



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
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

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 March 25, 2016 until March 25, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 331380

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

MAR 25 2016

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 17602
License #: 331380

Dear Dr. Miller:

As a result of the Department of Human Services' licensing inspection on February 18, 2016 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.

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

Sincerely,

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

Matthew J. Jones
Director

Enclosures
License
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2500**

PEH Name: ACADIA ACQUISITION 1		License Number: 33138
Address: 1504 1514 BENTLEY RIDGE BLVD, LANCASTER, PA 17602		County: Lancaster
Administrator: Doug Troy		Region: CENTRAL
Legal Entity Name: ACADIA ACQUISITION INC		
Legal Entity Address: 1817 OLD HOMESTEAD LANE, LANCASTER, PA 17601		
Certificate(s) of Occupancy: C-2 LP 04/30/2004 Labor and Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 0	Working Staff: 0
Type of Inspection: Full	BNA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal, Provisions		
On-Site Inspection Dates and Department Representatives On-Site 02/18/2016: Gensil, Lori; McCloskey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>FEB 25 2016</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Date:		
Licensed Capacity: 0 Number of Residents Served: 0 Secured Dementia Care Unit in Home: No App: _____ 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	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: <i>1 bc</i> Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 33138 - 02/18/2016 - Gensil, Lori
 PCH Name: ACADIA ACQUISITION 1

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

The bed in Resident Room C does not have a source of light that can be turned on/off from bedside.

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.

-2600.101(j) 7- Seeing the client continues to move the lamp for his needs. Another light source was affixed near bed so we are in compliant with the requirement. Administrator will do regular checks to ensure all lighting and other room requirements are in order.

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 *3/22/16*

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

The above plan of correction is approved as of 3-22-16
1 to

Plan of correction implementation status as of 3-22-16
1 to

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

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

Violation Report: 33138 - 02/18/2016 - Gensil, Lori
 PCH Name: ACADIA ACQUISITION 1

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #1's most recent medical evaluation was completed on 4/2/15. The previous medical evaluation was completed on 3/11/14, more than one year prior.

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.

-2600.141(b) 1- The DME in question was in place at the time of a past administrator no long with the company. Moving forward, the administrator will follow up with the nursing department in advance of annual evaluation timeframe; to ensure that all clients DME are within the annual time frame as regulated. The administrator reviewed regulation 141(b) 1.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Tracy L. Coe*

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) *Tracy L. Coe, Resident Director* *2/26/16*

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

The above plan of correction is approved as of *3-22-16*

Plan of correction implementation status as of *3-22-16*

The above plan of correction was approved by *[Signature]*

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

Violation Report: 33138 - 02/18/2016 - Gensil, Lori
 PCH Name: ACADIA ACQUISITION 1

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 Resident #2's Neomyc-Polymyn-HC Ear Sol 10 ml was discontinued on 2/3/16, but was still available in the home.

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.

-2600.183(d) - The two discontinued medications were discarded following company policy for all voided or discontinued medications. This was done the day of inspection after they were found. The administrator reviewed regulation 183(d). Administrator reviews the process for discontinued medication with all staff.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tracy L. Carl, Resident Director	Date 2/26/16
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3-22-16
 (Date)

The above plan of correction is approved by [Signature]
 (Initials)

Plan of correction implementation status as of 3-22-16
 (Date)

- Fully Implemented
- Initially implemented - Adequate Progress
- Partially implemented - Adequate Progress
- Not Implemented

Violation Report: 33138 - 02/18/2016 - Gensil, Lori
 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

Resident #2's most recent assessment was completed on 5/11/15. The previous assessment was completed on 2/12/14 more than one year prior.

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) - The RASP in question was the in place and documented at the time of a past administrator no long with the company. Moving forward the administrator will follow required time frame for completing annual RASP as regulated. The administrator reviewed regulation 225(c). Each Acadia administrator was asked to audit each other RASP forms for accuracy and completeness in regulated time frames.

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) <i>Tracy L Carl, Resident Director</i>	Date <i>2/26/16</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>3-22-16</u> <small>HE</small>	Plan of correction implementation status as of <u>3-22-16</u> <small>HE</small>
The above plan of correction was approved by <u><i>BC</i></u> <small>(Initials)</small>	<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