



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 10 2016

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

RE: Margaret
1764 Lincoln Avenue
Latrobe, Pennsylvania 15650
License #: 453830

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: MARGARET		License Number: 45383
Address: 1784 LINCOLN AVENUE, LATROBE, PA 15650		County: Westmoreland
Director: Todd Martin	RECEIVED	Region: WEST
Legal Entity Name: ADELPHOI VILLAGE INC		
Legal Entity Address: 1119 VILLAGE WAY, LATROBE, PA 15650		MAY 25 2016
Certificate(s) of Occupancy R-3 04/11/2013 City of Latrobe		WEST REGIONAL OFFICE Human Services Licensing
Program Type: Residential Services	Licensed Capacity: 14	Number of Children Served: 13
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; 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: 4 18 to 21 years: 9	Number of Children who: Are Adjudicated Delinquent: 13 Are Dependent: 0 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Physical Disability: 0	


 Jennifer McClaren
 Director QA
 May 25, 2016

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MAY 26 2016

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Licensing Inspection Summary: 45383 - 03/07/2016 - White, Anthony

Facility Name: MARGARET

WEST REGIONAL OFFICE
Human Services Licensing**1. REGULATION 56 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 #2's health and safety assessment dated 10-5-16 does not address his/her known history of suicidal ideations and suicidal behavior of playing Russian roulette with a hand gun as indicated by his/her admission documents.

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 Health and Safety screen completed on 10-5-15 by Margaret staff, as 10-5-15 was his date of transfer to the unit. The Margaret staff did not revise the Health and Safety screen after reviewing the prior information or previous client arrival sheet to include the information regarding the history.

The Unit Supervisor reviewed the information and revised the Health and Safety Screen.

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.

During Team Meeting on May 26, 2016 the Margaret Home staff team was retrained on completing the form by the Unit Supervisor. The minutes will be forwarded to DHS on June 6, 2016.

Repeat Violation: No

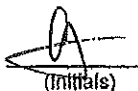
Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Jennifer McClaren Director QADate
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


(Initials)
Plan of correction implementation status as of 7/6/16
(Date)

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