pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 0 7 2015

Mr. Mark Mortimer, COO
Adelphoi Village, Inc.
1119 Village Way
Latrobe, Pennsylvania 15650

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

Dear Mr. Mortimer:

As a result of the Department of Human Services' licensing inspection on April 20, 2015, April 21, 2015, April 22, 2015, April 23, 2015 and April 24, 2015, 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, 2015 to June 3, 2016 was issued on February 23, 2015. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director

Enclosure
Licensing Inspection Summary

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

Facility Name: ALLIANCE	License Number: 41108
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	12

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

Reason(s) for Inspection(s)
Renewal

On-Site Inspections Dates and Department Representatives On-Site
04/20/2015: Kasmarik, Sarah; Dinardo, Anna; Mundy, Olivia
04/21/2015: Kasmarik, Sarah; Dinardo, Anna; Mundy, Olivia; Lester, Marie
04/22/2015: Kasmarik, Sarah; Dinardo, Anna; Mundy, Olivia; Pugh, Bridget; White, Anthony
04/23/2015: Kasmarik, Sarah; Dinardo, Anna; Mundy, Olivia; Lester, Marie
04/24/2015: Kasmarik, Sarah; Dinardo, Anna; Mundy, Olivia; Lester, Marie; White, Anthony; Sutherland, Brent

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: 5
6 to 13 years: 1	Are Dependent: 7
14 to 17 years: 11	Have Mental Illness: 8
18 to 21 years: 0	Have an Intellectual Disability: 3
	Have a Physical Disability: 0

5-29-15

RECEIVED
MAY 29 2015
WEST REGION FIELD OFFICE
Human Services

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MAY 29 2015
WEST REGIONAL OFFICE
Human Services Licensing

Licensing Inspection Summary: 41106 - 04/20/2015 - Kasmarik, Sarah
Facility Name: ALLIANCE

1. REGULATION 55 Pa.Code §3800

3800.143(d) - The health examination shall be completed, signed and dated by a licensed physician, certified registered nurse practitioner or licensed physician's assistant. Written verification of completion of each health examination, date and results of the examination, the name and address of the examining practitioner and follow-up recommendations made, including each component, shall be kept in the child's record.

2a. DESCRIPTION OF VIOLATION

Resident #'1's health examination record dated 10/27/14 did not include the address of the examining practitioner.

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 supervisors will be the responsible staff at the agency to ensure the treating physician's address is on all the residents' medical forms.

Starting June 1, 2015, the Director of Nursing will send out a monthly reminder for supervisors to check all medical forms within the residents' clinical record.

Beginning in June, 2015, during monthly clinical supervision of residents, the Unit Supervisor will verify that the addresses are on the physical, dental, and any other medical provider paperwork. If the address is missing from the form, the Unit Supervisor will verify the address and document it on the form.

On June 11, 2015, the Program Directors will review the new process with Unit Supervisors during supervisors' meeting. The sign in sheet will be provided to the Director of Quality Assurance as completion of training of the Unit Supervisors.

Please see attached medical form(s) with the address provided on the form(s)

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 May 29, 2015

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

The above plan of correction is approved as of 6/18/15 (Date)

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

Plan of correction implementation status as of 6/18/15 (Date)

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

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MAY 29 2015
WEST REGIONAL OFFICE
Human Services Licensing

Licensing Inspection Summary: 41108 - 04/20/2015 - Kasmarik, Sarah
Facility Name: ALLIANCE

1. REGULATION 55 Pa.Code §3800

3800.146(e) - A written record of completion of each hearing screening, including the preadmission screening permitted in subsection (c), specifying the date of the screening, the treating practitioner's name and address, the results of the screening, follow-up recommendations made, and the dates and provision of follow-up services and treatment, shall be kept in the child's record.

2a. DESCRIPTION OF VIOLATION

Resident #'1's hearing screening record dated 10/27/14 did not include the address of the treating practitioner.

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.

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Signature of Legal Entity Representative (Required on EVERY Page) Jen McC

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

Date May 29, 2015

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

Facility Name:ALLIANCE	License Number:411060

Designation	Child's Name
Resident 1	[redacted]

RECEIVED
MAY 29 2015
WEST REGION FIELD OFFICE
Human Services Licensing

Jennifer McClaren Director QA
Printed Name and Title of Legal Entity Representative

Signature of Legal Entity Representative

5-29-15
Date

Date of Inspection: 04/20/2015