pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAY 2 7 2014

Mr. Michael, McCalpin, Chief Operations Officer
Adelphoi Village, Inc.
1119 Village Way
Latrobe, Pennsylvania 15650

RE: Alliance
112 Porter Avenue
Connellsville, Pennsylvania 15425
License # 411060

Dear Mr. McCalpin:

As a result of the Department of Public Welfare's licensing inspection on March 4, 2014, March 5, 2014, March 6, 2014, March 7, 2014, and April 29, 2014, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 3800 (relating to Child Residential and Day Treatment Facilities).

Your regular license for the period June 3, 2014 to June 3, 2015, was issued on February 13, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones /BK

Matthew J. Jones
Director

Enclosure
Licensing Inspection Summary

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

Facility Name: ADELPHOI VILLAGE ALLIANCE HOUSE	**License Number:** 41106
Address: 112 PORTER AVENUE, CONNELLSVILLE, PA 15425	**County:** Fayette
Director: Todd Martin	**Region:** WEST
Legal Entity Name: ADELPHOI VILLAGE INC	
Legal Entity Address: 1119 VILLAGE WAY, LATROBE, PA 15650	

Certificate(s) of Occupancy
C-2 LP
08/31/2000
L&I

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

Type of Inspection: Full	**BHA Docket Number:**	**Notice:** Announced

Reason(s) for Inspection(s)
Renewal

On-Site Inspections Dates and Department Representatives On-Site
03/04/2014: Szurszewski, Erin; Joyce, Kylee; Dinardo, Anna; Kasmarik, Sarah; Pugh, Bridget
03/05/2014: Szurszewski, Erin; Joyce, Kylee; Dinardo, Anna; Kasmarik, Sarah; Pugh, Bridget
03/06/2014: Szurszewski, Erin; Joyce, Kylee; Dinardo, Anna; Kasmarik, Sarah; Pugh, Bridget
03/07/2014: Szurszewski, Erin; Joyce, Kylee; Dinardo, Anna; 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:	**Number of Children who:**
0 to 5 years: 0	**Are Adjudicated Delinquent:** 7
6 to 13 years: 0	**Are Dependent:** 6
14 to 17 years: 9	**Have Mental Illness:** 0
18 to 21 years: 4	**Have an Intellectual Disability:** 0
	Have a Physical Disability: 0

RECEIVED
APR 03 2014
WEST REGION FIELD OFFICE
Human Services Licensing

Licensing Inspection Summary: 41106 - 03/04/2014 - Szurszewski, Erin
Facility Name: ADELPHOI VILLAGE ALLIANCE HOUSE

1. REGULATION 55 Pa.Code §3800
3800.104(e) - Cold food shall be kept at or below 40°F. Hot food shall be kept at or above 140°F. Frozen food shall be kept at or below 0°F.

2a. DESCRIPTION OF VIOLATION
The facility's basement freezer located on the left measured 6 degrees Fahrenheit on 3/07/14.
The facility's basement freezer located on the right measured 10 degrees Fahrenheit on 3/07/14.

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 Unit Supervisor submitted a request to have the freezer temperature adjusted to the Facility Operations on March 5, 2014 and the issue was fixed on March 7, 2013. The temperature was within normal range later in the day of March 5, 2014. The Unit Supervisor reviewed with the staff team on March 25, 2014 the freezer temperatures are to be checked daily. Any staff that did not attend the team meeting (due to Paid Time Off, Court Hearing and client appointment supervision) will have the information reviewed at the next meeting. Also, the Unit Supervisor reviewed with staff not to over fill the freezer. Now that the temperature is adjusted to the correct temperature, any incorrect temperature will be reported to the Unit Supervisor, who will report to Facility Operations.

Please see the attached team meeting sign in sheet, copy of freezer logs since March 5, 2014 and Facility Operations work order.

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) Jennifer McClaren, Director of Quality Assurance

Date 4/2/14

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The above plan of correction is approved as of 4/29/14 (Date)

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

Plan of correction implementation status as of 4/29/14 (Date)

- [x] Fully Implemented
- [ ] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented