



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 12 2017

Mr. Robert Baker,  
Chief Executive Officer  
Keystone Service Systems, Inc.  
124 Pine Street  
Harrisburg, Pennsylvania 17101

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

Dear Mr. Baker:

As a result of the Department of Human Services' annual licensing inspection on April 12, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 30671 - 04/12/2017 - Springs, Israel  
 PCH Name: SILVER SPRING SPECIALIZED COMMUNITY RESIDENCE

**1. REGULATION 55 Pa.Code §2800**

2600.25(d) SOPa - The resident-home contract is to include whether or not the home collects a portion of a resident's rebate under § 2600.25(d) (relating to resident-home contract).

**2a. DESCRIPTION OF VIOLATION**

The rent rebate statement for Resident #1 did not designate if the home would or would not collect a portion of the rebata.

**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.*

1. Keystone Service Systems, Inc. does not collect any portion of the rent rebate. It was inadvertently missed that the box was not checked on the form for Resident #1. The information was discussed with the resident and the correct information was completed regarding the SCR not collecting any of the rent rebate on 4-13-2017.
2. In the future, the Program Administrator, as well as the Personal Care Specialist, will review the chart to insure that this form is completed.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*RJR*

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

Robert J. Asker CED

Date 7/17/17

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

The above plan of correction is approved as of 7/18/17  
 (Date)

Plan of correction implementation status as of 7/18/17  
 (Date)

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

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

Violation Report: 30571 - 04/12/2017 - Springs, Israel  
 PCH Name: SILVER SPRING SPECIALIZED COMMUNITY RESIDENCE

**1. REGULATION 55 Pa. Code §2800**  
 2800.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

**2a. DESCRIPTION OF VIOLATION**  
 The two blue trash containers located next to the home's garage were overflowing with trash and the lids could not close.

**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.*

1. Two new trash cans were purchased by 4-19-2017.
2. Discussion occurred with staff on 4-27-2017 regarding the importance of making sure the lids are secured on the cans. When staff take out the garbage, they will secure the lids and check to make sure all of the trash can lids are secure.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*RJB*

|   |                |
|---|----------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) | Date           |
| <i>Robert J. Baker CED</i>  | <i>7/17/17</i> |

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

The above plan of correction is approved as of 7/16/17  
 (Date)

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

Plan of correction implementation status as of 7/18/17  
 (Date)

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

Violation Report: 30571 - 04/12/2017 - Springs, Israel  
 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 drill observed by a fire safety expert was conducted on 5/27/2015.

**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.

1. The fire safety inspection and fire drill will be observed by an approved provider by 7-30-2017. The company that was previously used was not able to complete it due to being "out of the country" until August. It has taken some time to locate an approved provider, with assistance from Cumberland/Perry County. The new company( Conccardi and Associates, Inc.-Jessup, PA.) made contact, after many phone calls back and forth, and on 6-26- 2017 arrangemets were made and they will be completing the fire drill and safety inspection by 7-30- 2017.
2. In the future, the Program Administrator will insure that the fire drill and safety inspection is scheduled and completed within the one year time frame.

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| Signature of Legal Entity Representative<br><i>(Required on EVERY Page)</i>              |                                   |         |
| Printed Name and Title of Legal Entity Representative<br><i>(Required on EVERY Page)</i> |                                   | Date    |
| Robert T. Baker CEO  |                                   | 9/17/17 |

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| The above plan of correction is approved as of <u>7/18/17</u><br>(Date) | Plan of correction implementation status as of <u>7/18/17</u><br>(Date)   |
| The above plan of correction was approved by <u>BAS</u><br>(Initials)   | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 30571 - 04/12/2017 - Springs, Israel  
 PCH Name: SILVER SPRING SPECIALIZED COMMUNITY RESIDENCE

**1. REGULATION 55 Pa.Code §2600**  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

**2a. DESCRIPTION OF VIOLATION**

Resident #1's medical evaluation, dated 5/9/2016, did not document the resident's temperature, ability to self-administer medications, and mobility needs assessment.

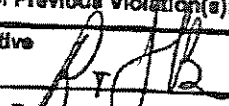
Resident #2's medical evaluation, signed by the physician on 2/11/2016, did not document the date the resident was evaluated, height, weight, pulse rate, blood pressure, and temperature.

Resident #2's medical evaluation, signed by the physician on 1/1/2017, did not document the date the resident was evaluated, height, weight, pulse rate, temperature, and body positioning/movement.

**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.*

1. The medical evaluation for Resident #1 had a complete physical with all of the necessary information completed by the physician on 4-28-17. On 4-18-2017, during an office visit, Resident #2's physician completed the missing information from the previously completed physical.
2. In the future, the Program Administrator and LPN will ensure that all paperwork is completed by the physician prior to leaving the physician's office.

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| Robert J. Baker CEO  |                                   | 7/17/17 |

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Violation Report: 30571 - 04/12/2017 - Springs, Israel  
 PCH Name: SILVER SPRING SPECIALIZED COMMUNITY RESIDENCE

**1. REGULATION 85 Pa.Code §2600**

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**

Staff Member A medication administration training is not current and up-to-date as this staff person has not received any of the required annual practicum medication administration observations since 4/2/2015. This staff person is responsible for regular medication administration for the residents.

Staff Member B's medication administration training is not current and up-to-date as this staff person has not received any of the required annual practicum medication administration observations since 7/21/2015. This staff person is responsible for regular medication administration for the residents.

**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.*

1. Staff Members A and B completed their medication training on 5-17-2017
2. In the future, all medication administration training and due dates will be centrally managed by Keystone's Education Department.
3. Additionally, the Program Administrator will track employees' medication administration due dates as an added check and balance.

\* Each staff member responsible for medication administration duties shall have, at a minimum, two Medication Administration Record reviews and two Medication Administration Observations per year performed by a certified trainer starting the year after the staff member has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test.

BAS 7/18/17

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