pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 0 3 2015

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

RE: Williams
521 Municipal Drive
Duncansville, Pennsylvania 16635
License # 318370

Dear Mr. Mortimer:

On August 3, 2015 the Department of Human Services licensing representatives conducted an inspection of the above facility. No regulatory violations have been identified as a result of this inspection.

Please feel free to contact the Central Regional Office of the Bureau of Human Services Licensing at 717-265-7895 with any questions or concerns regarding this inspection.

Sincerely,

Alex Shambach
Acting Child Residential Licensing Manager

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

Facility Name: WILLIAMS	License Number: 31837
Address: 521 MUNICIPAL DRIVE, DUNCANSVILLE, PA 16635	County: Blair
Director: Rich Shingler	Region: CENTRAL
Legal Entity Name: ADELPHOI VILLAGE INC	
Legal Entity Address: 1119 VILLAGE WAY, LATROBE, PA 15650	

Certificate(s) of Occupancy
I-1
04/26/2013
Allegheny

Program Type:	Licensed Capacity:	Number of Children Served:
Residential Services	15	--

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

Reason(s) for Inspection(s)
Incident

On-Site Inspections Dates and Department Representatives On-Site
08/03/2015: Shambach, Alexander; Good, Nicole

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: --

8-12-15

Licensing Inspection Summary: 31837 - 08/03/2015 - Shambach, Alexander
Facility Name: WILLIAMS

1. REGULATION 55 Pa.Code §3800

3800.141(c) - The assessment shall include the following:

(1) Medical information and health concerns such as allergies; medications; immunization history; hospitalizations; medical diagnoses; medical problems that run in the family; issues experienced by the child's mother during pregnancy; special dietary needs; illnesses; injuries; dental, mental or emotional problems; body positioning and movement stimulation for children with disabilities, if applicable; and ongoing medical care needs.

(2) Known or suspected suicide or self-injury attempts or gestures and emotional history which may indicate a predisposition for self-injury or suicide.

(3) Known incidents of aggressive or violent behavior.

(4) Substance abuse history.

(5) Sexual history or behavior patterns that may place the child or other children at a health or safety risk.

2a. DESCRIPTION OF VIOLATION

The health and safety assessment was not updated for Child #1, and Child # 2 after 7/29/15, when it was discovered by staff that Child #1, and Child #2 had been having inappropriate sexual contact.

The contact occurred several times in the facility and one time on a facility outing in the community.

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 health and safety assessments were completed on August 3, 2015, for both youth involved in the incident regarding inappropriate sexual contact. The forms are attached at the end of this plan of correction.

At the August 18, 2015, staff meeting, the recent violation concerning Health and Safety Screens will be reviewed by the unit supervisor with each staff member and each scenario requiring an updated Health and Safety Screen will be reviewed with as well.

A sign off sheet will be completed by each staff member at the August 18, 2015, meeting indicating his or her understanding of the requirements for updated Health and Safety Screens. This sign in sheet will be forwarded to DHS upon completion by the Vice President of Adelphoi Village.

The unit supervisor will make Health and Safety Screens updates a running agenda at staff meetings for the next three months (August, September, and October, 2015).

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

Signature of Legal Entity Representative (Required on EVERY Page) — 8-12-15

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) — Skip Eicher, Vice President — Date 8-12-15

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

The above plan of correction is approved as of 8-24-15 (Date)

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

Plan of correction implementation status as of 8-24-15 (Date)

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