



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 30 2016

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


RE: Acadia Acquisition 4  
950 Bentley Ridge Boulevard  
Lancaster, Pennsylvania 17602  
License #: 331450

Dear Dr. Miller:

As a result of the Department of Human Services' annual licensing inspection on December 22, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) 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. 2600 must be maintained.

Sincerely,

  
Matthew J. Jones  
Director

Enclosure  
License Inspection Summary

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

PCH Name: Acadia Acquisition #4		License Number: 33145
Address: 950 Bentley Ridge Blvd., Lancaster, PA 17602		County: Lancaster
Administrator: Ian Wirls		Region: CENTRAL
Legal Entity Name: Acadia Acquisition, Inc.		
Legal Entity Address: 1817 Olde Homestead Blvd, Lancaster, PA 17601		
<b>Certificate(s) of Occupancy</b> M & R-1 08/30/2012 E Lampeter Township		
<b>Staffing Hours</b> Resident Support: 0                      Total Daily Staff: 8                      Waking Staff: 6		
Type of Inspection: Full                      BHA Docket Number:                      Notice: Unannounced		
<b>Reason(s) for Inspection(s)</b> Renewal, Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 12/22/2015: Springs, Israel; Springs, Israel		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b> Partial or Full Triggers:                      Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 8 Number of Residents Served: 8 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	<b>Number of Residents who:</b> Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 0 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 33145 - 12/22/2015 - Springs, Israel  
 PCH Name: Acadia Acquisition #4

1. REGULATION 85 Pa.Code §2600  
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION  
 The Suphadrine PE 10 mg tablets and bottle of Tussin DM for Resident #1 was not labeled with the resident's name.

3. PLAN OF CORRECTION (FOC) (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.

2600.184 (b)-Resident # 1 name was added to all of the PRN medication in the client's box. The administrator or designee of the site will check all client medications on at least a monthly basis to assure all required information and names is labeled correctly.

\* An Audit of medications for current residents will be conducted to assure proper labeling of medications  
 BAS 1/19/16

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

Signature of Legal Entity Representative  
 (Required on EVERY Panel) *Henry Z...*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Panel) *Tracy Leach - Residential Director*      Date *1/19/16*

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

The above plan of correction is approved as of 1/19/16  
 (Date)

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

Plan of correction implementation status as of 1/19/16  
 (Date)

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