pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 0 7 2015

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

RE: Sweeney
1145 Mission Road
Latrobe, Pennsylvania 15650
License #: 417680

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: SWEENEY	**License Number:** 41768
Address: 1145 MISSION ROAD, LATROBE, PA 15650	**County:** Westmoreland
Director: Todd Martin	**Region:** WEST
Legal Entity Name: ADELPHOI VILLAGE INC	
Legal Entity Address: 1119 VILLAGE WAY, LATROBE, PA 15650	
Certificate(s) of Occupancy R-3 06/11/2012 Unity Township	
Program Type: Residential Services	**Licensed Capacity:** 15	**Number of Children Served:** 14
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: 10
6 to 13 years: 0	Are Dependent: 4
14 to 17 years: 9	Have Mental Illness: 9
18 to 21 years: 5	Have an Intellectual Disability: 2
	Have a Physical Disability: 0

JM 6-24-15

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MAY 29 2015
WEST REGIONAL OFFICE
Human Services Licensing

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MAY 29 2015
WEST OFFICE
Human Services Licensing

Licensing Inspection Summary: 41768 - 04/20/2015 - Kasmarik, Sarah
Facility Name: SWEENEY

1. REGULATION 55 Pa.Code §3800

3800.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance and poison control center shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

Telephone numbers for the nearest hospital, police department, fire department, ambulance and poison control center were not posted on or by the telephone in the bedroom hallway.

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.

On May 20, 2015, [redacted] program supervisor, posted signs beside each telephone indicating to dial 911 for hospital, fire, police, and ambulance along with the number of the local poison control center. The unit supervisor reviewed with staff at the May 21, 2015, team meeting the sign location. The unit supervisor will also document on the monthly fire inspection sheet that the sign is posted.

Please see attached photos.

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

RECEIVED
MAY 29 2015
WEST REGION - SUPERIOR
Human Services Building

Licensing Inspection Summary: 41768 - 04/20/2016 - Kasmark, Sarah
Facility Name: SWEENEY

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 nonporous disposable gloves, thermometer, tape and scissors.

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 occuring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On May 20, 2015, [redacted] program supervisor, added to the first aid kit nonporous disposable gloves, a thermometer, medical tape and scissors. The first aid kit will be inspected by the agency nurse during the monthly medication inspection. The inspection will be documented on the monthly medical inspection report. The unit supervisor reviewed with the staff at the May 21, 2015, team meeting the placement of the items.

Please see attached photos.

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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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RECEIVED
MAY 29 2015

Licensing Inspection Summary: 41768 - 04/20/2016 - Kasmarik, Sarah
Facility Name: SWEENEY

WEST [illegible] PRACTICE
Human Services Building

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 2/18/14 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)

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Date May 29, 2015

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MAY 29 2015

Licensing Inspection Summary: 41768 - 04/20/2016 - Kasmarik, Sarah
Facility Name: SWEENEY

WEST ... Human Services Licensing

1. REGULATION 55 Pa.Code §3800

3800.145(e) - A written record of completion of each vision screening, including the preadmission screening permitted in subsection (c), specifying the date of the screening, the treating practitioner's name and address, 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 vision screening record dated 2/18/14 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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MAY 29 2015
WESTMORELAND COUNTY
Human Services Building

Licensing Inspection Summary: 41768 - 04/20/2016 - Kasmarik, Sarah
Facility Name: SWEENEY

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 2/18/14 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.)

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