



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 10 2016

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

RE: Raphael
1114 Main Street
Latrobe, Pennsylvania 15650
License #: 429060

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 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,

Jacqueline L. Rowe
Director

Enclosure
Licensing Inspection Summary

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

Facility Name: RAPHAEL		License Number: 42908
Address: 1114 MAIN STREET, LATROBE, PA 15850		County: Westmoreland
Director: Todd Martin		Region: WEST
Legal Entity Name: ADELPHOI VILLAGE INC		RECEIVED MAY 25 2016 WEST REGION FIELD OFFICE Human Services Licensing
Legal Entity Address: 1119 VILLAGE WAY, LATROBE, PA 15850		
Certificate(s) of Occupancy 1-1 12/27/2012 Derry Township		
Program Type: Residential Services	Licensed Capacity: 16	Number of Children Served: 14
Type of Inspection: Full	BHA Docket Number:	Notice: Announced
Reason(s) for Inspection(s) Renewal		
On-Site Inspection Dates and Department Representatives On-Site 03/07/2016: White, Anthony; Pugh, Bridget; Alejandro, Carlos 03/08/2016: White, Anthony; Pugh, Bridget; Alejandro, Carlos; Leet, Evan 03/09/2016: White, Anthony; Pugh, Bridget; Leet, Evan 03/10/2016: White, Anthony; Pugh, Bridget; Alejandro, Carlos; Leet, Evan 03/11/2016: White, Anthony; Pugh, Bridget		
Off-Site Inspection Dates and Inspectors, If Applicable 03/08/2016: White, Anthony; Alejandro, 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: 0 14 to 17 years: 11 18 to 21 years: 3	Number of Children who: Are Adjudicated Delinquent: 11 Are Dependent: 3 Have Mental Illness: 3 Have an Intellectual Disability: 1 Have a Physical Disability: 0	


 Jennifer McClaren
 Director QA
 May 25, 2016

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MAY 25 2016

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Licensing Inspection Summary: 42240 - 03/07/2016 - White, Anthony
 Facility Name: RAPHAEL

WEST VIRGINIA DEPARTMENT OF
 Human Services Licensing

1. REGULATION 55 Pa.Code §3800

3800.132(c) - A written fire drill record shall be kept of the date, time, the amount of time it took for evacuation, the exit route used, the number of children in the facility at the time of the drill, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record dated 4-9-2015 does not indicate the exit route used.

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 unit supervisor will review the Monthly Fire Drill Report with the staff team on May 31, 2016, making sure to explain that all questions, including exit route, need to be answered.

Minutes will be sent to DHS on June 6, 2016

The unit supervisor or the unit fire warden will review each Fire Drill Report for thorough completion before submitting to the facilities department each month.

On a quarterly basis, the unit supervisor and the unit fire warden will review the Monthly Fire Drill Reports for accuracy and document findings in the fire warden's clinical supervision form.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Jennifer McClaren Director QA

Date
 May 25, 2016

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

The above plan of correction is approved as of

7/6/16
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

Plan of correction Implementation status as of

7/6/16
 (Date)

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