



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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

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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 Human Services 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, 2018 until June 14, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 305710

Robert E. Robinson
ISSUING OFFICER

Tina L Long
ACTING DEPUTY SECRETARY

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



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DEPARTMENT OF HUMAN SERVICES

February 23, 2018

Mr. Robert J. 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:

The Department has received your February 23, 2018 renewal application to operate the above Personal Care Home pursuant to Title 55, PA Code, Chapter 2600. A regular license is being issued in response to your application. Your license is enclosed.

Please be advised that, pursuant to 55 Pa.Code § 20.31 (relating to annual inspection), the Department is required to conduct an onsite inspection of the above Personal Care Home at least once every twelve months. The Department will conduct an inspection of Silver Creek Silver Spring Specialized Community Residence within the next twelve months. If evidence of noncompliance with Title 55, PA Code, Chapter 2600 is found during the inspection, the Department will take appropriate enforcement action.

If you have any questions about the Department's revised process, please contact the Bureau of Human Services Licensing's Provider Support Hotline at 1-866-503-3926 or by electronic mail at ra-pwarheadquarters@state.pa.us.

Sincerely,

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

Jacqueline L. Rowe
Director

Enclosure
License