pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **THE BRADLEY CENTER, INC.**
LEGAL ENTITY

To operate **THE BRADLEY CENTER - ROBINSON**
NAME OF FACILITY OR AGENCY

Located at **5180 CAMPBELLS RUN ROAD, PITTSBURGH, PA 15205**
(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 - Institutional based, dependent & delinquent,PRTF**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **104**
(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 3800: Child Residential and Day Treatment Facilities
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **October 22, 2015** until **October 22, 2016**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 401010

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

OCT 2 2 2015

Ms. Lisa R. Fox, Chief Executive Officer
The Bradley Center, Inc.
5180 Campbells Run Road
Pittsburgh, Pennsylvania 15205

RE: The Bradley Center – Robinson
License #: 401010

Dear Ms. Fox:

As a result of the Department of Human Services' licensing inspection on August 19, 2015, August 20, 2015 and September 9, 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 Licensing Inspection Summary were found.

All violations specified on the enclosed 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.

A regular license is being issued based on the enclosed Licensing Inspection Summary. Your license is enclosed.

Sincerely,

Matthew J. Jones
Director

Enclosures
License
Licensing Inspection Summary

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

Facility Name: THE BRADLEY CENTER ROBINSON	**License Number:** 40101
Address: 5180 CAMPBELLS RUN ROAD, PITTSBURGH, PA 15205	**County:** Allegheny
Director: Megan Georges	**Region:** WEST
Legal Entity Name: THE BRADLEY CENTER INC	
Legal Entity Address: 5180 CAMPBELLS RUN ROAD, PITTSBURGH, PA 15205	

Certificate(s) of Occupancy

I-2
01/11/2013
Robinson Township

Program Type:	Licensed Capacity:	Number of Children Served:
Residential Services	104	86

Type of Inspection: Full	**BHA Docket Number:**	**Notice:** Announced

Reason(s) for Inspection(s)

Renewal, Complaint, Incident

On-Site Inspections Dates and Department Representatives On-Site

08/19/2015: Mundy, Olivia; Patton, Jessica
08/20/2015: Mundy, Olivia; Patton, Jessica
09/09/2015: Mundy, Olivia; Alejandre, Carlos

Off-Site Inspection Dates and Inspectors, if Applicable

08/24/2015: Mundy, Olivia
08/25/2015: Mundy, Olivia

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: 2
6 to 13 years: 35	Are Dependent: 18
14 to 17 years: 48	Have Mental Illness: 86
18 to 21 years: 3	Have an Intellectual Disability: 18
	Have a Physical Disability: 0

Licensing Inspection Summary: 40101 - 08/19/2015 - Mundy, Olivia
Facility Name: THE BRADLEY CENTER ROBINSON

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 8/9/15 around lunchtime, Staff Member A flicked Resident #9 in the ear causing the resident to cry.

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 8/9/15 a nurse was in the medication room and heard a resident crying. She came out of the room and asked Resident #9 what had happened; he alleged that a staff member had "flicked" him in the ear. The incident was childlined and was not numbered but was marked as a complaint. The Bradley Center then conducted its own internal investigation. The nurse stated that she did not observe the interaction between Resident #9 and Staff Member A and that she was going off of the report from Resident #9.

Staff Member A and 2 other staff members who did witness the alleged incident (not identified by BHSL with a Letter) reported that the resident was upset and crying about a peanut butter and jelly sandwich. Staff member A admitted to "playfully touching" Resident #9's ear in an attempt to joke with him in an attempt to improve his mood.

Staff Member A was a Mental Health Therapist who had also worked with Resident #9 in the roll of direct care for several months prior to the incident. The Assistant Clinical Director spoke with Staff Member A on August 9, 2015 to review that even when a staff member has a good rapport and good intentions with a resident that the mood of the resident can impact how he/she interprets a situation. Staff Member A's supervisor planned to continue to review resident interactions with Staff Member A during his/her monthly supervision. Staff Member A voluntarily resigned on September 4, 2015. Unit staff meetings occurred on a monthly basis. The next staff meetings are scheduled for 11/5/15, 11/9/15, 11/10/15, and 11/11/15. At these identified meetings, the Clinical Director will review that even when a staff member has a good rapport and good intentions with a resident that the mood of the resident can impact how he/she interprets a situation.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/04/2015	09/29/2014	

Signature of Legal Entity Representative (Required on EVERY Page) Lisa R Fox

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Lisa R. Fox, CEO — Date 10/19/15

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

The above plan of correction is approved as of 10/19/15 (Date)

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

Plan of correction implementation status as of 10/19/15 (Date)

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

Licensing Inspection Summary: 40101 - 08/19/2015 - Mundy, Olivia
Facility Name: THE BRADLEY CENTER ROBINSON

1. REGULATION 55 Pa.Code §3800
3800.102(f)(2) - Each child shall have the following in the bedroom: A pillow and bedding appropriate for the temperature in the facility.

2a. DESCRIPTION OF VIOLATION
Resident # 1, Resident # 2, and Resident # 3 did not have a pillow in their bedrooms.

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 Bradley Center provides a pillow for every bed. If a resident destroys his/her pillow or chooses to use another object as a pillow (i.e. stuffed animal), The Bradley Center will still ensure that a pillow is available for use in every bedroom. Effective August 20, 2015, when cleaning the bedrooms, the Housekeeper for each unit will ensure that each bed has a pillow. Spare pillows are also kept on each unit so if a pillow needs to be replaced at a time other than when housekeeping is cleaning the unit, one is available.

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

Signature of Legal Entity Representative (Required on EVERY Page) Lisa R. Fox

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Lisa R. Fox, CEO — Date 10/15/15

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The above plan of correction is approved as of 10/19/15 (Date)

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

Plan of correction implementation status as of 10/19/15 (Date)

- [x] Fully Implemented
- [ ] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Licensing Inspection Summary: 40101 - 08/19/2015 - Mundy, Olivia
Facility Name: THE BRADLEY CENTER ROBINSON

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 # 8 had a safety plan dated 6/16/15 that was created in response to being found in the shower room on 6/16/15 with Resident # 10 , and the residents reported to staff that they engaged in kissing, unclothed touching, and oral sex. The safety plan indicated that there will be a 'five foot rule' with Resident # 8 and Resident # 10, that they will not be permitted to be on the same hallway as each other, and that they are not to be permitted to leave the hallway unsupervised. While Resident # 10 was showering on 8/5/15 at approximately 7:00 PM, Staff Member B was monitoring the showers from the hallway and left his/her hallway position to answer the telephone at the staff desk. While Staff Member B was on the telephone, Resident # 8 entered the shower room and engaged in unclothed kissing in the shower. Resident # 8's safety plan dated 6/16/15 was not implemented on 8/5/15.

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

See attached Page 4A

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

Signature of Legal Entity Representative (Required on EVERY Page) Lisa R. Fox

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Lisa R. Fox, CEO — Date 10/15/15

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

Plan of correction implementation status as of 10/19/15 (Date)

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

Licensing Inspection Summary: 401011
Facility Name: The Bradley Center Robinson
8/19/15 – Mundy, Olivia; Patton, Jessica
8/20/15 – Mundy, Olivia; Patton, Jessica
9/9/15 – Mundy, Olivia; Alejandre, Carlos

3800.142

Safety plans were put in place for Residents #8 and #10 on June 16, 2015. Both Residents #8 and #10 were aware of their respective safety plans and signed off on them. Staff on the unit were aware of the safety plans and implemented the plans on a daily basis. On August 5, 2015 Staff Member B was stationed outside the shower. Staff Member B walked approximately 6 steps from the shower to the staff desk to answer the phone. The staff desk and phone are within eyesight of the shower door. Resident #8 took this moment to violate her safety plan and enter the shower room. The violated safety plan was immediately identified and staff intervened. As was noted in the citation, the residents' safety plans were successfully implemented for approximately 7 weeks. At the time of the incident there was no reason to believe that the plan in place would not successfully keep the residents apart. Due to the efforts of Residents #8 to violate his/her safety plan, the safety plans had to be modified. Resident #10 was transferred to another unit until his/her planned discharge date of 8/14/15.

All residents at The Bradley Center have an Individual Crisis Management Plan (ICMP). If a Safety Plan is needed it becomes part of the ICMP. The ICMP is reviewed with the resident anytime a change is made to the plan and anytime an update is made to their treatment plan. All residents sign off on any changes to their ICMP. Each resident's ICMP is part of their medical record and treatment plan. All updates to the ICMP are emailed to the staff assigned to the Resident's unit. Unit staff meetings occurred on a monthly basis. The next staff meetings are scheduled for 11/5/15, 11/9/15, 11/10/15, and 11/11/15. At these identified meetings, the Clinical Director will reinforce that if you are monitoring the shower when a resident on a 5 foot safety plan is in the shower, that constant eyesight must be maintained.

Signature of Legal Entity: Lisa R. Fox

Printed Name and Tile of Legal Entity Representative: Lisa R. Fox, CEO Date: 10/15/15

Licensing Inspection Summary: 40101 - 08/19/2015 - Mundy, Olivia
Facility Name: THE BRADLEY CENTER ROBINSON

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 # 4's health examination dated 3/4/15 did not include the address of the examining practitioner.

Resident # 6's health examination dated 2/18/15 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 pediatrician for the residents at The Bradley Center comes on site to The Bradley Center to provide medical care and complete the health examinations for the residents. The pediatrician uses the Pennsylvania Well Child Exam form (EPSDT) to document these appointments. This form does not have a location to enter the address of the examining practitioner. On August 21, 2015, the Coordinator of Nursing Operations placed a sticker with the address on the Pennsylvania Well Child Exam form to comply with this regulation. This "original" was then used to make copies of the form to ensure that address is on each form.

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

Signature of Legal Entity Representative (Required on EVERY Page) Lisa R. Fox

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Lisa R. Fox, CEO — Date 10/15/15

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

Plan of correction implementation status as of 10/19/15 (Date)

- [x] Fully Implemented
- [ ] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

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 # 4's hearing screening dated 3/4/15 did not include the address of the treating practitioner.

Resident # 5's hearing screening dated 5/20/15 did not include the address of the treating practitioner.

Resident # 6's hearing screening dated 2/18/15 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.

The pediatrician for the residents at The Bradley Center comes on site to The Bradley Center to provide medical care and complete the hearing screening as part of the Well Child Exam and health assessment. The pediatrician uses the Pennsylvania Well Child Exam form (EPSDT) to document these appointments. This form does not have a location to enter the address of the examining practitioner. On August 21, 2015, the Coordinator of Nursing Operations placed a sticker with the address on the Pennsylvania Well Child Exam form to comply with this regulation. This "original" was then used to make copies of the form to ensure that address is on each form.

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

Signature of Legal Entity Representative (Required on EVERY Page) Lisa R. Fox

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Lisa R. Fox, CEO — Date 10/15/15

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