



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mr. Jeffery Brown, Regional Director
Keystone Service Systems, Inc.
8182 Adams Drive
Hummelstown, Pennsylvania 17036

SEP 27 2016

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

Dear Mr. Brown:

As a result of the Department of Human Services' annual licensing inspection on April 15, 2016 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.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 30571 - 04/15/2016 - OPake, Hope
 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

Staff Member A, hired on [redacted] 2015, did not complete Initial direct care training until March 21, 2016.

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 Staff was trained on March 21, 2016. In the future new employees, will complete the initial training within the first day of arriving at the program. The Program Administrator will ensure the training is completed and documented within the employees annual training plan.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/24/2015	
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Signature of Legal Entity Representative
 (Required on EVERY Page)



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

William Jean Alford Date *7-29-16*

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

The above plan of correction is approved as of 8-18-16
 (Date)

Plan of correction implementation status as of 8-18-16
 (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: 30571 - 04/15/2016 - O'Pake, Hope
 PCH Name: SILVER SPRING SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2900
 2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's record of direct care staff training does not include Staff Member A's first day orientation or the required training completed within the first forty working hours.

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.

Staff A was hired on [redacted] 2015 and received his orientation training 7/6, 7/7, 7/8, 7/9, 7/10. The paperwork was never received from the Agency office. In the future the Program Administrator will email the educational director the week after orientation to receive the proper documentation

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
[Signature]			7-27-16

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 (Date)

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

Plan of correction implementation status as of 8-18-16
 (Date)

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Violation Report: 30571 - 04/15/2016 - O'Pake, Hope
 PCH Name: SILVER SPRING SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2800
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION

The home's written emergency procedures were not reviewed, updated or submitted to the municipal emergency management agency in 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.

The emergency plan was updated, reviewed and submitted on May 1, 2016 to the local municipal emergency management agency. The Program Administrator will set up in their Outlook calendar 3 months prior to the annual inspection to revise and notify the local municipal of any revisions.

Repeat Violation: No

Date(s) of Previous Violation(s):

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 (Required on EVERY Page)

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

Date

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Plan of correction implementation status as of 8-18-16
 (Date)

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

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 30571 - 04/15/2016 - OPake, Hope
 PCH Name: SILVER SPRING SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2500
 2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION
 The fire extinguishers throughout the home have not been inspected by a fire safety expert since December 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 fire extinguishers were inspected in July 2016, in the future the Program Administrator will document in their outlook calendar, 3 months prior to the annual inspection to contact the agency to complete its annual inspection.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
[Signature]		7-29-16

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The above plan of correction was approved by <u>bc</u> (Initials)	

Violation Report: 30571 - 04/15/2016 - OPake, Hope
 PCH Name: SILVER SPRING SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa. Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #1's last medical evaluation was completed on January 8, 2016. Prior to that, the most recent medical evaluation was completed on November 17, 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.

Resident #1 had a completed medical evaluation on 1/8/16, In the future the Program Adm or LPN will review each consumers medical evaluation every 6 months to ensure compliance in this area.

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