



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to ACADIA ACQUISITION INC
LEGAL ENTITY

To operate ACADIA ACQUISITION 1
NAME OF FACILITY OR AGENCY

Located at 1604/1614 BENTLEY RIDGE BLVD, LANCASTER, PA 17602
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 6
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from October 7, 2015 until April 7, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 331381

Robert E. Robinson
ISSUING OFFICER

[Signature]
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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: OCT 07 2015

Dr. Dixon Miller, Ph.D., Director of Neuropsychology Services
Acadia Acquisition, Inc.
1817 Old Homestead Lane
Lancaster, Pennsylvania 17601

RE: Acadia Acquisition 1
1604-1614 Bentley Ridge Boulevard
Lancaster, Pennsylvania 17601
License #: 331381

Dear Dr. Miller:

As a result of the Department of Human Services' (Department) licensing inspection on September 2, 2015 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #331380 dated January 1, 2015 to January 1, 2016 is REVOKED. Additionally, your license dated January 1, 2016 to January 1, 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 1, 2016 to January 1, 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. 2600 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,

A handwritten signature in black ink, appearing to read 'Matthew J. Jones', with a long, sweeping horizontal line extending to the right.

Matthew J. Jones
Director

Enclosures
License
Licensing Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: ACADIA ACQUISITION 1		License Number: 33138
Address: 1604-1614 BENTLEY RIDGE BLVD, LANCASTER, PA 17601		County: Lancaster
Administrator: Doug Troy		Region: CENTRAL
Legal Entity Name: ACADIA ACQUISITION INC		
Legal Entity Address: 1817 OLD HOMESTEAD LANE, LANCASTER, PA 17602		
Certificate(s) of Occupancy		
C2 C4		
04/30/2014		
Labor & Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 7	Waking Staff: 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		
09/02/2015: McCloskey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 6	Number of Residents who:	
Number of Residents Served: 6	Receive Supplemental Security Income: 5	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 0	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 1	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

Violation Report: 33138 - 09/02/2015 - McCloskey, Jason
 PCH Name: ACADIA ACQUISITION 1

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 8-26-15 and 7-10-15 staff witnessed incidents of suspected sexual abuse between Residents 1 and 2. The home failed to immediately report the alleged abuse to the local area agency on aging, the local police department and the Pennsylvania Department of Aging as required by the Older Adults Protective Services Act.

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.

2600.15(a)-

1. Oral report made to Protective Services Hotline-9/2/15 at 12:35pm to [REDACTED]
2. Faxed written report to Liberty Healthcare- 9/2/15 at 12:59pm
3. Left message for E. Lampeter police Dept at 393-1567 at 1:15pm (no return right away)
4. Oral report made to DHS-Adult Protective Services Division-[REDACTED] at 1:25pm

We eventually got to speak with an officer from local police and had a few conversations. They were just going to document the incident. They felt it would be an extremely difficult case to go to court, and that the DA would need to accept charges as well. The Officer will be in touch with Resident 1 parents (POA); they could choose to pursue trying to file charges. We spoke with [REDACTED] at Adult Protective Services, who took a few names involved including the investigating DHS inspector. We reported all that we did to separate the 2 and keep Resident 1 safe. [REDACTED] said it seemed as if there wasn't anything they could do more, but if we felt different to call him back. We will review with all staff about the steps and regulations in mandate reporting of abuse and neglect.

This review with staff will be a video that reviews mandate reporting details that came out May 7th of this year and the handout that was sent by DHS. Each staff will sign off stating that they viewed, read and understand the details for mandate reporting of abuse and neglect. Deadline for the view of this video is 10/1/15.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tracy L. Carl - Residential Director	Date 9/11/15
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9/18/15
 (Date)

Plan of correction implementation status as of 9/24/15
 (Date)

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

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

Violation Report: 33138 - 09/02/2015 - McCloskey, Jason
 PCH Name: ACADIA ACQUISITION 1

1. REGULATION 55 Pa.Code §2600
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 On 8-28-15, an incident of suspected sexual abuse between two residents was observed by a staff person in the home. The home did not submit an incident report to the Department until 8-29-15.
 On 7-10-15, an incident of suspected sexual abuse between two residents was observed by a staff person in the home. The home failed to submit an incident report 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.

2600.16(c)-
 A follow up and final incident report was sent to the department with all details of follow up 9/9/15 after the initial report sent late 8/29/15. Both the administrator and the site reviewed Regulation 2600.16(b)-16(f) so to understand and follow the proper steps in reporting all incidents in the require 24 hour time frame. Deadline for review of regulation 2600.16 (b) -(f) is 9/21/15. All staff will also view a video that reviews mandate reporting details that came out May 7th of this year and the handout that was sent by DHS. Each staff will sign off stating that they viewed, read and understand the details for mandate reporting of abuse and neglect. *Deadline for video is 10/1/15*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Tracy L. Carl - Residential Director</i>	Date <i>9/11/15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>9/18/15</u> (Date)	Plan of correction implementation status as of <u>9/24/15</u> (Date)
The above plan of correction was approved by <u>BMS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 33138 - 09/02/2015 - McCloskey, Jason
 PCH Name: ACADIA ACQUISITION 1

1. REGULATION 55 Pa. Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 8-26-15 at 5:30 am and 7-10-15 at 7:30 am, staff saw Resident 1 and Resident 2 engaged in sexual activity in the dining room of the home. Resident 1 lacks the capacity to consent to sexual activity and was engaging in the activity at the direction of Resident 2.

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.

2600.42(b) - There was an immediate plan put in place to separate the residence involved in incident. Resident 2 will be provided a 1:1 at the day treatment setting to ensure Resident 1 is set up to be alone with Resident 2. Our Medical Director provided us with orders for a quick discharge from Acadia Acquisition 1 and in order to separate the 2 Residents from living in same facility. Resident 2 will be provided with a behavior plan and extra counseling sessions to work on his behaviors. Resident 1 will be offered and provided with extra counseling for any of his needs.

See attached information on Resident 2 behavior plan and implementation of enhanced staffing when Resident 2 is in any proximity of Resident 1 or any other clients who cannot or is not competent to consent. All staff will also be required to view a video that reviews mandate reporting details that came out May 7th of this year and the handout that was sent by DHS. Each staff will sign off stating that they viewed, read and understand the details for mandate reporting of abuse and neglect

In instances where there is a suspicion of abusive activities, the administrator shall immediately develop and implement a plan to address the safety of the resident or residents. At a minimum, this plan shall address the need for increased supervision/staffing, new medical evaluations, medication reviews, psychiatric evaluations/consults, counseling, and assess the need for relocation/removal of the alleged perpetrator from the facility. This plan will be reviewed with all staff and be added to the Resident Assessment and Support Plan. *BAS 9/24/15*

The administrator shall review the home's incident reports and Resident Assessments and Support Plans (RASPS) as part of the Quality Management Plan reviews to identify trends or behaviors that could be or become abusive in nature. *BAS 9/24/15*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tracy L Carl - Residential Director* Date *9/11/15*

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The above plan of correction was approved by <u>BAS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 33138 - 09/02/2015 - McCloskey, Jason
 PCH Name: ACADIA ACQUISITION 1

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for Resident 2 was completed on 1-21-15. On 7-10-15 and on 8-26-15, the resident was engaging in sexual activity with another resident in the home's dining room. These behaviors are not addressed in the current assessment.

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.

2600.225(c)-

Resident 2 will have a new Assessment completed including the any behaviors he displays and will be updated if there are any changes in his status. The administrator of the site will review Regulation 225(a)-(d) Deadline for review of regulation 225 (a)-(d) is 9/21/15

As well as the administrator of Acadia Acquisition 1 will have an administrator of another Acadia facility, assistant residential director or residential director audit all assessments and support plans on all current clients of Acadia Acquisition 1 by November 2nd. The individual doing the audit will sign off and date to verify the audit was completed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tracy L Carl - Residential Director* Date *9/11/15*

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