



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 6, 2014

Mr. Michael McCalpin, COO
Adelphoi Village, Inc.
1119 Village Way
Latrobe, Pennsylvania 15650

RE: Colony Home
111 Church Street
Bradenville, Pennsylvania 15620
License # 459880

Dear Mr. McCalpin:

As a result of the Department of Public Welfare's licensing inspection on December 23, 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 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. 3800 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Brent Sutherland". The signature is written in a cursive, flowing style.

Brent Sutherland
Child Residential Licensing Manager

Enclosure
Licensing Inspection Summary

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

Facility Name: COLONY HOME		License Number: 45988
Address: 111 CHURCH STREET, BRADENVILLE, PA 15620		County: Westmoreland
Director: Amy Overly		Region: WEST
Legal Entity Name: ADELPHOI VILLAGE INC		
Legal Entity Address: 1119 VILLAGE WAY, LATROBE, PA 15650		
Certificate(s) of Occupancy		
Program Type: Residential Services	Licensed Capacity: 14	Number of Children Served: 12
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 12/23/2013: Kasmarik, Sarah; Pugh, Bridget		
Off-Site Inspection Dates and Inspectors, if Applicable		
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: 3 14 to 17 years: 7 18 to 21 years: 2	Number of Children who: Are Adjudicated Delinquent: 7 Are Dependent: 6 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Physical Disability: 0	

RECEIVED

JAN 03 2014

WEST REGION FIELD OFFICE
Human Services Licensing

Mark Mathews 1-3-14

JAN 03 2014

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Licensing Inspection Summary: 45988 - 12/23/2013 - Kasmarik, Sarah

Facility Name: COLONY HOME

WEST REGION FIELD OFFICE

Human Services Licensing

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

A fire in the trash receptacle located in the unit bathroom occurred at the facility on 12/14/13 at 1:55 PM. The incident required the services of a fire department and the facility failed to report the incident to HCSIS until 12/16/13 at 11:55 AM.

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.

Effective January 10, 2014 reportable incidents that occur on Fridays after business hours as well as Saturdays will be reported to the department within 24 hours. The Bureau of Human Services Licensing-Incident Reporting Form will be used. This form will be sent by facsimile to (717)783-5662 or by emailing it to ra-pwarheadquarters@pa.gov A long term plan will be developed and forwarded to the department outlining our plans to streamline weekend reportable incident into HCSIS.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Mark Mortimer

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

Mark Mortimer

Date 1.3.14

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

The above plan of correction is approved as of

1/6/14
(Date)

Plan of correction implementation status as of

1/6/14
(Date)☐

Fully Implemented

☒

Partially Implemented - Adequate Progress

☐

Partially Implemented - Inadequate Progress

☐

Not Implemented

The above plan of correction was approved by

BS
(Initials)