pennsylvania
DEPARTMENT OF PUBLIC WELFARE

SEP 2 2 2014

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

RE: Williams
521 Municipal Drive
Duncansville, Pennsylvania 16635
License # 318370

Dear Mr. McCalpin:

As a result of the Department of Public Welfare's licensing inspection on August 12, 2014, August 13, 2014, August 14, 2014 and September 11, 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.

Your regular license for the period September 1, 2014 to September 1, 2015 was issued on June 6, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones /DK

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

Facility Name: WILLIAMS	License Number: 31837
Address: 521 MUNICIPAL DRIVE, DUNCANSVILLE, PA 16635	County: Blair
Director: Richard Shingler	Region: CENTRAL
Legal Entity Name: ADELPHOI VILLAGE INC	
Legal Entity Address: 1119 VILLAGE WAY, LATROBE, PA 15650	

Certificate(s) of Occupancy
I-1
04/26/2013
Allegheny

Program Type:	Licensed Capacity:	Number of Children Served:
Residential Services	15	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
08/12/2014: Rodack, Kristen; Joyce, Kylee; Szurszewski, Erin
08/13/2014: Rodack, Kristen; Joyce, Kylee; Szurszewski, Erin
08/14/2014: Rodack, Kristen; Joyce, Kylee; Szurszewski, Erin

Off-Site Inspection Dates and Inspectors, if Applicable

Jen McClain
Deputy QA
8-29-14

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: 11
6 to 13 years: 0	Are Dependent: 2
14 to 17 years: 9	Have Mental Illness: 7
18 to 21 years: 4	Have an Intellectual Disability: 10
	Have a Physical Disability: 0

Licensing Inspection Summary: 31837 - 08/12/2014 - Rodack, Kristen
Facility Name: WILLIAMS

1. REGULATION 55 Pa.Code §3800
3800.58(e) - Each staff person who will have regular and significant direct contact with children, shall complete training in first aid, Heimlich techniques and cardiopulmonary resuscitation at least every year. If a staff person has a formal certification from a recognized health care organization which is valid for more than 1 year, retraining is not required until expiration of the certification.

2a. DESCRIPTION OF VIOLATION
Staff Person A, hired 03/18/13, had training on first aid, Heimlich techniques, and cardiopulmonary resuscitation on 05/15/12, which expired in May of 2014, and his/her next training was completed on 08/05/14.

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.

Staff person A's CPR was due in May 2014, and was scheduled and completed the CPR/First Aid training on August 5, 2014. In order to ensure that the annual biannual trainings do not lapse in the future, the Unit Supervisor has created a form that will be posted on his desk. This form contains each staff member employed at Williams, when they last completed the required trainings, and when they are due to take the training again. The Unit Supervisor will schedule each staff member for the annual and biannual trainings 90 days prior to the due date in order to keep all employees current. The review process to ensure required trainings are completed will begin immediately, August 26, 2014, and continue monthly with required trainings to be completed as needed.

Additionally, the Employee Development Supervisor will run quarterly reports for all agency staff that are in need of CPR training. Staff due within a set timeframe days will be highlighted on this report. Unit Supervisor and Program Directors will have their unit report forwarded to them. If a staff is in need of the training, the Unit Supervisor will enroll the staff via the training database. The Director of Human Resources, Vice President of Residential Services and Director of Quality Assurance will also receive a copy of the entire quarterly report and will work with Adelphoi Leadership to ensure there are no barriers for completion of the CPR training.

Please see attached certificate for staff person A and the Training Form that was created by the Unit Supervisor.

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 8/28/14

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

The above plan of correction is approved as of 9/18/14 (Date)

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

Plan of correction implementation status as of 9/18/14 (Date)

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

Licensing Inspection Summary: 31837 - 08/12/2014 - Rodack, Kristen
Facility Name: WILLIAMS

1. REGULATION 55 Pa.Code §3800
3800.82(a) - Poisonous materials shall be kept locked and inaccessible to children.

2a. DESCRIPTION OF VIOLATION
The following items were observed unlocked and accessible to children in the "storage closet" by the facility's laundry area at 1:40 p.m. on 08/13/14:

- Seven 1 gallon bottles of "Austin's A-1 Bleach" with a label indicating "call a poison control center or doctor immediately for treatment advice."
- Two 1 gallon bottles of windshield washer fluid with a label indicating "call physician, hospital, emergency room, or poison control center immediately for instructions to induce vomiting."
- Three 1 quart bottles of "Hepacide Quat II" disinfectant cleaner with a label indicating "call poison control center or doctor for treatment advice."
- One 24 fluid ounce bottle of "Lysol" toilet bowl cleaner with a label indicating "call poison control center or doctor for treatment advice."

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.

Per Adelphoi policy the storage closet with chemicals in it is to be locked at all times. During the DPW walkthrough, the residents of Williams were completing afternoon jobs and the closet was unlocked to retrieve the chemicals.

At the staff meeting on August 25, 2014, the Unit Supervisor reminded the staff members of this policy. The unit supervisor will complete a spot check during jobs on August 29, 2014 in the afternoon and again on September 3, 2014 at evening jobs to ensure that the storage closet is locked during jobs. Findings of these spot checks will be emailed to the Regional Program Director and Director of Quality Assurance.

Children will only utilize poisonous materials under the direct supervision of staff. KS 9/12/14

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

Signature of Legal Entity Representative (Required on EVERY Page) JM

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jennifer McClaren, Director of Quality Assurance — **Date** 8/28/14

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Licensing Inspection Summary: 31837 - 08/12/2014 - Rodack, Kristen
Facility Name: WILLIAMS

1. REGULATION 55 Pa.Code §3800
3800.96 - The facility shall have a first aid manual, nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, tape, scissors and syrup of Ipecac that are stored together.

2a. DESCRIPTION OF VIOLATION
The facility's first aid supplies did not include a first aid manual.

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 requested a first aid kit manual from the Director of Nursing on August 26, 2014. Once the First Aid Manual is received by the Unit Supervisor, it will be placed in the First Aid Kit. The Unit Supervisor instructed the Medication Captain on August 14, 2014 to review the First Aid Kit monthly and inform the Unit Supervisor of any items that were used and/or may need replaced in the First Aid Kit.

Please see attached email sent to the Director of Nursing.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jennifer McClaren, Director of Quality Assurance

Date 8/28/14

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Licensing Inspection Summary: 31837 - 08/12/2014 - Rodack, Kristen
Facility Name: WILLIAMS

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 "storage freezer" measured 22.1 degrees Fahrenheit on 08/13/14.
The facility's "back freezer" measured 19.7 degrees Fahrenheit on 08/13/14.
The facility's kitchen freezer measured 19.5 degrees Fahrenheit on 08/13/14.

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 freezer temperatures were checked in the AM hours prior to the on-site inspection and were within normal range for compliance. Shortly before on-site inspection was completed, the power at Williams went out. During this time, the dietary coordinator was preparing lunch, and opened the freezers a few times to remove the items necessary for lunch. The Unit Supervisor suspects the temperature readings during the on-site inspection were skewed due to the power going out.

Upon the notification of this violation during the on-site inspection, the Unit Supervisor checked the settings for the temperatures and made slight adjustments. These adjustments were made on August 13, 2014. When the temperatures were read the following day, August 14, 2014, the 3 freezers temperatures were as follows; the storage freezer was -3 degrees, the back freezer was -1 degree, and the kitchen freezer was 0 degrees, which all fell in the guidelines for freezer temperatures. The freezers will continue to have daily readings and if the temperature is above zero degrees the Unit Supervisor will place a request to Facility Operations.

The Freezer Temperatures were checked again on August 27, 2014 and the readings were as follows: the storage freezer was -1 degrees, the back freezer was -3 degree, and the kitchen freezer was -2 degrees, which all fell in the guidelines for freezer temperatures.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jennifer McClaren, Director of Quality Assurance

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Licensing Inspection Summary: 31837 - 08/12/2014 - Rodack, Kristen
Facility Name: WILLIAMS

1. REGULATION 55 Pa.Code §3800
3800.141(a) - A child shall have a written health and safety assessment within 24 hours of admission.

2a. DESCRIPTION OF VIOLATION
The facility's health and safety assessment includes two forms, a "Health and Safety Screen" and a "Nutritional Screening/Profile." Resident #2, admitted 12/06/13, had a "Nutritional Screening/Profile" dated 12/17/13.

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.

Client #2 was admitted to Williams on December 6, 2013 and a Nutritional Screening/Profile was completed on that day. There is a section on the form titled "Dietary Referral Needed/Date and Time of Appointment" where the staff completing the form had written the date "12/17/13." This was the date that client #2 was scheduled to see the doctor for his appointment regarding the Dietary Referral. The Unit Supervisor met with the Unit Caseworker (who completes the intakes at Williams) on August 18, 2014 to discuss this. The Unit Supervisor informed the Unit Caseworker to make sure that there is a date on the form for the day that the form was completed as well as the date of the Dietary Referral if one is needed. The Unit Supervisor will review the next 5 intakes that are completed to ensure that this form is filled out correctly. Findings of this review will be emailed to the Regional Program Director and Director of Quality Assurance.

Please see attached Nutrition Screening/Profile.

Withdrawn
BS 9/11/14

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 8/28/14

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Licensing Inspection Summary: 31837 - 08/12/2014 - Rodack, Kristen
Facility Name: WILLIAMS

1. REGULATION 55 Pa.Code §3800

3800.141(c) - The assessment shall include the following:

(1) Medical information and health concerns such as allergies; medications; immunization history; hospitalizations; medical diagnoses; medical problems that run in the family; issues experienced by the child's mother during pregnancy; special dietary needs; illnesses; injuries; dental, mental or emotional problems; body positioning and movement stimulation for children with disabilities, if applicable; and ongoing medical care needs.

(2) Known or suspected suicide or self-injury attempts or gestures and emotional history which may indicate a predisposition for self-injury or suicide.

(3) Known incidents of aggressive or violent behavior.

(4) Substance abuse history.

(5) Sexual history or behavior patterns that may place the child or other children at a health or safety risk.

2a. DESCRIPTION OF VIOLATION

Resident #1's record contained a "Client Arrival Information" sheet, dated 02/27/14, which indicated presenting problems as "he was adjudicated of indecent assault and rape," and the health and safety assessment, dated 02/27/14 indicated "N/A" for "history of sexual activity," and did not indicate sexual history or behavior patterns that may place the child or other children at a health or safety risk.

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 Health and Safety Assessment that was completed for client #1 on February 27, 2014 did not address the client's sexual offending history. The unit supervisor will conduct a training at the staff meeting on September 9, 2014 to address this issue. The training will include detailed instructions on how to fill out the Health and Safety Assessment in accordance with the 3800 regulations. Following this training, the Unit Supervisor will review the next 5 intakes that are completed to ensure that this form is filled out correctly. Findings of this review will be emailed to the Regional Program Director and Director of Quality Assurance.

Resident #1's health and safety assessment was updated on 9/12/14 to include the resident's sexual history or behavior patterns that may place the child or other children at a health or safety risk. BB 9/12/14

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jennifer McClaren, Director of Quality Assurance

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

Facility Name:WILLIAMS	License Number:318370

Designation	Staff Member's Name
A	[redacted]

Jennifer McClaren, Director of Quality Assurance
Printed Name and Title of Legal Entity Representative

Signature of Legal Entity Representative

8/28/14
Date

Date of Inspection: 08/12/2014

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

Facility Name:WILLIAMS	License Number:318370

Designation	Child's Name
Resident 1	[redacted]
Resident 2	

Jennifer McClaren, Director of Quality Assurance
Printed Name and Title of Legal Entity Representative

Signature of Legal Entity Representative

8/28/14
Date

Date of Inspection: 08/12/2014