



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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

AUG 10 2016

RE: Benet
1115 Village Way
Latrobe, Pennsylvania 15650
License #: 474850

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 of the above facility, the violations with 55 Pa.Code Ch. 3800 (relating to Child Residential and Day Treatment Facilities) 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. 3800 must be maintained.

Sincerely,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

Facility Name: BENET		License Number: 47485
Address: 1115 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		
Certificate(s) of Occupancy R-3 08/05/2014 Unity Township		
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; 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: 2 14 to 17 years: 7 18 to 21 years: 4	Number of Children who: Are Adjudicated Delinquent: 11 Are Dependent: 2 Have Mental Illness: 9 Have an Intellectual Disability: 1 Have a Physical Disability: 1	

RECEIVED
MAY 25 2016
WESTERN DISTRICT OFFICE
Human Services Licensing


Jennifer McClaren
Director QA
May 25, 2016

RECEIVED

MAY 26 2016

Licensing Inspection Summary: 47485 - 03/07/2016 - White, Anthony
Facility Name: BENET

WEST VIRGINIA OFFICE
HUMAN SERVICES LICENSING

1. REGULATION 55 Pa.Codo §3800

3800.58(g) - Training in fire safety shall be completed by a fire safety expert or, in facilities serving 20 or fewer children, by a staff person trained by a fire safety expert. Video tapes prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

Staff member E's fire safety training on 10-31-2015 was conducted online and was not accompanied by a fire safety expert or someone trained by an expert.

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.

During the inspection, the Director of Quality Assurance worked with DHS Inspector, Training Supervisor and Adelphoi Fire Expert on fulfilling 3800.59(g). The Fire Expert conducted a training on March 10, 2016. Staff E's Unit Supervisor attended the training as well the the Regional Director.

Please see the attached training participation record for Staff E's Unit Supervisor.

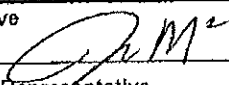
March 11, 2016 and forward, the Unit Supervisor will be present during the online training is conducted

To ensure Staff E had any and all questions answered related to Fire Safety, Staff E was contacted on May 23, 2016 and ask if staff had any questions or concerns about the training or fire safety. The staff did not.

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

5/31/16
(Date)

Plan of correction implementation status as of

5/31/16
(Date)

The above plan of correction was approved by


(Initials)

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

RECEIVED

MAY 25 2016

Page 3 of 3

Licensing Inspection Summary: 47485 - 03/07/2016 - White, Anthony
Facility Name: BENET

WEST VIRGINIA OFFICE
HUMAN SERVICES

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 #8 was admitted on 11-18-2015. Resident #8's health and safety assessment dated 11-18-2015 does not address suspected suicide or self injury - Resident #8 has a history of cutting and burning his/her skin.

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 Benet Home Staff team will be trained on the use of the Health and Safety Screen at intake and as health and/or safety issues arise with our clients.
The staff team will discuss the importance to complete the form and follow through with any concerns identified during the assessment including suspected suicidal and self-injurious behaviors.

Benet Home supervisor, will train the staff team during the team meeting on Wednesday, June 1, 2016. The sign in sheet from the training will be submitted to DHS on June 6, 2016.

Benet Home supervisor, will review and sign off on all health and safety assessments forms to assure compliance and that they have been done correctly.

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)				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 <u>7/1/16</u> (Date)		Plan of correction implementation status as of <u>7/1/16</u> (Date)		
The above plan of correction was approved by <u>[Signature]</u> (Initials)		☒ Fully Implemented ☐ Partially Implemented - Adequate Progress ☐ Partially Implemented - Inadequate Progress ☐ Not Implemented		