pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAILING DATE: December 18, 2013

Melissa Leathery, Director
Hoffman Homes, Inc
815 Orphanage Road
Littlestown, Pennsylvania 17340

RE: Hoffman Homes Zion
License # 309530

Dear Ms. Leathery:

As a result of the Department of Public Welfare's licensing inspection on September 16, 2013, September 23, 2013, and November 1, 2013, of the above facility, the violations with 55 Pa.Code Ch. 3800 (relating to Child Residential and Day Treatment Facilities) specified on the enclosed Licensing Inspection Summary were found.

All violations specified on the enclosed Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 3800 must be maintained.

Sincerely,

Amy R. Hubbard
Child Residential Licensing Manager

Enclosure
Licensing Inspection Summary

VIOLATION REPORT
CHILD RESIDENTIAL LICENSING - 55 Pa.Code Chapter 3800

Facility Name: HOFFMAN HOMES ZION	**License Number:** 30953
Address: 815 ORPHANAGE ROAD, LITTLESTOWN, PA 17340	**County:** Adams
Director: Melissa Leathery	**Region:** CENTRAL
Legal Entity Name: HOFFMAN HOMES INC	
Legal Entity Address: 815 ORPHANAGE ROAD, LITTLESTOWN, PA 17340	

Certificate(s) of Occupancy

Program Type:	**Licensed Capacity:**	**Number of Children Served:**
Residential Services	14	13

Type of Inspection: Partial	**BHA Docket Number:**	**Notice:** Unannounced

Reason(s) for Inspection(s)
Incident

On-Site Inspections Dates and Department Representatives On-Site
09/16/2013: Palermo, Angie; Danner, Daniel
09/23/2013: Palermo, Angie; Danner, Daniel
11/01/2013: Palermo, Angie; Danner, Daniel; Shambach, Alexander

Off-Site Inspection Dates and Inspectors, if Applicable
08/27/2013: Palermo, Angie; Le, Ashley

DEC 06 2013

Other Details

Partial or Full Triggers:

Random Indicators:

Child Demographic Data as of Inspection Dates

Age of Children:

0 to 5 years: 0

6 to 13 years: 0

14 to 17 years: 12

18 to 21 years: 1

Number of Children who:

Are Adjudicated Delinquent: 1

Are Dependent: 3

Have Mental Illness: 13

Have an Intellectual Disability: 11

Have a Physical Disability: 0

Licensing Inspection Summary: 30953 - 08/27/2013 - Palermo, Angle
Facility Name: HOFFMAN HOMES ZION

1. REGULATION 55 Pa.Code §3800
3800.16(c) - The facility shall complete a written reportable incident report, on a form prescribed by the Department, and send it to the appropriate Departmental regional office and the contracting agency, within 24 hours.

2a. DESCRIPTION OF VIOLATION
On 7/5/13 Resident 1, date of admission 5/31/12, attempted suicide by placing their belt around their neck and climbing into a closet. Resident 1's roommate was present for this and alerted staff and staff intervened. Resident 1 was placed on one-to-one supervision for the remainder of the night and Resident 1's belts were removed from the room. The facility never reported this incident to the Department.

On 7/7/13 Resident 1 placed their belt around their neck in an attempt to commit suicide. Staff were present in Resident 1's room and placed their hand in between Resident 1's neck and the belt. The belt needed to be removed and in the process, Resident 1 assaulted Staff A. As a result of the assault 911 was called. The facility reported to the Department that 911 was called for assault but the facility failed to report to the Department that Resident 1 attempted suicide.

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.

See attached document Page A1

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

Signature of Legal Entity Representative (Required on EVERY Page) /Vanderet

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rebecca Van der Aroet **Date** 12/6/13

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

The above plan of correction is approved as of 12/18/13 (Date)

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

Plan of correction implementation status as of 12/18/13 (Date)

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

Licensing Inspection Summary: 30953 - 08/27/2013 - Palermo, Angie
Facility Name: HOFFMAN HOMES ZION

1. REGULATION 55 Pa.Code §3800
3800.142 - If the health and safety assessment in § 3800.141 (relating to health and safety assessment) identifies a health or safety risk, a written plan to protect the child shall be developed and implemented within 24 hours after the assessment is completed.

2a. DESCRIPTION OF VIOLATION
On 7/5/13 Resident 1, attempted suicide by placing their belt around their neck and climbing into a closet. Resident 1's roommate was present for this and alerted staff and staff intervened. Resident 1 was placed on one-to-one supervision for the remainder of the night and Resident 1's belts were removed from the room. Resident 1's safety plan was not updated for this incident.

On 7/6/13 Resident 1 was given back their belts to use. The following day, 7/7/13, Resident 1 placed their belt around their neck in an attempt to commit suicide. Staff were present and able to intervene. Resident 1's safety plan was not updated for this incident.

On 10/12/13 Resident 2, date of admission 3/15/13. attempted to hang themselves by the neck with their belt. An updated Health and Safety assessment was completed for Resident 2 on 10/14/13, not within a 24-hour period.

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.

See attached document page A2

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

Signature of Legal Entity Representative (Required on EVERY Page) J Vanderes

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rebecca Van der Aroef

Date 12/6/13

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

The above plan of correction is approved as of 12/18/13 (Date)

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

Plan of correction implementation status as of 12/18/13 (Date)

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

Violation 3800.16 (c)

The incidents on 7/5/13 and 7/7/13 were investigated by DPW OCYF on 7/29/13. At that time, a written plan of correction was requested to ensure the safety of the child and that communication of such actions were reported to the necessary individuals.
On 7/29/13, a plan of correction was submitted to DPW OCYF indicating the following steps:

1. A MHW Supervisor met with the Zion staff that were working in the residence on 7/29/13 to retrain the staff on the process of how to manage children who are feeling suicidal, self-harmful, or at risk. The supervisor reviewed the policy called Intensive Supervison CS 044. This issue is also addressed in the MHW Mentor Packet which is reviewed with new staff in training. The remaining Zion team members will be reviewing this with their supervisor when they are on shift. This will be completed by 8/4/13.
2. The MHW Supervisor of Zion residence will be conducting a check in twice a day, afternoon and evening. During these check ins, the Supervisor will be speaking with each staff member that is working in Zion and reviewing any safety concerns from that day. The Supervisor will be ensuring that there was follow up to any safety concerns.

On 8/16/13, Hoffman Homes received a request from OCYF for additional actions to be taken to ensure that the entire facility had a process in place for reporting self-harm and suicidal acts of children to the appropriate individuals at Hoffman Homes. Based on this request, the attached letter, dated 8/16/13, was submitted to OCYF.
Following this letter, an ongoing assessment of this process was reviewed by Hoffman Homes and a policy was revised and finalized (see attached policy and log) on 10/14/13. This policy clearly outlines how the reporting process will be conducted and how the incident will be documented. In addition to this, the policy includes a system for checking to make sure that all of the reports were 1) communicated with medical services and 2) were documented on a self-harm log. Hoffman Homes has found this process to be extremely efficient in the reporting of self-harmful and suicidal behaviors.

In addition to this, any actions that are deemed suicidal in nature are reported to DPW via HCSIS reporting. The MHW Supervisor of the child's residence, the Program Managers, the child's therapist, and the Vice Presidents of Clinical Programs all receive notification of the incident so that all parties are aware of the incident and can assure that a report is given through HCSIS. This is outlined in the policy as well.

[redacted]
12/6/13

ABH
12/18/13

Violation 3800.142

On November 1, 2013, during a clinical meeting, the expectation that safety plans be reviewed for possible updates or updated within 24 hours following any serious incident to include suicidal attempts was reviewed with all therapists. A tracking has been in place for several years that tracks HCSIS reports to ensure they are completed. This tracking has now been updated to include a section for monitoring safety plans where the therapist is to confirm a review, and possible update, of a safety plan for a child following a suicidal incident, within 24 hours.

In regards to the violation to the child's updated health and safety assessment for the incident on 10/12/13, Hoffman Homes has a document of a child's health assessment following this situation (see attached nurse's note). It is unclear if the department is referencing this or the fact that the child's safety plan was not updated. If it is the case that the safety plan was not updated in the appropriate time frame, the above process has now been put into place to prevent that from occurring in the future. The child's safety plan has since been updated, following this incident.



12/6/13

ARH
12/18/13