



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 27 2015

Dr. Dixon Miller, Ph.D., Director of Neuropsychology Services
Acadia Acquisition, Inc.
1817 Old Homestead Lane
Lancaster, Pennsylvania 17601

RE: Acadia Acquisition 5
649/653 Patriot Drive
Lancaster, Pennsylvania 17601
License #: 331470

Dear Dr. Miller:

As a result of the Department of Human Services' licensing inspection on December 9, 2014 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) 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. 2600 must be maintained.

Your regular license for the period January 1, 2015 to January 1, 2016 was issued on October 7, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

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Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: ACADIA ACQUISITION 5		License Number: 33147
Address: 649 653 PATRIOT DRIVE, LANCASTER, PA 17601		County: Lancaster
Administrator: Josephine Agyekum-Wallace		Region: CENTRAL
Legal Entity Name: ACADIA ACQUISITION INC		
Legal Entity Address: 1817 OLD HOMESTEAD LANE, LANCASTER, PA 17601		
Certificate(s) of Occupancy C-3 SP C-4 05/24/2003 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 5 Waking Staff: 4		
Type of Inspection: Full BHA Docket Number: NA Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 12/09/2014: Riel, Becky; O'Pake, Hope		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: NA Random Indicators: NA		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 5	Number of Residents who:	
Number of Residents Served: 5	Receive Supplemental Security Income: 3	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 0	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

Violation Report: 33147 - 12/09/2014 - Riel, Becky
 PCH Name: ACADIA ACQUISITION 5

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION
 The home manages finances for Resident #1. The home does not send a copy of the resident's itemized account of financial transactions on a quarterly basis to the resident's designated person.

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.

2600.20(b)(8) Starting 2015 all our client's designated person will receive a letter of an itemized account of their financial transactions on a quarterly basis. If they choose not to receive such information we will have the designated person sign a letter stating they do not want to receive the quarterly itemized account.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Tracy L. Carl, MA, CBI*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tracy L. Carl, Residential Director* Date *1/19/15*

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

The above plan of correction is approved as of 1/16/15
 (Date)

Plan of correction implementation status as of 02/11/15
 (Date)

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

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

Violation Report: 33147 - 12/09/2014 - Riel, Becky
 PCH Name: ACADIA ACQUISITION 5

1. REGULATION 55 Pa. Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Person A does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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.

2600.54(a) Staff Person A does have a high school diploma. She is working with our Human Resource Department to contact her high school for her 12th grade records and show proof of. In the future, administrator or designated person will review all employee records and follow the new hire check sheet in verifying we have all needed records on file. *See attached*

All direct care staff will have the required qualifications which will be documented in the staff's personnel records. 2/11/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Tracy L Carl, AA, CSIT*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tracy L Carl, Residential Director* Date *1/9/15*

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

The above plan of correction is approved as of 2/11/15
 (Date)

Plan of correction implementation status as of 2/11/15
 (Date)

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

The above plan of correction was approved by *TC*
 (Initials)

Violation Report: 33147 - 12/09/2014 - Riel, Becky
 PCH Name: ACADIAACQUISITION 5

1. REGULATION 55 Pa.Code §2600
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:
- (1) Resident's name.
 - (2) Drug allergies
 - (3) Name of medication.
 - (4) Strength.
 - (5) Dosage form.
 - (6) Dose
 - (7) Route of administration.
 - (8) Frequency of administration.
 - (9) Administration times.
 - (10) Duration of therapy, if applicable.
 - (11) Special precautions, if applicable.
 - (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
 - (13) Date and time of medication administration.
 - (14) Name and initials of the staff person administering the medication.

- 2a. DESCRIPTION OF VIOLATION
- The medication administration record (MAR) for Resident #1 does not include the diagnosis or purpose for Naproxen/500mg/1 tablet 2 tabs daily as needed.
 - The MAR for Resident #2 does not include the diagnosis or purpose for Memantine/28mg/1 cap daily.
 - The MAR for Resident #3 does not include the staff initials of the person who administered Prevident Dental Rinse on 12/4/2014.

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.

2600.187(a) The diagnosis for the medication was researched through the prescriber and has been added to the MAR for Resident #1, #2 & #3. The administrator or designated person will double check all MARs as they come to the site each month and as medication changes may occur. Staff was educated on the importance of all medication and asked to review regulation 2600.187(a) (12). All staff working at the site will sign off that they understand the regulation and importance of regulation after reading them.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Tracy Carl, AACBIS*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tracy Carl, Residential Director* Date *1/9/15*

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

The above plan of correction is approved as of <u>2/11/15</u> (Date)	Plan of correction implementation status as of <u>2/11/15</u> (Date)
The above plan of correction was approved by <u>CB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented