pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mr. Mark Mortimer, COO
Adelphoi Village, Inc.
1119 Village Way
Latrobe, Pennsylvania 15650

JUL 1 8 2016

RE: Vincent
1127 Village Way
Latrobe, Pennsylvania 15650
License #: 421880

Dear Mr. Mortimer:

As a result of the Department of Human Services' annual licensing inspections on March 7, 2016, March 8, 2016, March 9, 2016, March 10, 2016 and March 11, 2016, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 3800 (relating to Child Residential and Day Treatment Facilities).

Sincerely,

Jay Bausch
Deputy Secretary

Enclosure
Licensing Inspection Summary

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

Facility Name: VINCENT	License Number: 42188
Address: 1127 VILLAGE WAY, LATROBE, PA 15650	County: Westmoreland
Director: Amy Overly	Region: WEST
Legal Entity Name: ADELPHOI VILLAGE INC	
Legal Entity Address: 1119 VILLAGE WAY, LATROBE, PA 15650	

RECEIVED
MAY 25 2016
WEST REGIONAL OFFICE
Human Services Licensing

Certificate(s) of Occupancy
Other
08/05/2014
Unity Township

Program Type:	Licensed Capacity:	Number of Children Served:
Residential Services	16	14

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

Reason(s) for Inspection(s)
Renewal

On-Site Inspections Dates and Department Representatives On-Site
03/07/2016: White, Anthony; Pugh, Bridget; Alejandre, Carlos
03/08/2016: White, Anthony; Pugh, Bridget; Alejandre, Carlos; Leet, Evan
03/09/2016: White, Anthony; Pugh, Bridget; Leet, Evan
03/10/2016: White, Anthony; Pugh, Bridget; Alejandre, Carlos; Leet, Evan
03/11/2016: White, Anthony; Pugh, Bridget

Off-Site Inspection Dates and Inspectors, If Applicable
03/08/2016: ~~White, Anthony;~~ Alejandre, Carlos; Pugh, Bridget
03/09/2016: White, Anthony; Leet, Evan

Other Details

Partial or Full Triggers:	Random Indicators:

Child Demographic Data as of Inspection Dates

Age of Children:
0 to 5 years: 0
6 to 13 years: 1
14 to 17 years: 7
18 to 21 years: 6

Number of Children who:
Are Adjudicated Delinquent: 7
Are Dependent: 7
Have Mental Illness: 14
Have an Intellectual Disability: 6
Have a Physical Disability: 0

Jennifer McClaren
Director QA
May 25, 2016

RECEIVED
MAY 25 2016

Licensing Inspection Summary: 42188 - 03/07/2016 - White, Anthony
Facility Name: VINCENT

1. REGULATION 55 Pa.Code §3800

3800.141(c) - The assessment shall include the following:

(1) Medical information and health concerns such as allergies; medications; immunization history; hospitalizations; medical diagnoses; medical problems that run in the family; issues experienced by the child's mother during pregnancy; special dietary needs; illnesses; injuries; dental, mental or emotional problems; body positioning and movement stimulation for children with disabilities, if applicable; and ongoing medical care needs.

(2) Known or suspected suicide or self-injury attempts or gestures and emotional history which may indicate a predisposition for self-injury or suicide.

(3) Known incidents of aggressive or violent behavior.

(4) Substance abuse history.

(5) Sexual history or behavior patterns that may place the child or other children at a health or safety risk.

2a. DESCRIPTION OF VIOLATION

Resident #7 was admitted on 7-2-2015. On resident #7's health and safety assessment dated 7-2-2015, the mother's pregnancy section is blank.

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.

Pregnancy section will be completed 100% of the time on all Health and Safety Screens for new arrivals.

During Team Meeting on May 24, 2016 the Vincent Home staff team was be retrained on completing the form.

Please see attached.

The Health and Safety Screen requires a supervisor signature so that the unit supervisor will review each screen for compliance prior to signature.

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

Signature of Legal Entity Representative (Required on EVERY Page) JMC

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jennifer McClaren Director QA	May 25, 2016

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

The above plan of correction is approved as of 5/31/16 (Date)

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

Plan of correction implementation status as of 5/31/16 (Date)

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