



pennsylvania

DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: July 27, 2015

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

RE: Middle Creek II
1116 Village Way
Latrobe, Pennsylvania 15650
License #: 411010

Dear Mr. Mortimer:

As a result of the Department of Human Services' licensing inspection on June 5, 2015, 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.

Sincerely,

A handwritten signature in black ink that reads "Brent Sutherland".

Brent Sutherland
Child Residential Licensing Manager

Enclosure
Licensing Inspection Summary

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

Facility Name: MIDDLE CREEK II		License Number: 41101
Address: 1118 VILLAGE WAY, LATROBE, PA 15860		County: Westmoreland
Director: Amy Overly		Region: WEST
Legal Entity Name: ADELPHOI VILLAGE INC		
Legal Entity Address: 1119 VILLAGE WAY, LATROBE, PA 15860		
Certificate(s) of Occupancy		
Program Type: Secure Care	Licensed Capacity: 14	Number of Children Served: 12
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 08/05/2015: Kasmarik, Sarah; White, Anthony		
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: 0 to 5 years: 0 6 to 13 years: 0 14 to 17 years: 10 18 to 21 years: 2	Number of Children who: Are Adjudicated Delinquent: 10 Are Dependent: 2 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Physical Disability: 0	

RECEIVED

JUL 07 2015

WEST VIRGINIA OFFICE
 Human Services Licensing

RECEIVED

JUL 07 2015

Page 2 of 3

Licensing Inspection Summary: 41101 - 08/06/2015 - Kasmarik, Sarah
Facility Name: MIDDLE CREEK II

WEST VIRGINIA DEPARTMENT OF
Human Services Licensing

1. REGULATION 56 Pa.Code §3800

3800.84(b) - There may be no evidence of infestation of insects or rodents in the facility.

2a. DESCRIPTION OF VIOLATION

Dozens of ants were on the floor in the corner of Child #1's bedroom on 3/5/15.

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.

Adelphopi will continue with the current monthly pest control treatments and inspections from an outside vendor or contractor. The unit supervisor will review the inspection reports monthly from this vendor. Inspection reports for this time period have been sent and future inspection reports are available upon request. The unit supervisor or assistant supervisor will do a weekly unit walk-through/inspection looking closely for insects/infestations within the unit. Information regarding the weekly walk-throughs will be documented on the monthly clinical supervision form. The program director will review weekly walk-throughs with the supervisor during monthly clinical supervision meetings starting on July 7, 2015. Any issues with insects will be reported to the director immediately and the outside vendor will also be immediately contacted for removal/treatments.

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 QA

Date
July 7, 2015

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

The above plan of correction is approved as of 7/27/15
(Date)

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

Plan of correction implementation status as of 7/27/15
(Date)

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

JUL 07 2015

Licensing Inspection Summary: 41101 - 08/06/2015 - Kasmark, Sarah
Facility Name: MIDDLE CREEK II

WEST VIRGINIA OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §3800

3800.202(c) - For each incident in which use of a restrictive procedure is considered:

(1) Every attempt shall be made to anticipate and de-escalate the behavior using methods of intervention less intrusive than restrictive procedures.

2a. DESCRIPTION OF VIOLATION

On 3/5/15 at approximately 4:37 PM, Staff Member C and Child #1 were observing dozens of ants on the floor in Child #1's bedroom. As Staff Member A and Staff Member B approached Child #1's bedroom to observe the ants, Child #1 verbalized that he/she did not want Staff Member A to enter his/her bedroom. Staff Member A heard Child #1 verbalize that he/she did not want Staff Member A to enter his/her bedroom and the staff member entered the bedroom despite the child's request. Staff Member A's entry into the bedroom escalated Child #1's behavior and resulted in a manual restraint by Staff Member A and Staff Member B on Child #1.

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.

After the restraint in March 2015, staff A and B were debriefed by the unit supervisor. They reviewed unsafe behaviors being displayed by the client, whether the use of the restrictive procedure was appropriate, the youth's triggers to unsafe behaviors, precipitators of the unsafe behavior, and what could have been done differently to avoid circumstances that led to the unsafe behavior. Following the debriefing, a behavior management action plan was developed to avoid a repeat of unsafe behavior.

Middle Creek supervisor will discuss primary prevention de-escalation strategies in bi-weekly staff meetings maintaining all intervention strategies need to be positive and our action meet the function of the youth behavior. Also in bi-weekly staff meetings and monthly client clinical supervision the supervisor will place more emphasis and discussion on client triggers to unsafe behaviors.

Beginning on July 16, 2015, staff meeting minutes will reflect the discussion of primary prevention de-escalation strategies and triggers to unsafe behavior. Client clinical supervision forms dated July, 2015 and on will reflect notes on the individuals' triggers to unsafe behavior and what de-escalation techniques are helpful to the individual.

The program director will review all team meeting minutes to monitor the review of de-escalation strategies. The unit supervisor will monitor all youths' clinical supervision to ensure review of triggers to unsafe behaviors.

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 QA

Date
July 7, 2015

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

The above plan of correction is approved as of

7/27/15
(Date)

Plan of correction implementation status as of

7/27/15
(Date)

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

The above plan of correction was approved by

JB
(Initials)

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

Facility Name: MIDDLE CREEK II

License Number: 411010

Designation

Child's Name

Resident 1



RECEIVED
JUL 07 2015
WEST VIRGINIA INDIAN
NATION SOCIETY (610) 329-1100

Jennifer McClaren Director QA

Printed Name and Title of Legal Entity Representative

Signature of Legal Entity Representative

July 7, 2015

Date

Date of Inspection: 06/05/2015

Page 1 of 1

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

Facility Name: MIDDLE CREEK II

License Number: 411010

Designation

Staff Member's Name

A

B

C



RECEIVED
JUL 07 2015
WEST VIRGINIA
HUMAN SERVICES DIVISION

Jennifer McClaron Director Q4
Printed Name and Title of Legal Entity Representative

Handwritten signature of Jennifer McClaron in black ink.
Signature of Legal Entity Representative

July 7, 2015
Date

Date of Inspection: 06/05/2015