pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **CROSSROADS GROUP HOMES AND SERVICES, INC.**
LEGAL ENTITY

To operate **CROSSROADS GROUP HOME FOR BOYS**
NAME OF FACILITY OR AGENCY

Located at **1243 ROEMER BLVD., FARRELL, PA 16121**
(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

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

The total number of persons which may be cared for at one time may not exceed **24**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Emergency placement may not exceed 8 children

PROVISIONAL

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 **October 8, 2015** until **April 8, 2016**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 409171

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: OCT 0 8 2015

Ms. Lynn Saternow, President-Board of Directors
Crossroads Group Homes and Services, Inc.
1243 Roemer Boulevard
Farrell, Pennsylvania 16121

RE: Crossroads Group Home for Boys
License #: 409171

Dear Ms. Saternow:

As a result of the Department of Human Services' licensing inspections on August 13, 2015, 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 # 409170 dated January 10, 2015 to January 10, 2016 is REVOKED. Additionally, your license dated January 10, 2016 to January 10, 2017 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 January 10, 2016 to January 10, 2017 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: CROSSROADS GROUP HOME FOR BOYS	**License Number:** 40917
Address: 1243 ROEMER BLVD, FARRELL, PA 16121	**County:** Mercer
Director: Thelma Brown	**Region:** WEST
Legal Entity Name: CROSSROADS GROUP HOMES AND SERVICES INC	
Legal Entity Address: 1243 ROEMER BOULEVARD, FARRELL, PA 16121	
Certificate(s) of Occupancy	

Program Type:	**Licensed Capacity:**	**Number of Children Served:**
Residential Services	24	5

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

Reason(s) for Inspection(s)
Incident

On-Site Inspections Dates and Department Representatives On-Site
08/13/2015: Alejandre, Carlos; Patton, Jessica

Off-Site Inspection Dates and Inspectors, if Applicable
08/12/2015: Alejandre, Carlos
08/13/2015: Alejandre, Carlos; Patton, Jessica

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: 0
6 to 13 years: 1	Are Dependent: 5
14 to 17 years: 4	Have Mental Illness: 3
18 to 21 years: 0	Have an Intellectual Disability: 1
	Have a Physical Disability: 0

RECEIVED
SEP 18 2015
WEST

Licensing Inspection Summary: 40917 - 08/12/2015 -
Facility Name: CROSSROADS GROUP HOME FOR BOYS

1. REGULATION 55 Pa.Code §3800
3800.16(c) - The facility shall complete a written reportable incident report, on a form prescribed by the Department, and send it to the appropriate Departmental regional office and the contracting agency, within 24 hours.

2a. DESCRIPTION OF VIOLATION
On 8/7/15 at approximately 2:30 PM, Staff Member B transported Resident #2 to a hospital's emergency room due to the resident being sexually assaulted by Resident #1 on the evening of 8/6/15. The local police department responded to the hospital at approximately 3:58 PM to investigate the sexual assault. The facility failed to report the incident to the Department.

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.

Plan of Correction for 3800.16 (c)

Immediate Action:
Please note that Director [redacted] attempted to file a HCSIS report on August 7, 2015 at approximately 2:00 p.m. however, her password had expired and she was unable to correct the issue until August 14, 2015.

Root cause:
Director [redacted] was aware that a HCSIS report was required, however she was not aware that the report could be submitted through e-mail or by fax and will be educated on that information.

Follow-up Action(s)/Prevention of future occurrences:
Director [redacted] submitted the required HCSIS reports (Incident # 146338 and Incident # 146347) on August 14, 2015 at approximately 1:56 p.m. after receiving a working password from the help desk.

Directors [redacted] and [redacted] as well as all staff members were re-educated on the procedure for incident reporting utilizing the Pennsylvania Department of Public Welfare Licensing Reference Manual dated September 1, 2013 Reportable Incident Process for Human Service Provider section. The training took place on Thursday, September 17, 2015 and was presented by [redacted] E.D.A. and highlighted how to report if HCSIS is unavailable to the reporter. Mr. [redacted] also reviewed the fax numbers and all pertinent contact information outlined in the above mentioned manual as well as handed out pages 7,11,and 17 from the above mentioned manual.

(See attachment A - staff sign in sheet and outline of topics covered)

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): Jarrett Samuels, Executive Director of Operations

Date: 9/17/2015

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

The above plan of correction is approved as of 9/23/15 (Date)

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

Plan of correction implementation status as of 9/23/15 (Date)

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

Licensing Inspection Summary: 40917 - 08/12/2015 -
Facility Name: CROSSROADS GROUP HOME FOR BOYS

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 the evening of 8/6/15, Resident #1, a 16 year-old, sexually assaulted Resident #2, an 11 year-old, in the residents' shared bedroom #4. As a result of the incident on 8/6/15, Resident #1 was charged with rape, involuntary deviate sexual assault, statutory sexual assault, aggravated indecent assault, and indecent assault.

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 in [redacted] which the steps will be completed.

Plan of Correction for 3800.32 (b)
It has always been Crossroads policy not to knowingly accept sexual perpetrators and we stand by that policy.
Immediate Action:
At approximately 12:35 pm on August 7, 2015 Staff B approached Director [redacted] to inform her that resident 2 had reported to SB that he had been sexually assaulted during the previous night (8/6/15). Director [redacted] immediately developed a safety plan directing staff to move R2's bedroom assignment and not allow the two residents alone . At approximately 1:00 p.m. on the same date, Director [redacted] and SB made a report through Childline, speaking with [redacted]. SB [redacted] then transported R2 to the ER at UPMC Farrell. At approximately 1:15 p.m. Director [redacted] notified BCCYS regarding the incident. It was explained to R2's agency, Butler County CYS, that he had been transported to the ER.. BC Caseworke[redacted] called back within minutes to report that she was on her way to the ER and that she would be moving R2 to another facility effective immediately (8-7-15). Director [redacted] then reported the incident to resident 1's placing agency , Lawrence County CYS.
Follow-up action(s)/Prevention of future occurrences:
As a follow-up to previous verbal directives given to staff on August 7, 2015, on August 12, 2015 Director [redacted] completed a written directive to staff outlining the supervision of R1. Director [redacted] faxed a written letter requesting removal of R1 from Crossroads within 30 days. Director [redacted] also called Ms. [redacted] and spoke with her of our request and informed Ms. [redacted] the letter was faxed. R1 was discharged from Crossroads on 8/16/15.
To further prevent another incident, the administration team met and on September 16, 2015 Crossroads executed a policy stating the there will not be more than a two year age difference between residents who are placed in the same bedroom. It also states that any known sexual perpetrators will be assigned a bedroom with no other residents. The policy also asserts that once Crossroads has knowledge that a resident is a perpetrator, a written 30 day removal letter will be given to the placing agency. The director will also place a call to the placing agency verbally informing them of the demand for removal. This policy was explained to staff at the meeting on September 17, 2015 and is effective immediately.
Crossroads has also changed the procedure in which we accept referrals. To prevent staff from assuming and/or misunderstanding the wording on the referral we will now fax a referral form to the agency and they will be required to fill in the form and fax it back to us with the required information before a referral is accepted.
In an attempt to prevent further violations, Crossroads has also made the following changes: Please see POC 3800.16(c), POC 3800.57(c), and POC 3800.142
(See Attachment B - bedroom assignment policy and referral forms)

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) Jarrett Samuels Executive Director of Operations

Date 9-17-15

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Licensing Inspection Summary: 40917 - 08/12/2015 -
Facility Name: CROSSROADS GROUP HOME FOR BOYS

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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 bedroom assignment procedures for each child will include a monitoring process that involves the director and includes review of the health and safety assessment, intake documents and any other pertinent information. The monitoring process will be documented for each child.

The director will implement monitoring procedures to ensure each child is adequately supervised in accordance with health and safety plans. The monitoring procedures will include at least 1 weekly unannounced and unscheduled facility check by the director or a supervisor on each shift.

10/15/15-All staff persons will be educated on implementation of health and safety plans, including adequate supervision of the children.

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

Signature of Legal Entity Representative (Required on EVERY Page) — Executive Director of Operations / Administration

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): Jarrett Samuels E.D.O / E.D.A.

Date: 9/22/2015

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Plan of correction implementation status as of 9/23/15 (Date)

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SEP 18 2015

Licensing Inspection Summary: 40917 - 08/12/2015 -
Facility Name: CROSSROADS GROUP HOME FOR BOYS

WEST [illegible]
Human Services Licensing

1. REGULATION 55 Pa.Code §3800
3800.57(c) - Staff persons may not sleep while being counted in the staff to child ratios.

2a. DESCRIPTION OF VIOLATION
On 8/7/2015 at approximately 3:00 AM, Staff Member A was observed sleeping at his/her desk outside of bedroom #4.

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.

Plan of Correction for 3800.57(c)

Immediate Action:
Due to Staff A failing to complete a report the night of August 6, 2015 and the inconsistency of his verbal account to [redacted] and the written report received by Director [redacted] on 8-10-15, administration scheduled a meeting with SA for August 13, 2015 at 1:00 p.m.
After learning from BHSL representatives that SA was sleeping during his shift on the night the violation occurred, he was terminated on August 13, 015 for sleeping while on duty.

Follow-up action(s)/Prevention of future occurrences:
Staff were reminded at the August 14, 2015 staff meeting that no-one is permitted to sleep during their shift. Staff were also reminded that every employee is given an employee handbook when they are hired and reviewed the handbook, Section 7 titled Employee Conduct and Discipline, under Group III Violations which affirms "Violation of these rules will subject the employee to immediate discharge." rule 12 . Sleeping on the job.
It was reiterated to staff at the staff meeting on September 17, 2015 that any staff member found to be sleeping while on duty will be immediately terminated.
To aid in preventing staff from sleeping in the future, as of August 24, 2015 Crossroads will schedule a minimum of 3 midnight staff persons, 1 for boys facility, 1 for girls facility, and a supervisor who will move between the houses every 20 minutes to check on the other staff members.
Crossroads implemented new policy/procedure for completing observational checks during sleeping hours. The policy will become effective on September 17, 2015. A midnight shift bed check form was designed on September 16, 2015 and was presented to all staff at the September 17, 2015 staff meeting with a verbal and written explanation on completing the form and the importance of documenting bed checks every 10 minutes at inconsistent times.
(See attachment C - bed check forms and explanation memo)

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

Signature of Legal Entity Representative (Required on EVERY Page) [signature] E.D.O.

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jarrett Samuels, Executive Director of Operations

Date 9-17-15

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Licensing Inspection Summary: 40917 - 08/12/2015 -
Facility Name: CROSSROADS GROUP HOME FOR BOYS

1. REGULATION 55 Pa.Code §3800
3800.57(c) - Staff persons may not sleep while being counted in the staff to child ratios.

2a. DESCRIPTION OF VIOLATION
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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 20 minute interval supervisory checks will be documented.

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

Signature of Legal Entity Representative (Required on EVERY Page) [signature] E.D. Operations & Executive Director of Admin

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jarrett Samuels E.D.O./E.D.A. Date 9/22/2015

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Licensing Inspection Summary: 40917 - 08/12/2015 -
Facility Name: CROSSROADS GROUP HOME FOR BOYS

1. REGULATION 55 Pa.Code §3800
3800.142 - If the health and safety assessment in § 3800.141 (relating to health and safety assessment) identifies a health or safety risk, a written plan to protect the child shall be developed and implemented within 24 hours after the assessment is completed.

2a. DESCRIPTION OF VIOLATION
Resident #1's health and safety assessment dated 6/5/15 indicates, "Any concerns of the child being a perpetrator of sexual abuse? YES" Resident #1's health and safety plan wasn't completed until 6/8/16 and does not address the perpetrator of sexual abuse health and safety risks identified on the assessment.

The safety plan indicates that staff will keep Resident #1 in sight at all times. While not within any staff person's eyesight on the evening of 8/6/15, Resident #1, a 16 year-old, sexually assaulted Resident #2, an 11 year-old, in the residents' shared bedroom #4. As a result of the incident on 8/6/15, Resident #1 was charged with rape, involuntary deviate sexual assault, statutory sexual assault, aggravated indecent assault, and indecent assault.

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Plan of Correction for 3800.142

Immediate Action:
After speaking with BHSL representatives on August 13, 2015, regarding the required 24 hour time frame for a safety plan to be developed and implemented, Director [redacted] designed an Arrival Safety Plan form to be included in all intake packs.
Follow-up actions/Prevention of future occurrences:
Staff were given the new form and were informed on how and when to use the form at an August 20, 2015 staff meeting. When a new resident is admitted to the facility, the staff member who completes the intake will fill in the appropriate information and place a copy of the plan in the Safety Plan Log and the original in the resident's file.
Upon speaking with and guidance from Mr. [redacted] on September 15, 2015, a new Arrival Safety Plan was designed and will be presented to staff at the September 17, 2015 staff meeting.
(See attachment D - 8-20-15 safety plan form and then 9-15-15 safety plan form)

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

Signature of Legal Entity Representative (Required on EVERY Page) [signature] E.D.O.

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jarrett Samuels Executive Director of Operations Date 9-17-15

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The safety plan indicates that staff will keep Resident #1 in sight at all times. While not within any staff person's eyesight on the evening of 8/6/15, Resident #1, a 16 year-old, sexually assaulted Resident #2, an 11 year-old, in the residents' shared bedroom #4. As a result of the incident on 8/6/15, Resident #1 was charged with rape, involuntary deviate sexual assault, statutory sexual assault, aggravated indecent assault, and indecent assault.

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The director will implement monitoring procedures to ensure each child is adequately supervised in accordance with health and saftey plans. The monitoring procedures will include at least 1 weekly unannounced and unscheduled facility check by the director or a supervisor on each shift.

10/15/15-All staff persons will be educated on implementation of health and safety plans, including adequate supervision of the children.

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

Signature of Legal Entity Representative (Required on EVERY Page) [signature] Executive Director of Operations/Administrations

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jarrett Samuels Executive Director of Operations/Administration Date 9/22/2015

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

Facility Name: CROSSROADS GROUP HOME FOR BOYS	License Number: 409170

Designation	Child's Name
Resident 1	[redacted]
Resident 2	

Jarrett Samuels Executive Director Operations
Printed Name and Title of Legal Entity Representative

Signature of Legal Entity Representative

Executive Director Operations 9/17/15
Date

Date of Inspection: 08/13/2015

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

Facility Name:CROSSROADS GROUP HOME FOR BOYS	License Number:409170

Designation	Staff Member's Name
A	
B	[redacted]

Jarrett Samuels Executive Director of Operations
Printed Name and Title of Legal Entity Representative

Jarrett Executive Director of Operations 9/17/15
Signature of Legal Entity Representative Date

Date of Inspection: