pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **HOFFMAN HOMES, INC.**
LEGAL ENTITY

To operate **HOFFMAN HOMES - RAU COTTAGE**
NAME OF FACILITY OR AGENCY

Located at **815 ORPHANAGE ROAD, LITTLESTOWN, PA 17340**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE — ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE — ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE — ADDRESS OF SATELLITE SITE

PROVISIONAL

To provide **Residential Services - Institutional based, dependent & delinquent,PRTF**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **16**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions:

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 3800: Child Residential and Day Treatment Facilities
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **May 1, 2015** until **November 1, 2015**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 308661

Robert E. Robinson
ISSUING OFFICER

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 12/14

pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: MAY 0 1 2015

Mr. C. Mitchell Snider, Chief Executive Officer
Hoffman Homes, Inc.
815 Orphanage Road
Littlestown, Pennsylvania 17340

RE: Hoffman Homes – Rau Cottage
License #: 308661

Dear Mr. Snider:

As a result of the Department of Human Services' licensing inspection on April 2, 2015, and April 9, 2015 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 3800 (relating to Child Residential and Day Treatment Facilities), your current license # 308660 dated July 30, 2014 to July 30, 2015 is REVOKED. Additionally, your license dated July 30, 2015 to July 30, 2016 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated July 30, 2015 to July 30, 2016 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 3800 must be maintained.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Matthew J. Jones
Director

Enclosures
License
Licensing Inspection Summary

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

Facility Name: HOFFMAN HOMES RAU COTTAGE	**License Number:** 30866
Address: 815 ORPHANAGE ROAD, LITTLESTOWN, PA 17340	**County:** Adams
Director: Rebecca Van der Groef	**Region:** CENTRAL
Legal Entity Name: HOFFMAN HOMES INC	
Legal Entity Address: 815 ORPHANAGE ORAD, LITTLESTOWN, PA 17340	

Certificate(s) of Occupancy
C2, LP
11/21/1988
Labor and Industry

Program Type:	**Licensed Capacity:**	**Number of Children Served:**
Residential Services	16	--

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

Reason(s) for Inspection(s)
Incident

On-Site Inspections Dates and Department Representatives On-Site
04/02/2015: Shambach, Alexander; Hubbard, Amy
04/09/2015: Shambach, Alexander; Turby, Megan

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: --	Are Adjudicated Delinquent: --
6 to 13 years: --	Are Dependent: --
14 to 17 years: --	Have Mental Illness: --
18 to 21 years: --	Have an Intellectual Disability: --
	Have a Physical Disability: --

Licensing Inspection Summary: 30866 - 04/02/2015 - Shambach, Alexander
Facility Name: HOFFMAN HOMES RAU COTTAGE

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
On 4/1/15, at 6:54 PM Child #1 was discovered unresponsive in the first floor bathroom, near the kitchen, with a string tied tightly around his neck attached to the doorknob. Staff Member A attempted to open the bathroom door but could not due to Child #1's position. Staff Member A was able to open the door approximately 6 inches, and feel the string that was attached to Child#1's neck.

At 6:57 PM, Staff Member A instructed Staff Member B, to contact the campus Registered Nurse, and Staff Member C to find something sharp to free the ligature from around Child #1's neck. Staff Member C searched the kitchen drawers for a sharp utensil, but could not locate anything at that time.

Staff Member D, the campus Registered Nurse received the radio call for assistance at 6:57 PM. Staff Member D, then called the facility to gain further clarification on what type of emergency she was responding to so that she could be better prepared to respond to the call. Staff Member D was informed that Child#1 had hanged himself, and that she needed to bring scissors to the facility immediately. Staff Member D who was located approximately 300 yards across the campus in the medical services building, arrived at the facility at approximately 7:04 PM. Staff member D gave Staff Member A scissors to free Child #1 from the doorknob. Once Child #1 was freed from the doorknob, Staff Member A moved Child #1 into the hallway to begin CPR.

At 7:04PM a call was placed to 911 by Staff Member D. Staff Member D then gave the phone to Staff Member A to instruct the Emergency Medical Personnel to the correct building. Staff Members B and D performed CPR on Child #1 from 7:04PM until 7:18PM, at which point Emergency Medical Personnel arrived on-scene and began performing CPR on Child #1.

A ten minute delay occurred from the time Staff Member A discovered Child #1, until 911 was called. In addition there was a ten minute delay from the time Staff Member A discovered Child #1 to have a string tied tightly around his neck, until Staff Member D could respond to the residence with a scissors to free Child #1 from the door knob so that CPR could be performed.

Child #1 died as a result of hanging and was pronounced dead at 7:38PM.

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.

See attached A1

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

Signature of Legal Entity Representative (Required on EVERY Page) T Vanderbeek

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Karen Vanderbeek, VP of Clinical Programs **Date** 4/16/15

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

The above plan of correction is approved as of 4-24-15 (Date)

Plan of correction implementation status as of _____ (Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress

Licensing Inspection Summary: 30866 - 04/02/2015 - Shambach, Alexander
Facility Name: HOFFMAN HOMES RAU COTTAGE

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

The above plan of correction was approved by CB (Initials)	☐ Partially Implemented - Inadequate Progress ☐ Not Implemented

Licensing Inspection Summary: 30866 - 04/02/2015 - Shambach, Alexander
Facility Name: HOFFMAN HOMES RAU COTTAGE

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
On 4/1/15, at 6:54 PM Child #1 was discovered unresponsive in the first floor bathroom with a string tied tightly around his neck attached to the doorknob. Staff Member A attempted to open the bathroom door, but could not due to Child #1's position . Staff member A was able to open the door approximately 6 inches, and feel the string that was attached to Child#1's neck.
Staff Member A instructed Staff Member B, and C to get scissors or a sharp object to free Child #1 from the doorknob. Staff Members' B and C were unable to access the First Aid Kit, containing scissors, which was located on the opposite end of the residence behind two locked doors. As a result Staff Member A had to wait ten minutes until Staff Member D, the campus Registered Nurse, could respond from the medical services building located approximately 300 yards across the campus. Staff Member D arrived to the residence at approximately 7:04 PM, with scissors, and Child #1 was able to be freed from the door.
Child #1 died as a result of hanging and was pronounced dead at 7:38PM.

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.

see attached A2

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)	Rebecca Van der Goot, VP of Clinical Programs	**Date**	4/16/15	

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

The above plan of correction is approved as of 4-24-15 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Original

A-1

Everhart/Rau Citations:

In regards to violation 3800.32(b), which states that a child may not be abused, mistreated, threatened, harassed, or subject or corporal punishment, the following action has been taken to address the concern that there was a delay in Child #1 receiving medical treatment:

1) On 4/15/15, MS 080 Medical Emergency (attachment 1) was revised by the Vice President of Clinical Programs to indicate specific incidents in which a staff member should directly contact 911 rather then first contacting Medical Services to have Medical Services assess and direct the situation. This procedure is being reviewed with the Mental Health Worker Supervisors, Therapists, Nurses, Mental Health Workers, Program Managers, Night Supervisors, and Mental Health Aides by 4/18/15. The Supervisor of the individual staff will review this procedure with them. The log indicating the review will be turned into the Vice President of Clinical Programs so they can confirm that all identified staff have been met with and received this review. This log will then be filed in the individual's personnel chart.
2) The first aid kit in Everhart/Rau will be moved from its current location to a locked cabinet in the kitchen area. The cabinet will clearly be marked "First Aid Kit". The key for this cabinet will be located on each set of keys provided to that residence and will have a bright green FOB attached that has "first aid" written on it for easy identification. MS 080 Medical Emergency (attachment 1) was revised by the Vice President of Clinical Programs on 4/15/15 to indicate the new location of the first aid kit within the residence and how the key for this cabinet will be identified. As noted above, this procedure will be reviewed with identified staff by 4/18/15. The logs will be turned in to the Vice President of Clinical Programs for verification of the review. The log will then be filed in the staff's personnel chart. The process of moving the first aid kit will be completed by the Vice President of Safety & Facilities Management by 4/18/15.

[redacted] Grad. VP of Clinical Programs

R-4/17/15

4-24-15

A2

In regards to citation 3800.96, which states that 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, Hoffman Homes would like to note that the first aid kit did in fact have all of these items as required. The concern noted by the Bureau of Human Services Licensing was the location of the first aid kit. We would like to note that the location/accessibility of the first aid kit had never been identified as an issue or citation by BHSL during any of their annual site inspections.

The following action steps have taken to address the concern that the first aid kit was across the residence behind two locked doors:

1) The first aid kit in Everhart/Rau will be moved from its current location to a locked cabinet in the kitchen area. The cabinet will clearly be marked "First Aid Kit". The key for this cabinet will be located on each set of keys provided to that residence and will have a bright green FOB attached that has "first aid" written on it for easy identification. Each residence has two sets of keys for direct care staff. Any staff working in the residence, or coming into the residence for assistance, will have access to these keys in the event that they would be the one to need to utilize the First Aid Kit. MS 080 Medical Emergency (attachment 1) was revised by the Vice President of Clinical Programs on 4/15/15 to indicate the new location of the first aid kit within the residence and how the key for this cabinet will be identified. Additionally, a second marked first aid kit will be installed in the 2nd kitchen area located at the other end of the building as recommended by BHSL during their visit. As noted above, this procedure will be reviewed with Mental Health Worker Supervisors, Therapists, Nurses, Mental Health Workers, Program Managers, Night Supervisors, and Mental Health Aides by 4/18/15. The Supervisor of the individual staff will review this procedure with them. The log indicating the review will be turned into the Vice President of Clinical Programs so they can confirm that all identified staff have been met with and received this review. This log will then be filed in the individual's personnel chart. The process of moving the first aid kit will be completed by the Vice President of Safety & Facilities Management by 4/18/15.

[redacted]
VP of Clinical Programs
Rev. 4/24/15

4-24-15

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

Facility Name:HOFFMAN HOMES RAU COTTAGE	License Number:308660

Designation	Child's Name
Resident 1	[redacted]

Printed Name and Title of Legal Entity Representative

Signature of Legal Entity Representative Date

Date of Inspection: 04/02/2015

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

Facility Name:HOFFMAN HOMES RAU COTTAGE	License Number:309660

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

Printed Name and Title of Legal Entity Representative

Signature of Legal Entity Representative

Date

Date of Inspection: 04/02/2015