



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: November 28, 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
Certificate #: 305710

Dear Mr. Baker:

As a result of the Department of Human Services' licensing inspections on September 9, 2017 and November 21, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 30571 - 09/01/2017 - McCluskey, Jason
 PCH Name: SILVER SPRING SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

Resident #2 has a history of displaying inappropriate behaviors towards other residents of the home. On 8/31/17, Resident #2 called Resident #1 "stupid" and "not smart."

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 member discussed with Resident #2 appropriate interactions with the other residents. This is an ongoing discussion with Resident #2. Resident #2 has ongoing therapy on a weekly basis to address appropriate interactions with others. Resident #2 will continue with weekly therapy sessions. Staff member met with Resident #1 to discuss how to best respond to Resident #2 when [redacted]'s negative towards [redacted]. This occurred on 9-1-2017 and discussions with Resident #2 is ongoing regarding communication and [redacted] treatment of others. On 9-5-2017, Cumberland/Perry County Administrator was again made aware of the ongoing issues with Resident #2. Discussion occurred regarding alternative placement of Resident #2 if the behaviors continue.
2. There is no way to prevent Resident #2 from being negative towards other residents.
3. During staff meetings and resident meetings discussion occurs with all residents regarding expectations of the treatment of fellow residents.
4. The behavior of Resident #2 will be monitored by staff through observation, while [redacted] is in the home, and by [redacted] psychologist during the weekly sessions, and by [redacted] psychiatrist during [redacted] appointments.

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

[Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Robert J. Baker	11/1/17

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

The above plan of correction is approved as of <u>11/2/17</u> (Date)	Plan of correction implementation status as of <u>11/2/17</u> (Date)
The above plan of correction was approved by <u>[Signature]</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 - 09/01/2017 - McCloskey, Jason
 PCH Name: SILVER SPRING SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

Resident #2 has been identified as having on-going agitation and paranoia that results in physical and verbal aggressive behaviors towards other residents of the home. Due to these behaviors, Resident #2 requires increased supervision by staff to address problems as they arise. However, for the majority of time during each day, the home is only staffed by one person, including the hours from 3pm on 7/31/17 to 7am on 8/1/17, and 7am on 8/4/17 to 7am on 8/5/17. When the lone staff person is involved in other duties in the home, adequate supervision is unable to be provided to Resident #2.

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. We are currently meeting the regulations of 1 staff per 8 residents. We are currently recruiting to hire staff for part of the 2nd shift. To date, there has not been a 2nd shift full time staff, however we are averaging double staffing 3 days a week. Resident's psychologist and psychiatrist has been made aware of the ongoing paranoia and aggressive behaviors. Psychologist continues to see [redacted] weekly and [redacted] psychiatrist has increased [redacted] medication on 9-22-2107 to address the paranoia and aggressive behaviors.

2. The goal is to have double staffing over the hours of 3pm-8pm, however, this is not occurring consistently. Continue to recruit a full time staff for 2nd shift. Once a staff is hired, it will be the responsibility of the Program Administrator to insure the majority of the 3pm-8pm shifts are double covered.

3. The staff will refer to the schedule to see who is working the double coverage.

4. This will be monitored via the schedule that is posted.

It should be noted that there have also been discussions as to whether or not this is the best placement for Resident #2. With the increase in [redacted] medication and the continued weekly visits of [redacted] psychologist to the home, [redacted] behavior will continued to be monitored. We cannot assign one-to-one staff to Resident #2 due to [redacted] paranoia. This is not indicated clinically due to [redacted] diagnosis of paranoid schizophrenia. A one-on-one staff would increase [redacted] mental health symptoms. Keystone will provide clinical support on a bi-weekly basis and/or as needed.

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)

Robert J. Baker

Date 11/1/17

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The above plan of correction is approved as of 11/2/17
 (Date)

Plan of correction implementation status as of 11/27/17
 (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 - 08/01/2017 - McCloskey, Jason
 PCH Name: SILVER SPRING SPECIALIZED COMMUNITY RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

Resident #2's support plan, dated 8/3/17, outlines steps that the resident should do to address the resident's problem behaviors, but doesn't provide instructions for the home's staff to address the resident's irritability, agitation and aggression.

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 support plan shall be revised 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

1. On 9-25-2017, Resident #2 support plan was updated to include what the staff's instructions are to do when Resident #2 is becoming more paranoid and aggressive. This includes staff attempting to redirect Resident #2 from whatever the source of agitation is; engaging [redacted] in another activity; encouraging [redacted] to take a walk, as this is one of his coping skills. At no time will staff follow Resident #2 around the home as this will increase his paranoia which tends to lead to aggression. Staff will attempt to remove Resident #2 from the area in which other residents are present.

2. The Program Administrator will insure that all interventions by both staff and resident are included in the resident service plan.

3. All Staff will review the resident service plans as they are updated.

4. Program Administrator will monitor the resident service plan to insure they are updated within 30 days upon completion of the annual assessment and/or upon changes in the resident's needs. The resident as well as the staff responsibilities will be included in the resident's service plan.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Robert J. Baker* Date *11/1/17*

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The above plan of correction is approved as of 11/2/17 (Date)

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

Plan of correction implementation status as of 11/27/17 (Date)

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