



**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 3  
1104/1114 Bentley Ridge Boulevard  
Lancaster, Pennsylvania 17602  
License #: 331440

Dear Dr. Miller:

As a result of the Department of Human Services' annual licensing inspection on December 23, 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,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary

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

PCH Name: Acadia Acquisition #3		License Number: 33144
Address: 1104 - 1114 Bentley Ridge Blvd., Lancaster, PA 17602		County: Lancaster
Administrator: Brian Cooper		Region: CENTRAL
Legal Entity Name: Acadia Acquisition Inc		
Legal Entity Address: 1817 Olde Homestead Lane, Lancaster, PA 17601		
<b>Certificate(s) of Occupancy</b> C-2 C-4 01/27/2000 L & I		
<b>Staffing Hours</b> Resident Support: 0                      Total Daily Staff: 6                      Waking Staff: 5		
Type of Inspection: Full                      BHA Docket Number:                      Notice: Unannounced		
<b>Reason(s) for inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 12/23/2015: 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: 6 Number of Residents Served: 6 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: 5 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: 33144 - 12/23/2015 - Springs, Israel  
 PCH Name: Acadia Acquisition II/3

**1. REGULATION 55 Pa.Code §2800**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**

The medication administration record for Resident #1 does not include diagnosis or purpose for the medication for the Latuda 120 mg tablets, and strength of medication for Senexon-S.

**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.*

2600.187(a) - The purpose or diagnosis for the prescribed medication Latuda 120 mg was added to Resident #1 MAR. The strength of the Senexon-S was added to Resident #1 MAR. The supervisor or administrator of the site will double check all MAR's each month as they come to the site and assure all require documentation is present on the form.

*\* An audit will be conducted for MARs of all current residents to assure all elements are recorded properly. BMS 1/19/16*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Tracy L Carl, 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 <u>1/19/16</u> (Date)	Plan of correction implementation status as of <u>1/19/16</u> (Date)
The above plan of correction was approved by <u>BMS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented