and grate that is coated with a thick layer of dust and cobwebs restricting airflow.

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.
 As a 3/25/15 the air vent was cleaned, and the filter was changed, and the Program Administrator added this to the weekly checklist for staff to maintain in the future.

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 4-9-15

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Violation Report: 30571 - 03/24/2015 - McCloskey, Jason
 PCH Name: SILVER SPRING SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 On 3-24-15 at 3:30 pm, there was no thermometer in the kitchen refrigerator.

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.

As of 3/25/15 the program staff placed a Thermometer in the refrigerator to ensure proper temperature.

In the future, the Program Administrator has added this to the weekly checklist to ensure it remains in that location, and that the temperature is within required range. *CS 4/16/15*

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *William Carter, MD* Date *4-9-15*

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The above plan of correction is approved as of *4/16/15*
 (Date)

The above plan of correction was approved by *CS*
 (Initials)

Plan of correction implementation status as of *4/16/15*
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
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Violation Report: 30571 - 03/24/2015 - McCloskey, Jason
 PCH Name: SILVER SPRING SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa. Code §2600
 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

According to Staff Person C, it is recommended that the home's dryer duct be cleaned annually. The home was unable to describe how the duct was cleaned or to demonstrate that it had been cleaned since December of 2013. An accumulation of lint was observed at the outside exhaust of the duct.

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.

As of 4/2/15 the duct work was cleaned by a professional service, the Program administrator has instructed the staff at their staff meeting on 4/1/15 to clean the duct system weekly and has developed a checklist for staff to sign off.
 In addition the program administrator will have the system professional cleaned yearly, and will document this in their outlook calendar.

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

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

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Violation Report: 30571 - 03/24/2015 - McCloskey, Jason
 PCH Name: SILVER SPRING SPECIALIZED COMMUNITY RESIDENCE

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

2a. DESCRIPTION OF VIOLATION
 The last fire safety inspection and fire drill observed by a fire safety expert was conducted on 5-30-14. The previous fire safety inspection and fire drill observed by a fire safety expert occurred on 5-10-13.

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.

B
 The program ~~is~~ is current in this area. The next fire safety inspection is not due until 5/30/15

The Program Administrator has scheduled this event to occur in early May.

The administrator will contact the fire safety expert approx. 2 months in advance of the due date so that the annual inspection and drills completed timely.
B
4/16/15

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
 (Required on EVERY Page) *[Signature]* Date *4-9-15*

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 (Date)

Plan of correction implementation status as of *4/16/15*
 (Date)

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

The above plan of correction was approved by *B*
 (Initials)

Violation Report: 30571 - 03/24/2015 - McCloskey, Jason
 PCH Name: SILVER SPRING SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
 The fire drill records do not include drills held from November 2014 through February 2015.

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.

As of 4/1/15 The Program administrator will set up a outlook calender reminder for each month that the fire drill is to be completed, they will share this calender with the Regional Director to ensure follow up is completed.

Fire drill records will be maintained in the office of personal care home and will not be removed from the facility. CB 4/1/15

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/24/2014

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *William Carrow* Date *4-8-15*

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The above plan of correction is approved as of 4/1/15
 (Date)

The above plan of correction was approved by CB
 (Initials)

Plan of correction implementation status as of 4/1/15
 (Date)

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

Violation Report: 30571 - 03/24/2015 - McCloskey, Jason
 PCH Name: SILVER SPRING SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa. Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The last fire drill conducted during sleeping hours was on 9-3-14.

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.

As of 4/1/15 the Program Administrator has set up a outlook calender to remind the program and staff of when the overnight drill is due. The Program Administrator Will share the calendar with the Regional director to ensure follow up is completed.

Documentation of fire drills held will be maintained in the office of the personal care home. The administrator will review fire drill records monthly. 4/1/15

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

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Violation Report: 30571 - 03/24/2015 - McCloskey, Jason
 PCH Name: SILVER SPRING SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #2 is prescribed a *pravastatin sodium tablet, 40 mg* and *cholestyramine packet* daily. These medications have not been administered since 3-15-15.

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.

As of April 1st, all medications are at the current facility, The Program Administrator is working with the PCP to ensure that prescriptions are written in a timely manner so they are available to the resident.

The administration will attempt to have all medications refilled and obtained in a timely manner by reviewing the supply and working with physicians and the pharmacy for timely refills. CB 4/16/15

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
<i>Michael J. ...</i>		<i>4-9-15</i>

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