pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 17, 2014

Mr. Richard B. Seager, President/CEO
Children's Center for Treatment and Education
800 East Main Street
Bradford, Pennsylvania 16701

RE: Beacon Light Behavioral Health Systems
Short Term Adolescent
416020

Dear Mr. Seager:

As a result of the Department of Public Welfare's licensing inspection on July 29, 2014 and August 4, 2014, 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,

Brent Sutherland

Brent Sutherland
Child Residential Licensing Manager

Enclosure
Licensing Inspection Summary

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

Facility Name: BEACON LIGHT BEHAV HEALTH SYSTEMS SHORT TERM ADOLESCENT	**License Number:** 41602
Address: 800 EAST MAIN STREET, BRADFORD, PA 16701	**County:** McKean
Director: Brian Larson	**Region:** WEST
Legal Entity Name: CHILDRENS CENTER FOR TREATMENT AND EDUCATION INC	
Legal Entity Address: 800 EAST MAIN STREET, BRADFORD, PA 16701	

Certificate(s) of Occupancy

Program Type:	Licensed Capacity:	Number of Children Served:
Residential Services	10	8

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

Reason(s) for Inspection(s)
Incident

On-Site Inspections Dates and Department Representatives On-Site
07/29/2014: Pugh, Bridget; Kasmarik, Sarah
08/04/2014: Pugh, Bridget; Kasmarik, Sarah

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: 1
6 to 13 years: 4	Are Dependent: 1
14 to 17 years: 4	Have Mental Illness: 8
18 to 21 years: 0	Have an Intellectual Disability: 1
	Have a Physical Disability: 0

Licensing Inspection Summary: 41602 - 07/29/2014 - Pugh, Bridget
Facility Name: BEACON LIGHT BEHAV HEALTH SYSTEMS SHORT TERM ADOLESCENT

1. REGULATION 55 Pa.Code §3800
3800.32(b) - A child may not be abused, mistreated, threatened, harassed or subject to corporal punishment.

2a. DESCRIPTION OF VIOLATION
During a manual restraint at approximately 12:00 p.m. on 4/19/2014, Child #1 grabbed Staff Member A's hair. To release Child #1's grip, Staff Member A bit Child #1 resulting in 2 bite marks to his/her right forearm.

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.

Due to the circumstances staff was suspended pending a child line investigation effective immediately on 4/19/2014. This investigation was untimely. The staff member broke agency policy and was suspended without pay for three days starting 4/30/2014. This staff member was placed upon staff shadow only and was not allowed to be alone with any clients for a three month period. She was required to take three days of Safecr.313 Management starting 5/15/2014, clients rights on 5/16/2014, and Basics of direct care/client safety on 5/16/2014. All training was completed as scheduled. The client in question was discharged from our facility on 5/19/2014 to a JSO RTF. See attached training record.

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

Signature of Legal Entity Representative (Required on EVERY Page) Nathan Gressel

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nathan Gressel VP/ Children Svs. Date 9/10/2014

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The above plan of correction is approved as of 9/16/14 (Date)

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

Plan of correction implementation status as of 9/16/14 (Date)

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

Licensing Inspection Summary: 41602 - 07/29/2014 - Pugh, Bridget
Facility Name: BEACON LIGHT BEHAV HEALTH SYSTEMS SHORT TERM ADOLESCENT

1. REGULATION 55 Pa.Code §3800
3800.203(b) - The plan shall be developed and revised with the participation of the child, the child's parent and, if applicable, the child's guardian or custodian, if available, any person invited by the child and the child's parent, guardian or custodian, child care staff persons, contracting agency representative and other appropriate professionals.

2a. DESCRIPTION OF VIOLATION
Child #1's restrictive procedure plan dated 4/22/2014 was only developed by Staff Member B and Staff Member C.

withdrawn BB 9/10/14

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.

I have attached a copy of the bi-weekly ISP for Grant. The restrictive procedure plan was entered into our electronic medical record on 4/22/2014 by the clinician Mchapt at his case and sent to a supervisor for approval. You will see that the plan coverage was from 4/10/2014 to 4/23/14 signed off by all members and agreed upon 4/24/2014. These plans/documents are set in effect until the date of the meeting and when signed off / reviewed by the team. The two stuff listed merely are the stuff that enter the plan into the system. Additionally I've included the signature page from the prior meeting where his treatment was reviewed / discussed / developed. Plans are pre-populated for discussion in meetings and are not active until signed / agreed upon during development.

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

Signature of Legal Entity Representative (Required on EVERY Page) Nathan Grosser

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nathan Grosser VP/Children's US

Date 9/10/2014

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

The above plan of correction is approved as of _____ (Date)

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

Plan of correction implementation status as of _____ (Date)

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

CHILD PRIVACY CODING DOCUMENT
CHILD RESIDENTIAL LICENSING - 55 Pa. Code Chapter 3800

Facility Name:BEACON LIGHT BEHAV HEALTH SYSTEMS SHORT TERM ADOLESCENT	License Number:416020

Designation	Child's Name
Resident 1	[redacted]

Nathan Grossdupe/Childrens Svs.
Printed Name and Title of Legal Entity Representative

Nathan M. Grossdupe 8/30/2014
Signature of Legal Entity Representative Date

Date of Inspection: 07/29/2014

STAFF PRIVACY CODING DOCUMENT
CHILD RESIDENTIAL LICENSING - 55 Pa. Code Chapter 3800

Facility Name:BEACON LIGHT BEHAV HEALTH SYSTEMS SHORT TERM ADOLESCENT	License Number:416020

Designation	Staff Member's Name
A	[redacted]
B	
C	

Nathan M. Gressel MSW VP/Children SUS.
Printed Name and Title of Legal Entity Representative

Nathan M. Gressel
Signature of Legal Entity Representative

8/30/2014
Date

Date of Inspection: 07/29/2014